

# END YEAR REPORT



# Somalia

# 2012

Consolidated Appeal



## 1. Executive Summary

Famine conditions were still present in parts of southern Somalia when the 2012 humanitarian appeal for Somalia was launched in December 2011. On 3 February 2012, the famine was declared over, largely due to the delivery of aid under extremely difficult conditions and the exceptional harvest at the start of the year. With carry-over funding from 2011 and continued generous support in the months following the famine, humanitarian actors were able to build on the gains.

Throughout 2012, humanitarians provided life-saving assistance and implemented programmes to strengthen people's ability to cope with future drought. With the sustained assistance and relatively good rains, the humanitarian situation continued to improve. By January 2013, the number of people in crisis had been reduced to 1 million, down from 2 million six months earlier and 4 million at the height of the famine. But the situation remained fragile. In addition to the 1 million people unable to meet their basic needs without aid, a further 1.7 million who emerged from crisis in 2012 were at risk of falling back without support to build up their livelihoods. Nutrition rates have greatly improved but they are still among the highest in the world. Even as humanitarian actors were able to take advantage of improvements in security and a new federal government that signalled it will be more responsive to humanitarian needs, humanitarian access remained a major challenge through the end of 2012.

The Consolidated Appeal Process (CAP) strategy was revised at mid-year to reflect the end of famine conditions and the increased focus on resilience programming. The funding appeal was also revised downward from US \$1.5 billion to \$1.1 billion in line with the humanitarian needs and an assessment of what humanitarians had the capacity to achieve in the second half of the year. The 2012 appeal was 52.5 per cent funded, with donors providing \$479 million in new funds, as well as \$134 million in carry-over funds from 2011. By comparison, the 2011 CAP received \$868 million or 87 per cent of requirements. The vast majority of new funding in 2012 was received in the first six months of the year, unlike in 2011 when most funding came after famine was declared in July of that year. A higher percentage of overall humanitarian funding for Somalia was captured within the CAP in 2012 (77 per cent) compared to 2011 when it was 60 per cent. This highlights a steep reduction in funding outside the CAP. The Common Humanitarian Fund (CHF) was the sole source of pooled funding for humanitarian programmes in 2012. The CHF's \$89 million disbursed represented 14.5 per cent of the CAP funding received in 2012.

Funding performance for the eight humanitarian clusters and one enabling programme was uneven. The enabling programmes and logistics clusters received roughly 91 per cent and 78 per cent of requirements respectively. The food security cluster had \$349 million available or 54 per cent of its requirement. The nutrition cluster was 48 per cent funded, while the protection, shelter and non-food items, and water, sanitation and hygiene (WASH) clusters each received between 29 and 33 per cent of requirements. Clusters were nonetheless able to make substantial progress in implementing programmes and achieving target results. Factors that contributed to the success despite relatively low funding included some underreporting of funding, completion of activities planned for the previous year in 2012, and reporting by cluster members that received their funding outside of the CAP.

In line with targets associated with life-saving activities, humanitarians helped reduce global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates to 14.3 per cent and 3 per cent, respectively, in areas where results could be measured. In the South where access restrictions made GAM and SAM reporting impossible, humanitarian actors successfully conducted interventions on a large-scale, including treatment for 388,000 acutely malnourished children. The food security cluster assisted 690,000 people per month on average with life-saving assistance and 1.2 million people in October. The numbers were below target chiefly due to access constraints, and to a lesser extent funding gaps. A lack of funding was the key reason that the target of distributing 1 million emergency assistance packages to internally displaced people fell short by a third.

In the second half of the year, access hampered implementation of food security programmes to provide livelihoods support, although over 800,000 people were reached on average per month in the first half of the year. Almost 1.4 million people received seasonal livelihood inputs, while 20 million animals were vaccinated in 2012. Clusters performed extremely well against their targets for providing an integrated package of basic services. Well over two million people gained access to primary or secondary healthcare, over 450,000 students benefitted from the distribution of supplies, nearly 50,000 families received transitional shelter, a quarter of whom moved into semi-permanent shelters. Over 2 million people gained sustainable access to safe water. With support from outside the CAP, the protection cluster reached well over 40,000 survivors of protection violations, including gender-based violence.

## 2. Funding received in 2012

### Humanitarian Funding 2012

The declaration of the end of the famine came in February 2012 after famine conditions were declared mid-2011. The 2012 CAP sought US\$1.5 billion to continue the scaled-up humanitarian response since the famine declaration in 2011. This figure was reduced to \$1.1 billion following the mid-year review. This still represented an increase in requirements from 2011 when \$1 billion was sought following emergency revisions to the CAP in August 2011. In 2012, funding was however not commensurate with the needs, with analysis indicating by the end of the first quarter of 2012, that the CAP was only 21 percent funded. This was despite the forecast of underperformance of the upcoming Gu rains and subsequent harvest particularly in the agro-pastoral areas of south Somalia and the likelihood of the numbers of those in food security crisis remaining unchanged throughout 2012. Funding rose to 50 percent by the end of June 2012. In addition to the carry-over, \$549 million was received in 2012 compared to \$780 million in 2011.

Key highlights of funding in 2012:

In 2012, funding from the Common Humanitarian Fund (CHF) was the only source of pooled funding, contributing 13 per cent (\$89 million see previous) of CAP funding unlike in 2011, when the CHF and the CERF combined for 16 per cent (\$138 million). Table I shows that the major beneficiaries were the lifesaving clusters of Food Security, Nutrition and WASH which received 22 per cent, 18 per cent and 19 per cent of CHF funding in 2012.

Cluster	CHF SA (1&2)	CHF ER	Total CHF	% Total Allocation
EDUCATION	2,292,328	–	2,292,328	2.60%
ENABLING PROGRAMMES	4,793,743	–	4,793,743	5%
FOOD SECURITY	17,209,027	1,869,379	19,078,406	22%
HEALTH	9,342,675	–	9,342,675	11%
LOGISTICS	–	2,796,098	2,796,098	3%
NUTRITION	15,495,526	307,718	15,803,244	18%
PROTECTION	3,758,556	–	3,758,556	4%
SHELTER AND NFIs	13,274,504	496,565	13,771,069	16%
WATER, SANITATION AND HYGIENE	15,105,684	1,409,182	16,514,866	19%
<b>Total (US\$)</b>	<b>81,272,043</b>	<b>6,878,942</b>	<b>88,150,985</b>	<b>100%</b>

Donors reduced their funding, some up to 50 per cent in 2012 compared to 2011. Conversely however, CAP funding in 2012 constituted 75 per cent of all humanitarian funding unlike in 2011, when CAP funding constituted 60 per cent of the same. This demonstrates the reduction in funding post-famine as well as fewer contributions from non-traditional donors who typically fund outside the CAP.

**Table II: Somalia humanitarian and CAP funding over the years (excluding carry-over)**Consolidated Appeal for Somalia 2012 as of 14 June 2013 <http://fts.unocha.org>

Year	All humanitarian funding (excl. carry-over, in USD)	Of this: CAP funding (excl. carry-over, in USD)
2000	40,239,423	30,168,483
2001	54,690,564	30,473,727
2002	67,820,576	34,430,253
2003	63,585,836	45,281,680
2004	112,572,764	71,896,418
2005	142,364,271	91,509,947
2006	259,976,979	184,347,987
2007	328,279,742	272,826,700
2008	579,437,520	429,462,653
2009	447,227,483	342,397,344
2010	343,910,196	251,592,290
2011	1,258,977,008	780,064,828
2012	661,997,921	478,816,869

Humanitarian funding in the first half of 2012 exhibited the same slow paced pattern as the past three years. In comparison to 2011, funding flows were markedly different particularly in the second half of 2012, when CAP funding increased by only an additional 6.4 per cent, bringing the total CAP funding to 52.5 per cent (\$613m) by the end of 2012. Table III shows that less than a quarter (\$134m) was carry-over from the CHF and four clusters, namely Food Security, Nutrition, Shelter/NFIs and Enabling Programmes. In contrast, there was unprecedented rise in funding in response to the declaration of famine in July 2011, resulting in 86.5 per cent funding, the highest percentage received by the Somalia CAP ever.

**Table III: Somalia CAP requirements and funding**Consolidated Appeal for Somalia 2012 as of 14 June 2013 <http://fts.unocha.org>

CAP	Original requirements in USD million	Revised requirements in USD million	CAP funding (including carry-over) in USD million	% Funding coverage
Somalia 2000	51	51	36	72
Somalia 2001	130	140	30	22
Somalia 2002	84	83	43	52
Somalia 2003	78	71	45	63
Somalia 2004	111	120	72	60
Somalia 2005	164	163	99	61
Somalia 2006	174	324	186	58
Somalia 2007	237	384	308	80
Somalia 2008	406	663	476	72
Somalia 2009	919	852	553	65
Somalia 2010	689	596	404	68
Somalia 2011	530	1,003	868	86.5
Somalia 2012	1,521	1,167	613	52.5

In Table IV below it is clear that funding varied across clusters with the Logistics, Food Security and Enabling

Programmes recording the highest levels of funding and the Protection Cluster, the lowest.

**Table IV: Summary of Requirements, Commitments/Contributions and Pledges per Cluster**

Consolidated Appeal for Somalia 2012 as of 14 June 2013 <http://fts.unocha.org>

Cluster	Original requirements USD	Revised requirements USD	Carry-over USD	Funding* USD	Total resources available USD	Funding Coverage
EDUCATION	43,612,585	30,120,128	0	11,794,084	11,794,084	39%
ENABLING PROGRAMMES	23,839,194	24,807,821	4,006,841	18,631,805	22,638,646	91%
FOOD SECURITY	830,367,890	651,459,552	100,474,320	248,787,254	349,261,574	54%
HEALTH	84,868,472	54,209,653	0	16,302,078	16,302,078	30%
LOGISTICS	36,991,031	45,427,449	0	35,228,144	35,228,144	78%
NUTRITION	259,555,936	151,023,467	25,118,580	47,551,121	72,669,701	48%
PROTECTION	69,094,498	57,768,696	0	17,113,233	17,113,233	30%
SHELTER AND NFIs	68,455,324	66,162,772	521,799	20,253,714	20,775,513	31%
WATER, SANITATION AND HYGIENE	105,145,624	86,760,265	0	28,650,936	28,650,936	33%
CLUSTER NOT YET SPECIFIED	0	0	0	34,463,121	34,463,121	0%
<b>Grand Total:</b>	<b>1,521,930,554</b>	<b>1,167,739,803</b>	<b>134,214,360</b>	<b>478,816,869</b>	<b>613,031,229</b>	<b>52.5%</b>

**Table IV: Summary of Requirements, Commitments/Contributions and Pledges per Cluster per level of priority of the projects**

Consolidated Appeal for Somalia 2012 as of 14 June 2013

<http://fts.unocha.org>

Priority	Original requirements USD	Revised requirements USD	Total resources available USD	Funding Coverage	Unmet requirements
A- High	1,417,788,049	1,086,132,370	555,257,144	51%	530,875,226
B-Medium	82,685,523	64,212,684	17,354,388	27%	46,858,296
C-Low	21,456,982	17,394,749	1,822,377	10%	15,572,372
Total (includes projects without priority levels)	1,521,930,554	1,167,739,803	613,031,229	52.5%	554,708,574

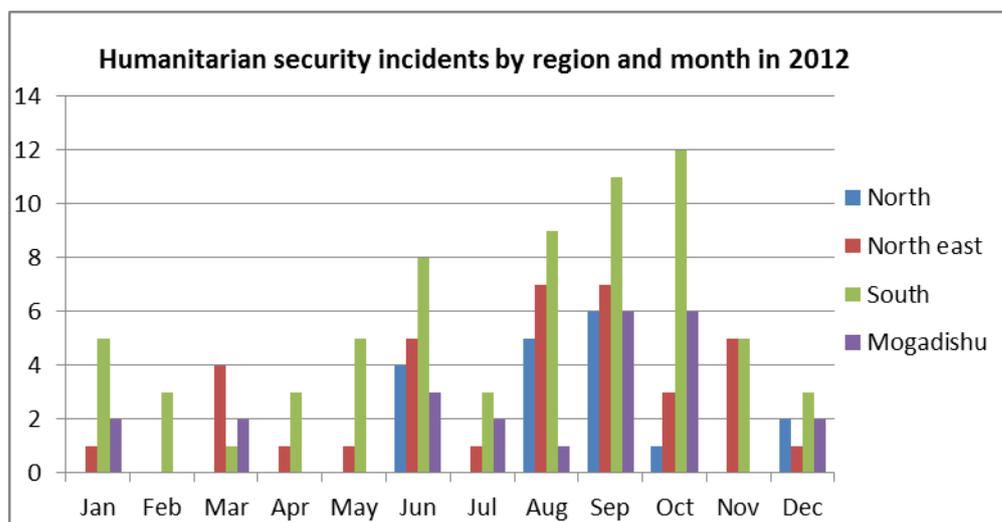
### 3. 2012 IN REVIEW

#### 3.1 Operational environment in 2012: humanitarian access

In August 2012, Somalia ended 20 years of Transitional Governments and a Permanent Federal Government of the Republic of Somalia (FGRS) was formed. One month later, on 10 September, Hassan Sheikh Mohamud, was elected as the President of Somalia and optimism about the prospects for stability and peace rose though these gains are recognized as fragile and reversible.

Humanitarian access significantly improved throughout Somalia. The withdrawals of the Al-Shabaab (AS) from major towns in south-central has increased aid delivery, enabled aid agencies to bring in more relief supplies and better monitor projects. Allied forces (AMISOM, Ethiopian National Defence Forces, Somali National Army and a plethora of allied militias) recovered major towns with large population concentrations such as Afgooye, Afmadow, Baidoa, Balcad, Belet Weyne, Belet Xaawo, Dhoobley, Xudur, Jowhar, Kismayo and Marka from AS. However, security remained a key impediment for humanitarians to reaching people in these areas as AS shifted tactics towards a more symmetric warfare. Humanitarian supply movements into these towns, some completely isolated, by road were still difficult due to AS check points along supply routes and control of surrounding rural areas. After losing more ground, the AS also resurfaced in areas as far north as the Galgala Mountains of Puntland.

As in the past, humanitarian access continued to be more conducive in Somaliland and Puntland compared to south-central Somalia. However, there were localized political tension and incidents in Somaliland following the disputed local and municipal elections in November 2012. In Puntland, competition between political parties and the rejection of the extension of the President's term by some politicians and clan chiefs led to increased political tensions in the whole zone, and increased insecurity in Qardho and Gaalkacyo areas. Access in Sool and Sanaag regions is limited to a few LNGOs due to the on-going dispute between Somaliland and Puntland and conflict between Somaliland and Khatuma militia.

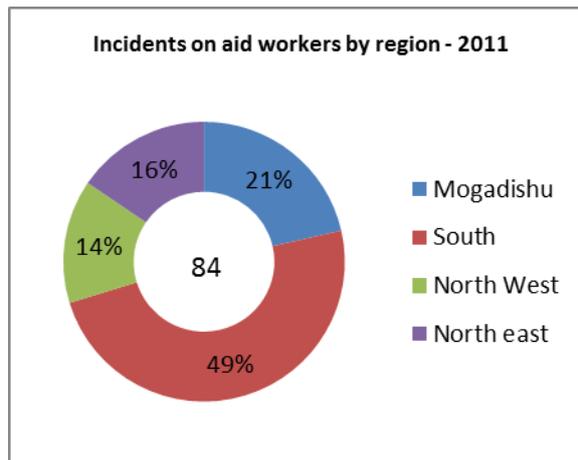
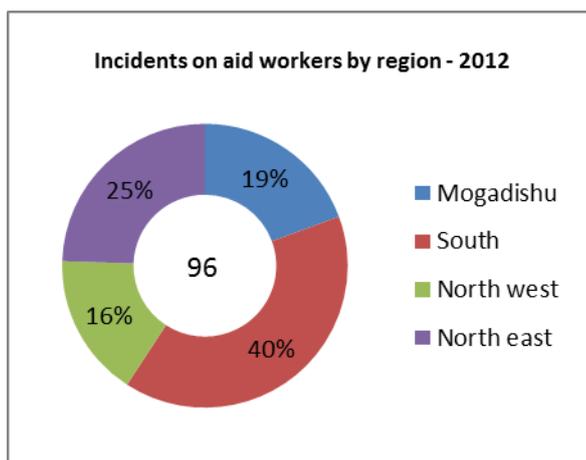


Attacks against humanitarian personnel, assets and facilities have slightly increased in 2012 compared to 2011. Ninety six (96)<sup>1</sup> incidents directed at aid workers or their assets involving physical attacks, threats or the theft of assets were recorded from January to December 2012<sup>2</sup>, 12 incidents more than in 2011.

Almost 60 per cent of these incidents happened in south-central Somalia, 25 per cent in Puntland and 15 per cent in Somaliland. In the south, a slight decrease of the number of incidents as compared to 2011 was observed. In Somaliland and Puntland due to the election related tension a small increase of the number of incidents were reported compared to 2011. Al-Shabaab shifted its focus to targeted attacks mainly on government officials, prominent civil society personalities and journalists. Below graphs indicate the statistics of various security incidents against humanitarian actors in the country in 2012 in comparison with 2011.

<sup>1</sup> OCHA compiled incident statistics from NSP and UNDSS

<sup>2</sup> Figures do not include aid worker abductions from neighbouring countries that were held in Somalia, and were subsequently released or are currently held captive.



### 3.2 Progress in 2012

The initial CAP 2012 Strategic Priorities (formulated at the end of 2011) were to:

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

Following the review of the humanitarian situation at mid-year in June 2012, the strategic priorities of the CAP 2012 were revised to eliminate reference to “population in famine”. At the same time, “malnourished children and households with malnourished children” were added as part of the target population (under strategic priority 1). Populations living in humanitarian emergency and crisis continued to be targeted with life-saving assistance and livelihoods stabilization activities. In strategic priority 2, people living under stressed conditions (IPC Phase Two) were added to be targeted with livelihood incentives and seasonal livelihood support to reverse the livelihood asset erosion caused by the famine. In strategic priority 3, a “minimum package of basic services” was replaced by “an integrated package of basic services.” The revised MYR 2012 strategic priorities were as follows:

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

Due to the decrease in the number of people in humanitarian crisis from 4 million to 2.5 million people, the total funding requirement of the CAP 2012 mid-year review was decreased from the original requirement of \$ 1.5 billion to \$ 1.1 billion.

### 3.3 Progress compared to the 2012 Strategic Priorities

A review of actual performance against indicators showed that even though funding reported on FTS was only 59 per cent, the clusters reported average to high implementation rates of the CAP 2012 activities. This could be due to underreporting of funding; possible double reporting of activities by implementing and funding agencies; low initial targets compared to activities; outdated population figures; increased access; completion of 2011 planned activities in 2012; 2011 carry-over of funding and reporting of achievements by cluster members who do not apply for CAP funding.

#### Progress against Strategic Priority 1:

1. Provide immediate and integrated life-saving assistance to malnourished children, households with malnourished children and people living in humanitarian emergency and in crisis, to reduce mortality and prevent further displacement.

Strategic priority 1 for CAP 2011 initially aimed at providing life-saving humanitarian services to 2.5 million people living in crisis, of which 1.36 million were IDPs to reduce mortality and prevent further displacement.

Throughout the year, a coordinated multi-cluster response was evident, with interventions focused on food security, health and nutrition, water, sanitation and hygiene (WASH), and shelter/non-food items (NFIs).

Regarding nutrition, the key indicator for the 2012 CAP focused on global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates that had not reduced from 2010 median rates, with a specific target of maintaining GAM rates at 16 per cent and SAM rates at 4 per cent or below. At the end of the year, the median GAM and SAM rates in northern and central parts of Somalia were 14.3 per cent and 3 per cent respectively. Access restrictions prevented reporting on nutrition rates for the South. However, the Nutrition Cluster reached a total of 765,730 acute malnourished children and 139,160 moderate acute malnourished (MAM)<sup>3</sup> pregnant and lactating women (PLW) with treatment services in 2012, surpassing its target of 388,000 acutely malnourished children and 58,000 MAM PLW respectively. Of all the children reached, 89 per cent were from the southern and central regions of Somalia.

Regarding food security, the 2012 CAP initially established an end-year target of 1.4 million people per month. By the end of the year, the Food Security Cluster (FSC) had assisted an average 690,000 people per month with a maximum of 1.2 million people reached in October. This was mainly due to lack of access but also partially due to a lack of funding.

Shelter and NFI partners established a target of 1 million people to receive emergency assistance packages (EAPs). Only 664,668 people received EAPs due to lack of funding. The Education Cluster only managed to improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education for 110,000 children and 4,620 teachers as opposed to the target of 400,000 set at the beginning of the year, due again to a lack of funding.

#### Progress against Strategic Priority 2:

2. Stabilize and prevent the deterioration of livelihoods for populations in humanitarian emergency, crisis and stressed conditions through the protection and restoration of livelihood assets and through early recovery, resilience-building, emergency preparedness, DRR, and social/productive networks.

The FSC targeted an average of 500,000 people per month with conditional livelihood inputs. During the course of the year, the FSC members assisted on average 103,116 people with activities aiming at improving their livelihoods. Although the FSC exceeded its target in the first half of 2012 (820,000 people/month assisted by May 2012), there was a reduction of people assisted in the second half, due to programmatic issues, including redesign of the monitoring system and access constraints.

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<sup>3</sup> MAM+SAM = GAM (moderate plus severe acute malnutrition rates equal global acute malnutrition rates), UNICEF

In 2012, the FSC targeted 1.8 million people receiving seasonal livelihood inputs per season. During the two agricultural seasons, the FSC members assisted 1,378,000 people. The main reason for not reaching the target was lack of access to the beneficiaries affecting the Deyr distribution.

The FSC achieved its target of vaccinating 20 million animals in 2012. Approximately 19.6 million animals were vaccinated against Petits Ruminants (PR), of which 7.5 million were also vaccinated against contagious caprine pleuropneumoniae (CCPP). In addition, 600,000 animals were treated against internal and external parasites, common infectious diseases and blood parasites. These interventions benefited 561,909 households.

### **Progress against Strategic Priority 3:**

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

Partners aimed at supplying vulnerable people with equal access to an integrated package of basic services, including interventions in the fields of health, water, sanitation, hygiene, nutrition, shelter, and education. Strong inter-cluster coordination, especially between the Nutrition, WASH, and Health Clusters, was evident especially through achievements the tri-cluster, a project combining shelter, health and WASH clusters to improve basic services and standards for tens of thousands of IDPs, in Mogadishu.

For example, approximately 80 per cent of the targeted 2.75 million beneficiaries gained access to primary and basic secondary health care facilities by year's end. The education cluster surpassed its target of 400,000 children, reaching 452,365 students (of which 197,228 girls) benefitting from teaching and learning supplies, including recreational materials. The Shelter Cluster also surpassed its target, providing transitional shelter to 47,891 households, of which 12,250 households were provided with a semi-permanent shelter solution (35,391 households received emergency shelter packages) The WASH Cluster targeted 2.5 million IDPs and vulnerable people with access to safe water. By the end of the year, 2.02 million people (80%) had sustainable access to safe water.

The FSC provided school feeding to 64,788 children (of which 26,932 girls received take-home rations). This represents 56 per cent of the target set at the beginning of the year. Several other indicators of the social safety net provision, such as the provision of support to food insecure households with malnourished children or chronically ill household members or daily cooked meals to food insecure households in urban areas, - to populations at risk of falling back into crisis, achieved an average of 70 per cent of the target limited by inadequate funding.

### **Progress against Strategic Priority 4:**

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

Achieving strategic Priority 4 was measured by the number of direct beneficiaries (survivors of protection violations) accessing services (medical, legal, psycho-social, family tracing, CFSs, assisted voluntary return, etc.), emergency support, and community-based protection projects. Significant progress was made for example as the target for the number of female and male survivors of violence equally accessing services and community-based projects was 13,500, which was already surpassed by the end of May. At the end of the year 41,000 survivors had equal access to services. The reason for achieving a higher target than expected was due to initial target projections not taking into consideration improved access to beneficiary populations coupled with funds received outside the CAP.

**Table III Monitoring Matrix Progress: progress summarized against the revised strategic priorities of the CAP Mid-Year Revision of June 2012**

2012 Somalia Strategic Priorities Monitoring Matrix				
STRATEGIC OBJECTIVE 1. Provide immediate and integrated life-saving assistance to malnourished children and households with malnourished children and people living in humanitarian emergency and in crisis to reduce mortality and prevent further displacement.				
Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-year Targets	End-May Achievement	End-Year Achievements
Prevent further deterioration of acute malnutrition in children under-five in targeted humanitarian emergency and famine-affected populations in Somalia.	GAM and SAM rates do not deteriorate from 2010 median rates [GAM 16% and SAM 4%]. (NUTRITION)	No deterioration	980,000 people per month Mogadishu IDPs (GAM=16.1% SAM=3.7%) Mogadishu Urban (GAM=10.3% SAM =1.7%); Median for North East, North West and Central (including IDPs): GAM=15.2%, SAM= 3.1%. <sup>4</sup>	14.5% acutely malnourished (GAM) and 3.1% severely malnourished (SAM), based on the Post-dyer Nutrition Surveys, November-December 2012. <sup>5</sup>
Focusing on populations in famine, emergency and crisis (during lean seasons), provide immediate household access to food and essential non-food requirements through emergency food, voucher and cash responses to populations in crisis with an emphasis on close coordination with the Nutrition Cluster. Ensure complementary blanket and targeted nutrition interventions as necessitated by the nutrition situation.	Number of beneficiaries (FOOD SECURITY)	End-May: an average of 1.8 million people per month  End-year: an average of 1.4 million		On average the FSC assisted over 690,000 people per month, with a maximum number of people reached in any month exceeding 1.2 million.
	Number of returnee IDPs receiving a 3-5 month food access response upon departure and while in the villages of origin. (FOOD SECURITY)	New activity and targets post- June  End-year: 12,000 people in six months	New activity and targets post-June	No activities exclusively targeting IDPs were reported
Coordinate support to strategic services for the efficient delivery of common humanitarian aid.	Number of organizations that received logistics support in terms of common logistics and information services offered by the Logistics Cluster. (LOGISTICS)	Mid-year: 80% of requests resolved  End-year: 90% of requests resolved	95.6% of requests resolved	98% of requests resolved Organisations supported: 20 (Target: 20)  Number of bulletins, maps and other information products: 58 (Target: 60)  Quantity of humanitarian cargo moved: 1,342 mt (Target: 1,500 mt)
Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of emergency assistance packages.	Percentage of target beneficiaries receiving EAPs. (SHELTER/NFIs)	Mid-year: 505,000 End-year: 1,010,000	472,620	664,668 Explanation 552,372 persons have been provided with EAPs in 2012. The remaining were provided with EAPs in the first two months of 2012 with funds of 2011.
Acutely malnourished children and PLW are treated by having access to and utilizing quality services for the management of acute malnutrition.	Percentage of acutely malnourished children and PLW caseload referred and admitted to centres for the	End-May: Under-five SAM: 56,000 (50%) Under-five MAM: 138,000 (50%) PLW: 29,000 (20%)	Under-five SAM: 80,945 (145%) Under-five MAM: 175,496 (127%) PLW: 18,074 (62%) Screening: 199,468	Under-five SAM: 278,300 (248%) Under-five MAM treatment: 487,430 (177%) MAM PLW treatment- 139,160 (240%)

<sup>4</sup> No surveys were carried out in the south and therefore there are no national GAM and SAM levels.

<sup>5</sup> Data for Lower and Middle Shabelle, and the southern districts of Gedo, Bakool and Hiran are missing because surveys could not be conducted in 2012 due to insecurity. As a result caseloads rather than national median values have been applied.

2012 Somalia Strategic Priorities Monitoring Matrix				
STRATEGIC OBJECTIVE 1. Provide immediate and integrated life-saving assistance to malnourished children and households with malnourished children and people living in humanitarian emergency and in crisis to reduce mortality and prevent further displacement.				
Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-year Targets	End-May Achievement	End-Year Achievements
	management of acute malnutrition. (NUTRITION)	Community mobilization and outreach screening services: 40% <sup>6</sup> End-year: Under-five SAM: 112,000 Under-five MAM: 276,000 PLW: 58,000 Screening: 1,500,000	(13%)	PLW and Children 6 to 23 months reached with preventive nutrition services (BSFP)- 1,313,560
Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education.	Number of learners and teachers (disaggregated by sex) benefitting from life-saving messages and/or CFSs. (EDUCATION)	Mid-year: 200,000 Children/teachers (120,000 males; 80,000 females) End-year: 400,000 children/teachers (240,000 male/160,000 females)	66,768 children (36,543 boys and 30,225 girls)  3,855 (3,010 male and 845 female) teachers	110,054 children (64,077 boys and 45,977 girls)  4,620 teachers (3,322 males and 1,298 females).

2012 Somalia Strategic Priorities Monitoring Matrix				
STRATEGIC OBJECTIVE 2. Stabilize and prevent the deterioration of livelihoods for populations in humanitarian emergency, crisis and stressed conditions through the protection and restoration of livelihood assets and through early recovery, resilience-building, emergency preparedness, DRR and social/productive networks.				
Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-Year Targets	End-May Achievement	End-Year Achievements
Provide seasonally appropriate and livelihood-specific investments to protect and increase production capacity of livelihood assets and prevent further deterioration of household asset holdings by restoring productive assets and building resilience to withstand future shocks.	Number of people supported through conditional livelihood investments. (FOOD SECURITY)	End-May: 200,000 people per month  End-year: 500,000 average per month	820,000 people average per month	During the course of the year, the FSC members assisted on average 103,116 people with activities aiming at improving their livelihoods. Although the FSC exceeded its target in the first half of 2012, there was a reduction of people assisted in the second half, due to programmatic issues including the redesign of the monitoring system.
	Number of people receiving seasonal livelihood inputs. (FOOD SECURITY)	End-May: 900,000 people per season  End-year: 1.8 million over two agricultural seasons	1.1 million people per season	During 2012, considering the 2 agricultural seasons, the FSC members assisted 1,378,000 people. The main reason for not reaching the target were issues related to access affecting the Deyr distribution.
	Number of animals vaccinated. (FOOD SECURITY)	End-May: 1.5 million animals  End-year: 20 million animals vaccinated	Eight million animals vaccinated	The total number of animals vaccinated in 2012 is 19,666,847 against PPR, of which 7, 476, 391 were also vaccinated against CCPP. In addition, 600,000 animals have been treated against internal and external parasites, common infectious

<sup>6</sup> The cluster revised the CAP targets as they were based on an average of Deyr 2010/11 and Gu 2011 (famine). In December 2011, the FSNAU assessment results became available and the targets for 2012 were revised to the current levels.

### 2012 Somalia Strategic Priorities Monitoring Matrix

STRATEGIC OBJECTIVE 2. Stabilize and prevent the deterioration of livelihoods for populations in humanitarian emergency, crisis and stressed conditions through the protection and restoration of livelihood assets and through early recovery, resilience-building, emergency preparedness, DRR and social/productive networks.

Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-Year Targets	End-May Achievement	End-Year Achievements
				diseases and blood parasites. This benefited 561,909 households.

### 2012 Somalia Strategic Priorities Monitoring Matrix

STRATEGIC OBJECTIVE 3. Provide vulnerable women, men, boys and girls, including but not limited to IDPs, with equal access to an integrated package of basic services.

Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-Year Targets	End-May Achievement	End-Year Achievements
Increase access to education for children, youth and adults in humanitarian emergencies.	Number of children (disaggregated by sex) benefitting from teaching and learning supplies, including recreational materials. (EDUCATION)	Mid-year: 200,000 children (120,000 boys and 80,000 girls)  End-year: 400,000 children (240,000 boys and 160,000 girls)	273,416 children (160,959 male and 112,457 female)	452,365 children (255,137 boys and 197,228 girls)
Provision of primary and basic secondary health services with a focus on sexual, reproductive and child health.	Number of people receiving primary and /or basic secondary health care services. (HEALTH)	Mid-year: 2,750,000 (69%)  End-year: (Revised based on consultation projections -- not 75% of population in crisis as previously): 1,660,000	Facility-based consultations reported: 287,670  Outreach consultations: 1,835,783	As at December 2012 <b>1,282,357</b> people reached with basic/or secondary health care. Representing 77% of the targeted population.
Acutely malnourished children and PLW are treated and have access to quality services for the management of acute malnutrition.	Percentage of geographical area providing basic nutrition services accessed by children 6–59 months and PLW (based on geographical coverage surveys). (NUTRITION)	Mid-year: 40% End-year: 60%	No coverage surveys conducted yet	Based on four coverage surveys conducted in Banadir, Gaalkacyo, Bossaso, and Garowe, average coverage is 63.9%.
Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas.	Number of children under-five and women of child-bearing age vaccinated. (HEALTH)	Mid-year: 300,000 (The mid -year target projection was based on 20% of targeted population in humanitarian crisis). End-year: (This is revised to capture CHD targets that cover entire population). Children under-five: 1,745,396 Women of child-bearing age: 2,230,228.	Children under- five: 1,004,204  831,579 women of child-bearing age received tetanus (TT) vaccination. (The figures are derived from a CHD exercise that covers entire population irrespective of humanitarian crisis.	As at Dec 31 – <b>3,005,784</b> children under-five and WCBA reached vaccination.

## 2012 Somalia Strategic Priorities Monitoring Matrix

STRATEGIC OBJECTIVE 2. Stabilize and prevent the deterioration of livelihoods for populations in humanitarian emergency, crisis and stressed conditions through the protection and restoration of livelihood assets and through early recovery, resilience-building, emergency preparedness, DRR and social/productive networks.

Cluster Objective	2012 Indicator and Responsible Cluster	Mid-year and End-Year Targets	End-May Achievement	End-Year Achievements
Improve the living conditions of the displaced population in stabilized settlements through site planning and the provision of transitional shelter.	Number of beneficiary households headed by women or men receiving transitional shelter. (SHELTER/NFIs)	Mid-year: 15,000 End-year: 35,000	21,012	47,891 households were assisted with transitional shelter. Over 35,000 households received improved emergency shelter packages. 12,250 households received semi-permanent shelter solutions.
Provide social safety nets that focus on urban populations in emergency, crisis and stressed that are at risk of falling into crisis and strengthen existing public services which protect vulnerable populations from falling into crisis or provide them with assistance to reduce their vulnerability.	Number of children receiving school feeding. Number of girls receiving a take-home ration. (FOOD SECURITY)	End-May: 115,000 max per month 34,000 number of girls max per month  End-year: 115,000 max per month 34,000 number of girls max per month	96,000 max per month 34,000 number of girls max per month	During the academic year, an average of 64,788 children were assisted per month with school meals. In addition, on average the FSC assisted 26,932 girls per month with take home rations to encourage their continued enrolment in schools.
	Monthly average number of TB/HIV inpatients receiving daily wet feeding. (FOOD SECURITY)	End-May: 4,200 inpatients monthly  End-year: 4,200 inpatients monthly	30,000 inpatients monthly	On average the FSC assisted 16,750 people per month.
	Monthly average number of TB/HIV outpatients receiving take-home family rations. (FOOD SECURITY)	End-May: 6,500 TB/HIV outpatients monthly (32,000 family members)  End-year: 6,500 TB/HIV outpatients monthly (32,000 family members)	6,700 TB/HIV outpatients monthly (33,500 family members).	The FSC members assisted on average 6,200 people and 31,000 family members per month
	Number of pregnant women who delivered under medical attention and received food assistance. (FOOD SECURITY)	End-May: 30,000 women  End-year: 30,000 women	21,000 women	The FSC members assisted on average 19,166 women per month.
	Number of cooked meals beneficiaries (wet feeding). (FOOD SECURITY)	End-May: 111,000 targeted per month  End-year: 111,000 targeted per month	85,000 targeted per month	In 2012, the FSC members assisted on average 86,416 people per month. This is below the anticipated target due to an improvement of the food security in the areas where these interventions took place.
	Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, including complimentary activities with the Nutrition, Health, Agriculture and Livelihoods, and Food Assistance Clusters.	Number of people, disaggregated by sex, with sustainable access to safe water. (WASH)  Number of Children (Disaggregated by sex) benefiting from school EDUCATION.	Mid-year: 1.3 million End-year: 2.5 million  100,000 (40,000 girls and 60,000 boys) children	1.16 million or 46% of year-end target (at 30 May 2012)  61,150 (31,993 boys and 29,157 girls) learners benefitting from school WASH activities

**2012 Somalia Strategic Priorities Monitoring Matrix (Achieved as of October 2012)**

STRATEGIC OBJECTIVE 4. Strengthen the protective environment for civilian populations by increasing response to protection violations, and through engagement with duty bearers and communities.

<b>Cluster Objective</b>	<b>2012 Indicator</b>	<b>Mid-year and End-year Targets</b>	<b>End-May Achievement</b>	<b>End-year Achievements</b>
Strengthen the resilience of male and female survivors of rights violations and vulnerable communities through the provision of protection-related services.	Number of direct beneficiaries (survivors of protection violations) accessing services (medical, legal, psycho-social, family tracing, CFSS, assisted voluntary return, etc.), emergency support, and community-based projects (disaggregated by age and sex). (PROTECTION)	Mid-year: 4,000 End-year: 13,500	18,663	41000

### 3.4 Coordination in 2012

The below explanation of the cluster achievements in 2012 explains how the cluster achieved its targets.

#### 1. Education Cluster

CAP Funding	Requested USD	Received USD	% Funded
EDUCATION	30,120,128	14,086,412	47%
Portion of total funded by the CHF		2,292,328	

##### CAP 2012 Cluster Objectives

1. Increase access to education for children, youth and adults in humanitarian emergencies
2. Improve the quality of education, integrating essential services and life-saving messages into formal and non-formal education
3. Support the establishment and strengthening of education systems, structures and policies in emergency-affected areas

The Education Cluster continued to provide education to Somali communities guided by the Education Cluster Response Plan and Minimum Standards on Education in Emergencies, Chronic Crises and Early Reconstruction. These documents provided the foundation which safeguarded the right to education in emergency settings. The Education Cluster supported the education of all age groups. The focus was on educational services for emergency-affected populations across the three zones of Somalia. Education continued to be used as a tool of improving the lives of the beneficiaries and empowering local communities. Formal and non-formal education to children, youth and adults offered integrating life-saving information in various areas such as hygiene, nutrition, health and protection in response to conflict-affected populations' practical learning needs in south and central. The cluster also focused on construction and rehabilitation of temporary learning centres, schools and sanitation facilities for emergency-affected populations across all three zones.

Despite considerable funding constraints, the Education Cluster managed to attain impressive achievements over the past year. This was attributed to 25 per cent of total learners benefitting from WFP school feeding programmes particularly in Somaliland and Puntland which significantly helped to retain learners in schools and UNICEF supported half of the total learners enrolled. The Education Cluster used minimal resources to coordinate emergency responses in extremely challenging circumstances supporting education by enrolling 571,067 students (252,228 girls and 318,839 boys) and reaching out to 11,381 teachers in emergency affected area schools across the country. The teachers were supported through capacity-building programs and teacher incentives. Life-saving messages were integrated into formal and non-formal education to enable young people to strengthen their critical survival skills and coping mechanisms in emergencies. The number of learners benefitting from lifesaving messages at schools /or child friendly spaces were 110,054 (45,977 girls and 64,077 boys) against a target of 400,000 children.

The number of learners who benefited from teaching and learning supplies, including recreational materials was 452,365 (197,228 girls and 255,137 boys). This helped to engage children in their learning and teachers had appropriate teaching materials to enrich and support learning.

81,359 (38,198 girls and 43,163 boys) learners benefited from the school WASH facilities. This was aimed at significantly reducing the incidences of sanitation and hygiene-related diseases among children as schools are best entry point for children to learn better WASH practices.

Despite the achievements, the Education Cluster continued to face challenges in south and central Somalia: continued lack of funding for Education remained a major challenge, coordination and response on the ground was difficult and inconsistent due to a variety of challenges including access and coverage constraints due to insecurity and low technical capacity of the Ministry of Education (MoE) and local authorities and national partners.

The continued interventions by the cluster revealed the need to strengthen its monitoring capacity, field based coordination and technical knowledge of INEE Minimum Standards including DRR.

The need for rigorous capacity development planning and implementation was identified as one of the key priorities for the Education Cluster in order to further support and develop the work of Education Cluster partners.

Cluster Coordinator a.i. – Education  
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CAP Cluster members: 28

## 2. Food Security Cluster

CAP Funding	Requested USD	Received USD	% Funded
FOOD SECURITY	651,459,552	393,355,293	60%
CHF		19,078,406	

### CAP 2012 Cluster Objectives

1. Provide immediate household access to food and essential non-food requirements through emergency food, voucher and cash responses to populations in crisis.
2. Provide seasonally-appropriate and livelihood-specific investments to protect and increase production capacity of livelihood assets and prevent further deterioration of household asset holdings.
3. Provide social safety nets that focus on urban populations in emergency, crisis and stressed that are at risk of falling into crisis and strengthen existing public services.

The FSC assisted people affected by the crisis in Somalia through interventions geared at improving household access to food, investing in livelihood assets and safety nets. Activities implemented to improve household access to food by FSC members included general food distributions, food vouchers and cash relief. Safety net activities included wet feeding, hospital and health center support, school meals as well as take home rations as incentives for girls to increase attendances. Food for assets, food for training, cash and voucher schemes for work, vaccination and treatment of animals, distribution of livelihood tools and seeds as well construction and rehabilitation of livelihood assets were implemented as part of livelihood investment and support activities.

To improve access to food, FSC members used a combination of food, cash and voucher responses. To ensure comparability the FSC encouraged members to provide household based responses, regardless of the modality, that equate to over 1,650 Kcal per person per day and that the purchasing power of the voucher or cash transfer were equivalent to the minimum expenditure basket (MEB). Cluster members provided food to over 1,150,000 people per month, cash to 338,000 people per month and food vouchers to 119,000 people per month to acutely food insecure populations in Somalia. Livelihood investments included seeds distribution, vaccination of animals, and cash for work programmes that supported over 616,000 people per agricultural season. To better assist vulnerable households in more generally food secure areas, FSC members employed responses that allowed individuals and households to be targeted through community and social infrastructure such as health posts, nutrition centers, schools and community centers with food and voucher based responses. In areas where market conditions allowed, FSC members used vouchers to allow for a greater choice in the type of food they could acquire. The use of vouchers supported the local economy, especially small scale traders.

Some of the challenges faced by the FSC members to achieve the targets included general insecurity, access restrictions by some local authorities, and a limited amount of funding through bilateral contributions and pooled funds.

In order to ensure technically sound responses to improve food security in Somalia, the cluster undertook the following actions:

- Expansion of its geographical footprint in terms of regional coordination meetings: To promote members' ownership of the cluster, the role of facilitating coordination meetings in 13 regions was delegated to the elected Vice Coordinators (VC). The regional coordination meetings enabled the cluster to engage with its members for a better perspective of the needs as well as operational issues related to the implementation of responses. The VCs were elected by members and partners of the FSC operating in that particular region. This process ensured greater participation and representation of Somali LNGOs and promoted transparency as the FSC used the regional coordination meetings to disseminate cluster outputs and critically review the outputs reported by the cluster members.
- Increase implementing agencies capacity to better respond to the beneficiaries needs: The FSC organized a series of trainings for members and partners to ensure that the interventions provided were in line with and took into account available guidance. The trainings covered several themes: protection mainstreaming, project cycle management, reporting, gender, market and project design, the available best practices and technical guide lines were utilized as the bases for the trainings. Overall, the trainings contributed to improve the capacity of members and partners to design and implement food security projects. In addition, the FSC brought on board a Protection Advisor who worked with the FSC, its membership and with the global protection units to assist the cluster members and partners to understand

how the tenets of protection and 'doing no harm' need to be integrated into the different steps of the project cycle. Thus, particularly for agencies that did not have a protection policy, the FSC began to rollout intermediate trainings in order to develop an understanding for a select group of cluster members and partners on how protection must be incorporated through all stages of the project cycle. In 2012, 741 individuals from 292 organizations were trained by the FSC.

- Monthly gap analysis of responses focused on improved access, safety nets, and livelihood investments based on the findings of the FSNAU assessments: The gap analysis process was based on the collection of information concerning the number of beneficiaries reached at district level versus the number of people that should be assisted as identified by the FSNAU seasonal assessments. The monthly gap analysis formed the foundation of the monthly cluster meetings in the field . At the regional cluster meetings, the findings were presented with members discussing these findings in order to verify the correctness of the information reported. Furthermore, the gap analysis was a critical tool for advocacy as well as ensuring that humanitarian responses addressed the identified needs.
- Engagement with the nutrition cluster to look at collaboration with the nutrition cluster: more holistic responses to food insecurity and malnutrition could be undertaken. One of the results of the closer coordination was that the families of 20 per cent of moderately and severely malnourished children under 5, assisted by Nutrition Cluster were also assisted by the FSC members, ensuring that not only that the child was assisted but that households with a malnourished child were also protected from further acute food insecurity.

Cluster Co - coordinators – Food Security

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CAP Cluster members: 79

### 3. Health Cluster

CAP Funding	Requested USD	Received USD	% Funded
HEALTH	54,209,653	19,615,074	36%
CHF		9,342,675	

#### **CAP 2012 Cluster Objectives**

1. Provision of primary and basic secondary health services with a focus on sexual, reproductive and child health in Somalia.
2. Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas.

The Health cluster was able to reach 1,549,823 people with primary and secondary medical care of which 46 per cent (or 716,018) were children younger than five years. Cluster partners investigated 136 outbreak rumours where suspected cholera and measles accounted for over 90 per cent of the situations. Overall, 84 per cent of investigations were conducted within the standard 96 hours and 76 per cent were responded to within 96 hours.

Emergency health services were introduced in the newly accessible areas with makeshift hospitals established for initial emergency response. The hospitals served a total catchment population of 500,000 in those areas.

Forty six health facilities providing basic emergency obstetric care and 38 facilities providing comprehensive obstetric care (CEMOC) were equipped with drugs, medical kits and training and were able to serve 218,000 women through consultations, deliveries and caesarean section.

HIV voluntary testing & counselling services were provided to 11,320 clients in 30 sites with 1,250 HIV cases treated with antiretroviral therapy. Through a network of 68 tuberculosis (TB) centres, The TB program detected and provided treatment for a total of 24,303 TB cases with treatment success rate of 85%.

Through the five main mental health facilities in Hargeisa, Berbera, Bosaso, Garowe and Mogadishu 2,973 cases were diagnosed and received treatment for mental health disorders

Capacity-building was undertaken for 1,140 male and female health workers, 545 staff were trained on trauma and emergency surgery; 511 on TB diagnosis and management, 53 on safe deliveries, 16 on malaria and 15 on effective management of essential medicine.

Increased access allowed more vaccination services to reach those in need by cluster partners. By December 2012, more than three million children under-five year olds and women of child bearing age received vaccination through routine immunization and Child Health days. Inadequate funding prevented the cluster partners from establishing more immunization centres for routine immunization, which would have raised the measles vaccination coverage to at least 90 per cent subsequently reducing recurrent measles outbreaks observed in the country.

Cluster Coordinator – Health

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CAP Cluster members: 31

## 4. Logistics Cluster

CAP Funding	Requested USD	Received USD	% Funded
LOGISTICS	45,427,449	35,228,144	78%
CHF		2,796,098	

### CAP 2012 Cluster Objectives

1. To coordinate support to strategic services for the efficient delivery of common humanitarian assistance
2. Coordination and prioritised rehabilitation of logistical infrastructure in Somalia
3. Improve logistics preparedness & contingency

With the declaration of the end of the famine in February 2012, logistics requirements for Somalia also decreased. Logistics Cluster participants agreed to extend the free shipping service until 1 July 2012 which, subsequently, transitioned to a WFP bilateral cost-recovery service. For the remainder of 2012, based on needs, the Logistics Cluster maintained a contingency stock Mobile Storage Units (MSUs) available free of charge for other organizations and continued coordination and information management services, particularly information on logistics infrastructure.

The Logistics Cluster received over 45 requests from 20 participating organisations for cargo-handling services, and handled over 6,780 m<sup>3</sup> (1,342 mt) of inter-agency cargo.

Sixteen NGOs and four United Nations agencies transported humanitarian cargo through the cluster's common shipping services. 90 per cent of the estimated target was transported, with the majority of the relief cargo transported to Somalia consisting of non-food items (NFIs), with a high overall volume of 6,780 cubic meters.

Partners also moved large quantities of NFIs by the cluster shipping services from Mombasa to Mogadishu. Relief items transported to Somalia included water, sanitation and hygiene (WASH) items, shelter items, generators, kitchen sets, office equipment, vehicles, teaching kits, agricultural tools, construction material, and medicines.

Twenty-one Logistics Cluster meetings were held to enhance logistics coordination. The meetings were well-attended by a variety of different stakeholders (56 per cent international NGOs, 21 per cent local NGOs, 20 per cent United Nations agencies and 3 per cent donors).

The cluster also disseminated information products including situation reports, road network update maps and snapshots of key logistics infrastructure. Fifty-eight information products were issued and disseminated during the time-period. Road network conditions maps were regularly produced during the Deyr rainy season (October - December) and snapshots of key logistics infrastructure - including ports and airports - were shared on the cluster website. This helped the INGO's to respond quickly, improve their logistics planning and for new partners entering the area of operations to familiarise themselves with the logistics options in Somalia.

Five Mobile Storage Units (MSUs) were transported from the port of Mombasa to the port of Mogadishu in March 2012, for leasing out to cluster members. Two of these MSUs were leased to humanitarian organizations for use in Mogadishu. The remaining MSUs remained in storage and were available for organizations free of charge, for use in different locations of Somalia.

Sea transport services were also provided, where a total of seven voyages took place, with bookings sent to the cluster via Cargo Movement Requests (CMRs) and service request forms (SRF).

The Logistics Cluster conducted a shipping workshop in Nairobi in November 2012 to build capacity of partners regarding shipping operations and procedures. This workshop, attended by 18 organizations (11 international NGOs, two local NGOs, three United Nations agencies and two clearing and forwarding agents), focused on topics such as the elimination of customs bottlenecks, improvement in labelling, increase of shipping operations' speed and reduction of costs.

Cluster Coordinator – Logistics  
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CAP Cluster members: 20

## 5. Nutrition Cluster

CAP Funding	Requested USD	Received USD	% Funded
NUTRITION	151,023,467	84,104,218	56%
CHF		15,803,244	

### CAP 2012 Cluster Objectives

1. Acutely malnourished boys, girls, Pregnant and Lactating Women (PLW) are systematically treated by having access to and utilizing quality services for the management of acute malnutrition through enhanced community screening and referral.
2. Expansion of women, boys' and girls' access to evidence-based and feasible nutrition and nutrition related services, available through the use of Basic Nutrition Service Package (BNSP) interventions linking nutrition to health, WASH, and food security programmes.
3. Vulnerable women, boys and girls have access to quality preventive seasonal food-based interventions addressing underlying causes of malnutrition.
4. Strengthening capacity of nutrition partners: LINGO/CBO/INGO, local communities and line ministries to deliver quality and sustainable BNSP services through a variety of approaches.

The cluster reached 765,730 children with treatment services (278,300 in stabilization centres/out-patient therapeutic care programmes (SC/OTP) and 487,430 in targeted supplementary feeding programme (TSFP)). Approximately 80 per cent of these children were from south and central Somalia. The cluster surpassed the targeted 388,000 acutely malnourished children target, reaching 765,730 (197 per cent) children<sup>7</sup>.

Several reasons explain the high number of beneficiaries. Partners embraced community mobilization actively and referral systems were strengthened through provision of standardized referral tools for guidance. Cluster membership also grew from 131 active partners in April 2012 to 143 by December 2012 due to the massive expansion of the nutrition programme to respond to identified gaps due to increased accessibility in some parts of the south. The expanded partnerships resulted in an expansion of service delivery points from 1,888 centres during the same period to 2,431 by December 2012.

The cluster also strengthened regional coordination systems in south and central regions, in addition to zonal cluster coordination systems in the North. The eleven regional sub-clusters were coordinated by selected NGOs with support from the cluster lead agency and Ministries of Health in some areas. This resulted to improved coordination, which translated into improved nutrition services in terms of quality and coverage.

In Maternal and Child Health and Nutrition (MCHN) programmes in Puntland, Somaliland and central regions, a preventive nutrition intervention (Blanket Supplementary Feeding Programme (BSFP)) providing a food supplement reached a total of 1,313,560 beneficiaries ( 246,890 PLW), 1,066,670 children 6-23 months). An additional 139,160 acutely malnourished PLW were reached with targeted supplementary feeding.

Capacity strengthening for effective delivery of quality nutrition programmes was a key focus for the cluster. The capacity mapping report that recommended a variety of capacity-building approaches was finalized and the recommendations informed the drafting of a multi-year capacity building plan for Somalia. The cluster conducted five-day cluster approach awareness trainings in Nairobi for 30 cluster members and in Mogadishu for 36 cluster members. Fifteen cluster members in south central Somalia were provided with a 5-day ToT training on nutrition, hygiene and health promotion. Training guidelines, Information, Education and communication (IEC) materials and tools developed by the cluster to promote hygiene in nutrition programmes were piloted. Two infant and young child feeding IYCF counselling workshops were held in Somaliland and south central Somalia for ToTs.

The cluster finalized the 5 year infant and young child feeding (IYCF) strategy and action plan for all the regions of Somalia and this was endorsed by all government bodies. Costed IYCF plans of actions were also developed

In delivering its objectives the cluster faced constraints related to partner capacity to deliver quality nutrition programmes, inadequate supplies, late deliveries and pipeline breaks and insecurity hampering access by outreach activities and monitoring.

<sup>7</sup> The Population figures that FSNAU uses date back to 2005 (UNDP). This is very outdated and needs revision, as long as we continue to use these figures there is a likelihood of surpassing targets.

The cluster had good results despite only 56 per cent of its projects funded. This was due to underreporting of funding in FTS, over estimation of the funding required by partners for the activities planned, some cluster partners report achievements to the cluster without having projects in the CAP, and outdated population figures.

Cluster coordinator – Nutrition

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Cluster members (CAP): 46

## 6. Protection Cluster

CAP Funding	Requested USD	Received USD	% Funded
PROTECTION	57,768,696	19,162,945	33%
CHF		3,758,556	

### CAP 2012 Cluster Objectives

1. Strengthen the resilience of survivors of rights violations and vulnerable communities through the provision of protection-related services.
2. Strengthen capacities of key duty bearers, including formal and informal institutions, to enhance the overall protective environment and improve response to protection violations.
3. Inform advocacy and programme response through accurate monitoring and reporting of protection violations.

Service delivery interventions included psycho-social, medical, referrals, family tracing and reintegration interventions. Of the 41,000 people reached, the majority were female due the fact that most violations were gender based violence (GBV) related. Protection Cluster Member referred 20,000 people (roughly 41 per cent female) to various services according to their needs which included medical, nutrition, legal, psychosocial support, education and reunification with their parents or extended families. At least 131,000 children (45% girls) attended child and youth friendly spaces in Somalia.<sup>8</sup> Services offered at these centres included psychosocial support, recreation, basic literacy and numeracy classes.

Capacity-building activities were aimed at improving skills, knowledge, and to better deliver services. At least 137,000 people participated in various capacity building activities for duty bearers and service providers, in order to ensure timely and comprehensive response to the needs of survivors of violations.

Advocacy activities aimed at enhancing the overall protective environment for women and girls, men and boys were undertaken throughout the year. Some 430,000 people benefitted from advocacy and community mobilization activities on protection issues specifically on GBV and children.

Members sought to improve the existing responsive mechanisms in order to ensure timely response for survivors of protection violation through strengthening the GBV referral systems, as well as, improving data collection for eventual use in improving programming. Under child protection, the cluster continued to focus on the separated children and unaccompanied minors and child recruitment into militias in addition to highlighting and addressing emerging child protection issues.

Protection Cluster members collected data and provided information through the Protection Monitoring Network (PMN), the Population Movement Tracking (PMT), and the GBV Information Management System. In addition to advocacy, the purpose for such information collection was to improve programmatic response

Protection Cluster funding amounted to \$ 19.1 million for 2012, or roughly 33 per cent of the requested funding. It should be pointed out that key UN protection agencies, at date of publication had not submitted their funding expenditure for 2012 to the Cluster. Activities that were implemented included child protection, GBV, mine action, mixed migration and trafficking, and protection monitoring. At least 40 per cent of all funds were used for GBV interventions mostly in the south and central regions.

Protection cluster coordinator

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Cluster members (CAP): 33

<sup>8</sup> The children may have attended the same friendly space for multiple months, hence the possibility of double reporting.

## 7. Shelter and NFI

CAP Funding	Requested USD	Received USD	% Funded
SHELTER AND NFIs	66,162,772	24,038,999	36%
CHF		13,771,069	

### CAP 2012 Cluster Objectives

1. Contribute to the protection of displaced and other vulnerable groups from life-threatening elements through the distribution of emergency assistance packages.
2. Improve the living conditions of the displaced population in stabilized settlements through site planning and the provision of transitional shelter.
3. Facilitate access to durable solutions for the displaced population through return and relocation where possible and appropriate.

The Shelter Cluster reached approximately 60 per cent of its targets despite weak funding. Reasons for this are underreporting on the Financial Tracking System (FTS) and many 2011 activities were only implemented in 2012.

The cluster distributed in total 110,778 emergency assistance packages (EAPs) which benefited 664,668 people in need. With a financial coverage of 45 per cent under objective 1, nearly 65 per cent of the emergency needs were covered. 94 per cent of all interventions were located in the south and central regions. Banadir, Gedo and Lower Juba were highly targeted areas with continuing displacements (due to conflict, return, floods and forced relocation). Lower Shabelle, Middle Shabelle and Galgaduud were three regions that had very limited operations due to access. The distribution of fuel-efficient stoves and dignity kits were promoted in close collaboration with the protection cluster to stimulate livelihood opportunities and to address some protection concerns (collection of firewood, fire-outbreaks, etc).

47,891 households have received improved shelter ranging from emergency shelter in south/central to permanent shelter in Somaliland. This figure is largely above the end-year figure of 35,000 households as a majority of the interventions were quick impact emergency shelter packages targeting 35,391 households. Only 12,250 households received a more durable semi-permanent shelter solution (a major improvement from 8,147 in 2011). The concept of transitional shelter has been supported by the donors since 2011 and has widely been adopted by members of the cluster.

Numerous relocations took place mainly in Puntland, Somaliland and Banadir. In Banadir region, a tri-cluster approach was introduced for the renovation of a site for 9000 households in Zona K, where site planning has been integrated to ensure improved living conditions. Durable solutions have also been achieved in Bari and Nugaal where IDPs have security of tenure. With improved access, the shelter cluster has also assisted 2,113 households with return packages.

The shelter cluster has strengthened its coordination structure through close partnerships with its partners. This resulted in a countrywide Somalia Shelter Cluster needs analysis and response strategy for 2013. The assessment focused on areas where major displacement was experienced.

Over the last two years considerable advances have been made in terms of strategy, standards, partner development, profile and fundraising. To date, the cluster has administrated \$23.5 million on behalf of the Common Humanitarian Fund. Although the capacity of the shelter partners has improved, the main challenges still facing the cluster members are access due to insecurity, lack of funding for durable solutions, lack of coordination capacity in the field and absence of government counterparts.

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## 8. WASH

CAP Funding	Requested USD	Received USD	% Funded
WATER, SANITATION AND HYGIENE	86,760,265	34,369,183	40%
CHF		16,514,866	

### CAP 2012 Cluster Objectives

1. Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion including complementary activities with Nutrition, Health, Education, Livelihood and Food
2. Strengthen capacity for emergency preparedness and disaster risk reduction

The WASH cluster supported 2,018,951 people representing 80 per cent of the 2.5 million targeted, with sustainable water access. Concurrently, the cluster reached 2,017,794 beneficiaries with temporary provision of safe water, of whom 1.9 million were from the south. Further, 1,092,270 beneficiaries, 84 per cent of the 1.3 million target, were newly accessing sanitation facilities (latrines) of whom 578,540 were from Mogadishu, and 2,730,779 people, 74 per cent of the 3.7 million target, benefited from hygiene promotion and non-food item (NFI) hygiene packages. Based on the who/what/where/when matrix, 163,000 beneficiaries had access to water provided by the voucher system. These WASH interventions strengthen the resilience of the communities against future droughts and AWD/cholera outbreaks.

Despite a weak funding level (39 per cent), Wash cluster partners have reached approximately 80 per cent of their targets. This can be explained by

- a) an important quantity of activities funded during the last months of 2011 were completed in 2012
- b) weak reporting of the funds received through the Financial Tracking System (FTS) by the partners
- c) double/multiple reporting of same activities by implementing and funding organizations

The cluster successfully established a new system to address the gaps, in acute watery diarrhoea (AWD) and cholera prevention and response, left by the ban on key agencies in southern Somalia in November 2011. The resulting strategy increased the role of clusters, in prevention and response at the national, regional and district levels. A network of regional supply hubs (12 in South Central Zone) was also successfully implemented during the second part of 2012 to give to Wash cluster partners a quick and easy access to supplies allowing responding in a timely manner to AWD/cholera outbreaks and droughts.

Regularly updated maps were used to track gaps in response, and in funding per district for both sustained and temporary access to water. These were used to target response, and for advocacy to donors. A new map, based on the data collected during the 9 first months of 2012, and presenting the hot spots and the at risk area for cholera outbreak has also been developed to help to improve the preparedness regarding future outbreaks.

With very limited access to much of Somalia, the cluster continued to focus on empowering cluster members working in Somalia. Regional clusters were strengthened, and thirteen of the fourteen regional clusters now meet regularly. District focal points for AWD/cholera and flooding were established to coordinate response at a district level. The cluster AWD/cholera prevention and response measures contributed to no major cholera outbreaks. Development of Somalia specific emergency hygiene promotion material and capacity development tools improved the skills of WASH agencies in Somalia. Short cholera guides were also developed to support schools and feeding centres.

The strategic challenges faced by the Cluster were: capacity of WASH agencies; monitoring and accountability; coordination at regional level and technical guidance. The Cluster Review Committee (CRC) developed clear criteria for selection of projects for CAP, CHF and the Emergency Review and subsequently reviewed 177 CAP proposals (70 recommended) and 54 CHF proposals, of which 25 were recommended and funded. In addition, the cluster coordinator reviewed 55 emergency reserve proposals, of which 9 were funded.

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