# HUMANITARIAN GAPS ANALYSIS
# IDP SETTLEMENT IN GAROWE (PUNTLAND)
# March – April 2011

**Background**

Somalia has one of the largest internally displaced populations (IDPs) in the world, with 1.46 million IDPs, as well as, over half a million Somali asylum seekers and refugees living in the region. Most IDPs transit through Garowe town prior to reaching the town of Bosaso; however there are still a large number of IDPs who remain in Garowe.

**Internal Displacement in Garowe, Puntland**

The population in the 11 IDP settlements in Garowe is 2,216 HHs[1] (9495 individuals) according to inter-agency Garowe IDP Head count exercise from 14-16 July 2011) by UNHCR, OCHA, CARE, FAO, WFP and NCA with representatives from the local Authorities and Ministry of Interior. The displaced population originates mainly from Banadir region specifically Mogadishu, Bay, Bakool, and to a lesser extent other regions of south and central Somalia. There are also IDPs who have been displaced from within Puntland, primarily as a result of the conflict in the disputed areas of Sool and Sanaag regions, as well as, due to drought and the consequent loss of livelihoods. IDPs in Garowe, many of whom have been displaced for over 10 years, live in a precarious situation and many depend on humanitarian assistance.

The ongoing response in IDP settlements in Garowe involve a range of UN agencies (e.g. UN-HABITAT, UNHCR, UNFPA, WHO, UNICEF, ILO, UNDP, FAO and WFP); INGOs (e.g. NCA, Muslim Aid, CARE, Merlin, ADRA, Islamic Relief, DRC, NRC, EDC, Diakonia and Save the Children); as well as, LNGOs (e.g. SFS, KAALO, SWA, TAAKULO, KASIMA, SYA, SWV, SORDO and TADAMUN). Main activities include: protection, health, nutrition, WASH, livelihoods, education, shelter, and food assistance.

**Rationale for Humanitarian Gaps Assessment Exercise**

Following the completion of the Bosaso Humanitarian Gaps Assessment (HGA) piloted on 26 September 2010, the IDP Task Force composed of Government and humanitarian agencies representatives agreed to undertake a similar exercise the IDP settlements in Garowe. The Garowe HGA exercise took place from March – April 2011 (field exercise took off on 14 March 2011) to identify key gaps in humanitarian interventions and coverage, with the aim of facilitating a consistent and comprehensive response to the specific needs of IDPs.

**Methodology**

The HGA exercise was conducted in close collaboration with the Government and cluster representatives, and coordinated by OCHA and UNHCR. Two representatives from the Ministry of Interior and the Humanitarian and Disaster Management Agency (HADMA) participated. The exercise was carried out within the cluster framework to enable comprehensive data collection and analysis. It covered 11 IDP settlements in Garowe, mostly through focus group discussions.

The HGA exercise comprised the following steps:

Step One: Inter-cluster meeting and agreement on HGA timeline and tool. The HGA exercise is to be carried out within the cluster framework.

Step Two: Matrices and questionnaires developed by cluster focal points (see Annex 2) with the support of OCHA/UNHCR[2].

[1] This figure is based on joint inter-agency IDP head count exercise from 12-14 July 2011. See Annex 1 for a breakdown by settlement.

[2] The following clusters were represented in the HGA exercise: Protection (UNHCR), Shelter (UNHCR/NCA), Food and Livelihood (WFP/FAO), Health and Nutrition (Merlin/WHO), Education (SC/NRC) and WASH (Muslim Aid/CARE).

Step Three: Matrices and questionnaires finalized and endorsed at the inter-cluster meeting.

Step Four: Nomination of team members, including a representative of each cluster in every team, for a total of 5 teams and 30 participants.

Step Five: Desk review of humanitarian activities in IDP settlements in Garowe to provide baseline information for the HGA.

Step Six: Training of all participants on the HGA tools and GPS use.

Step Seven: Data collection exercise co-coordinated by OCHA/UNHCR.

Step Eight: Matrices and questionnaires forwarded to the cluster focal points for verification and collation of data (see annex 2 a-f: samples of questionnaires).

Step Nine: Qualitative and quantitative data compiled by each cluster using reporting guidelines developed by OCHA/UNHCR.

Step Ten: Inter-cluster meeting to prioritize needs and interventions identified by each cluster.

Step Eleven: Final report compiled by OCHA/UNHCR and endorsed by clusters.

OVERALL RECOMMENDATIONS

1. Enhance stakeholder consultations and participation. Consultation between Government, UN agencies, INGOs, lNGOs, IDPs and other relevant stakeholders to ensure representation and inclusive participation in planning, coordination, implementation and monitoring of humanitarian response provided during and after an emergency should be enhance. In terms of accountability, mechanisms should be put in place to enable IDPs to report abuse and seek redress.

2. Increase co-ordination between Clusters and authorities. There is a need for improved information-sharing both at the planning and implementation phases between humanitarian actors and local, regional and national authorities. The Ministry of Interior is the appointed focal point for IDPs, to ensure increased coordination and prioritization of humanitarian activities in IDP settlements.

3. Provide an effective information management system. A comprehensive, reliable and real-time information system on the needs and priorities of IDPs in Garowe for the purposes of operational planning and response is required. To address these short-comings, the HGA matrices could be used and updated on a quarterly basis.

6. Move from relief to recovery approach in the provision of services to IDPs. While response to humanitarian needs remain essential, the protracted nature if displacement calls for long term interventions. More development actors should be engaged in programmatic interventions for IDPs.

7. Strengthen community self-management and build the capacity of national counterparts. Beneficiaries, host communities, and authorities are essential to the successful implementation and sustainability of humanitarian interventions in Garowe. The humanitarian community should continue to strengthen partnerships with local, regional and national authorities, and use tools like the HGA to ensure transfer of institutional memory and sustainability of projects.

8. Ensure effective and inclusive emergency preparedness and contingency plans. Such processes would build capacity among humanitarian actors and government representatives; and facilitate the use of standards, protocols, and data collection tools to ensure timely and effective humanitarian responses.

## 4. SUMMARY OF KEY FINDINGS IDENTIFIED BY CLUSTER

The following key gaps were identified by clusters:

- **WASH:** There is inadequate water storage and collection facilities in the IDP settlements as only 5 out of 11 IDP settlements have water kiosks. Shallow wells are scattered in 8 IDP settlements while only 3 settlements have water tanks accessible by the IDPs free of charge. Water facilities are over-concentrated in some settlements while others have none. The quality of water including general

sanitation in the settlements is poor as there are some restrictions on access to WASH facilities due to distance or privatization of facilities. Limited solid waste management capacity is a problem in the majority of settlements. Most IDP settlements are situated along the river bank with poor sanitation.

- **Shelter/NFIs:** Generally, condition of IDP shelter is poor due to quality of materials used in construction (ropes, cartons, scrapped materials, old clothes and plastic sheets). The settlements are poorly planed and congested because of narrow feeder roads. A majority of the settlements are located within Garowe and landownership for IDPs is difficult to obtain. Land tenure and land ownership difficulties suggest that permanent shelter is not a viable option in the near future.

- **Health:** Health services such as MCHs or health posts as they are not available in any of the settlements. The health care sector in Puntland has prohibitive costs because most of the hospitals and clinics are privately owned. There are a limited number of trained medical personnel.

- **Nutrition:** The malnutrition rate for IDP children is moderate in Garowe. A mobile Out-Patient Therapeutic (OTP) care program team works in five decentralized sites in Garowe providing once a week, outpatient therapeutic services to the children (from IDP settlements and host community) with severe acute malnutrition, without medical complications. The only mobile targeted Supplementary Feeding Programme (TSFP) is carried out once a month targeting lactating mothers and children under 5. Cases of severely malnourished children are referred to Garowe General Hospital Therapeutic Feeding Center (TFC) for treatment.

- **Protection:** The main protection risks identified by the IDPs were arbitrary arrest and detention, arbitrary displacement, and forced relocation. There were reports of domestic violence and attempted GBV (rape in particular). Referral and response mechanisms are limited. This affects timely and comprehensive responses to protection needs of the population.

- **Livelihoods:** Limited cash relief initiatives, including basic income generations activities, small revolving funds, and business grants; as well as, lack of experience in managing business, and lack of entrepreneurship skill, and vocational and training skills were identified as the main gaps.

- **Education:** There is very limited access to basic educational facilities, primarily linked to lack of school infrastructure and shortage of teachers. 60 per cent of IDP settlements are classified as high-risk. There are very limited educational opportunities (both formal and non-formal) for youth.

**1. WASH**

*IDP woman collecting water from hand pump Shabelle settlement free of charge*

*IDPs water source from water tap in Rigga camp supported by private water tank free of charge*

**On-going Activities**

Support to construction and rehabilitation of boreholes, shallow wells, water kiosks and tanks, as well as latrines, chlorination of water sources, and hygiene promotion is ongoing. The WASH Cluster has a community-based approach, which incorporates the needs of vulnerable populations including IDPs, migrants, asylum seekers, refugees, and the urban poor from the host community.

| **Minimum Standard Indicators** |
|---|
| 200 persons per tap |
| 30 persons per latrine |
| 150 persons per shallow well or water tank |
| 500 persons per WASH committee/hygiene promoter |
| 5 garbage pits per settlement |

**Key Gaps**

Based on the above indicators, the following gaps were identified in the IDP settlements:

- Kiosks: 16 water kiosks were identified. There is a gap of 51 kiosks.
- Water tanks: 10 water tanks were located. There is a gap of 5 tanks.
- Shallow wells: 28 shallow wells were located. There is a gap of 14 shallow wells.
- Latrines: 91 old latrines and 10 damaged latrines were identified. There is a gap of 218 latrines.
- Hygiene and sanitation: 59 hygiene promoters were identified. There is a gap of 95 hygiene promoters.
- Garbage skips: 2 garbage skips were identified in 2 IDP settlements only (Siligga and Waberi/Elay). There is a gap of 53 garbage skips.

High-risk locations

Generally all IDP settlements require WASH interventions.

Proposed activities

- Construction of WASH facilities per settlement

| Construction of WASH facilities per settlement: | | |
|---|---|---|
| **IDP settlement** | Water kiosks | Latrines |
| Habalaha/Ajuuran | 7 | 41 |
| Lafa-Barkato | 4 | 19 |

| | | |
|---|---|---|
| Habitat 1,2 & 3 | 14 | 6 |
| Qoldheree/General Hospital | 2 | 10 |
| Shabelle 1 & 11 | 10 | 52 |
| Siligga | 3 | 18 |
| Muse Rotile | 2 | 13 |
| Waberi/Elay (Minority) | 5 | 35 |
| Rigga | 3 | 22 |
| Banadir | 2 | 12 |
| Kamp Four | -2 | 4 |
| Total | 51 | 218 |

- Construction of garbage skips in all 11 IDP settlements, and specifically 5 garbage skips per settlement.

**2. SHELTER**

*Congested Rigga IDP settlement made from scrap materials with poor sanitation background*

*IDP woman received NFI after a Fire outbreak incident in Bulo Elay IDP seetelemnt in Garowe*

**On-going activities**

Distributions of NFIs were carried out in Garowe IDP settlements in 2009 and 2010, and included plastic sheets, mats, kitchen sets, mosquito nets, blankets and jerry cans.

Key gaps

**Shelter:** there are no transitional shelters in the 11 IDP settlements. There is a need for construction of transitional shelters as currently the IDPs population lives in makes shift shelters. Additionally, there are only three settlements (Habitat I, II & III) with permanent shelters housing currently 438 IDPs HHs and host community. There is also a need for more permanent shelters, given the prolonged nature of displacement in the region (difficult given prevailing land ownership issues in Puntland).

**Non Food Items (NFIs):** Approximately 806 IDP HHs benefited from distribution of NFIs in 9 settlements (Riigga, Habalaaha, Hawalaha, Waberi/Elay (Minority), Musa Rotile, Shabelle I & II, Qoldheree/General Hospital and Habalaha. However, out of these settlements, NFIs distributions benefited only vulnerable families, and are at this stage in need to be replaced. Habitat II & III were not covered during previous distributions. During the assessment, teams noticed that only targeted NFI assistance (only very vulnerable) have been reached out.. Thus target for 100% is based on above impression. There is an urgent need of NFIs distribution for 100% of the IDPs population as well as 20% of vulnerable urban poor from the host community as Gu rain seasons are expected.

**Settlement Lay-Out/Design:** Lack of proper site planning and congested settlements is evident. These are the major causes of poor sanitation and communal diseases, as well as, insecurity and fire outbreaks.

High-risk locations

7 IDP settlements (Riigga, Habaalaha, Shabelle I & II, Siligga, Banadir, Lafabarkato, and Musa Rotile) require a variety of interventions such as shelter and NFIs kits distributions.

Proposed activities

- Distribution of NFI kits to 1,357 HH in the following 8 IDP settlements: Riigga, Habaalaha, Shabelle I & II, Siligga, Banadir & Lafabarkato, and Musa Rotile, and Waberi /Elay (Minority)..
- Provision of 1,778 temporary shelters to the following IDP settlements: Shabelle I & II, Habalaaha, Siligga, Muse Rotile, Garowe Hospital, Kaam Four, Waberi/Elay (Minority), Riigga and Banadir & Lafabarkato).
- Distribution of 2658 fire drums and training on fire prevention mechanisms in all 11 IDP settlements.
- Support to targeted and planned voluntary relocation of IDPs.

## 3. HEALTH

*First round NID 2011 polio administration to IDP child in Habitat IDP settlement*

*Finger marking of a IDP child following OPV (Polio) administration in Rigga Camp*

**Ongoing activities**

There are on-going initiatives to ensure Institutional Capacity Building (ICB) for medical staff. Although there are MCHs within the IDP settlements, periodic supplementary feeding services for malnourished children are sometimes provided through 2 main MCHs; Barxadda MCH and Inji MCH. The construction of a MCH is almost completed at HABITAT II. Immunizations campaigns are running in all IDP settlements.

Key gaps

- There are no MCHs and Health Post (HP) in the IDP settlements, therefore, the IDP population has limited access to health care due to the distance between settlements and existing health centres. Expanded Program of Immunization (EPI) needs to be strengthened to adequately cover all IDP settlements.
- Most deliveries take place at home, usually with the assistance of traditional birth attendants who are untrained and who use unsterilized equipment. IDPs with chronic illnesses (e.g. epilepsy, diabetes and hypertension) and persons with disabilities do not receive adequate support.

High-risk locations

Generally all IDP settlements need health interventions. However, the IDP settlements at highest risk are the settlements located along the river bank (Shabelle 1 & 11, Riigga, Habaalaha, Muse Rotile, Kaam Four, Siligga and Waberi/Elay [Minority]), where sanitation is extremely poor and IDPs are prone to food and water borne diseases.

Proposed activities

- Construct and open 3 MCHs in Muse Rotile, Habitat I & II, and Shabelle I & II settlements, and establish one TFC in either Siligga or Garowe Hospital settlements.
- Construct and open 9 outreach centres in Shabelle, Waberi/Elay (Minority) and Habitat III, and 6 health posts in Muse Rotile, Siligga, Habitat I & II, Habalaha, Kaam Four and Shabelle I & II settlements.
- Provide training for 29 Traditional Birth Attendants (TBAs) and 21 Community Health Workers (CHWs) and provide them with clean delivery kits in all IDP settlements.

- Provision of affordable health care and/or support for IDPs with chronic health problems and disabilities.
- Increase immunization programs especially for measles and polio.

## 4. NUTRITION

*Distribution of ration cards to IDP women needed for delivery of relief food to IDP women in Rigga settlement*

*An IDP woman with a moderately malnourished child waiting to collect her relief food through the TSFP*

**Ongoing activities**

There are regular monthly supplementary feeding programs in 4 locations through mobile teams for lactating mothers and children under 5 years. The OTPs are also through mobile teams working weekly in Shabelle, Siligga, Habitat I, II & lll, Riigga and Qoldheree (General Hospital) settlements responding to nutrition cases and cases that need to be referred to the General hospital. Training and capacity building for medical personnel, including TBAs to manage minor nutrition cases are also ongoing.

Key gaps

High malnutrition rates among the IDP population point to the need of continuing expansion of Out-Patient Therapeutic (OPT) care programme services. Targeted Supplementary Feeding Program (TSFP) needs to be expanded. There is lack of trained health workers.

High-risk locations

- There is a need for nutrition interventions in all IDP settlements.

Proposed activities

- Mobile OTP services in all IDP settlements currently need to be scaled up due to lack of MCHs, poor sanitation and living conditions especially during times of drought and economic crisis. The mobile clinics are expected to give basic health services to the entire 9495 IDP population (2216 HHs) in the 11 IDP settlements.
- Increase nutritional support through expanded supplementary feeding facilities to service all IDP settlements with a 90% total IDP population of 9,495 (2,237 of <5yrs) plus referred ones which includes 7,605 pregnant and lactating mothers estimated in the 11 IDP settlements.
- Training of local medical personnel training of Community Health Workers CHWs for OPDs Provide them with emergency medical kits and clean delivery Kits, in addition to increase health educational programs.

## 5. PROTECTION

*Joint cooperation meeting between the IDPs and host communities in Nugaal Governor Office*

*GBV working group meeting including IDPs at the Ministry of Women Development and family Affairs in Garowe*

**On-going activities**

Several initiatives are on-going in close coordination with the Government to develop policies and guidelines for IDPs. Initiatives to provide support and counselling to survivors of conflict including gender-based violence (GBV) through social workers are also in place. Human rights training for Government and protection stakeholders and advocacy and awareness raising campaigns on protection issues for IDPs communities were conducted. Limited legal aid provides free-of-charge legal assistance for vulnerable IDPs, including urban poor from host communities. Livelihood initiatives in the form of small income-generation activities targeting IDP female-headed HHs are also on-going.

Key gaps

Somalia and from Bantu clans, are the most vulnerable to discriminations and exposure to violence. Due to frequent The main protection risks identified by IDPs were arbitrary arrest and detention, arbitrary displacement and forced relocation. There were reports of domestic violence and attempted GBV (rape in particular). Women without clan protection, mainly from south staff turnover for trained social workers, the current situation is that some of them require training and capacity building. Legal referral mechanisms are limited, as they cover only 6 settlements Shabelle I & II, Siliga, Bulo Elay, Muse Rotile, Barwaqo and Bilan. There is inadequate representation of women in IDPs committees. There are a limited number of Child Protection Committees (CPCs), as these cover only 3 IDP settlements (Waberia/Elay (Minority), Musa Rotile, and Rigga).

High-risk locations

The following IDP settlements: Habalaha/Ajuuran, Banadir, Lafabarkato and Riigga were identified as high risk locations with low coverage and/or minimal protection service provision.

Proposed activities

- Create/strengthen existing legal referral mechanisms with particular emphasis on the protection needs of women and children and identify focal points (IDP/host communities/local authorities) to ensure consistent implementation of legal referral mechanisms.
- Create more CPCs and strengthen existing committees.
- Strengthen existing IDP community committees and ensure women representation on those committees.
- Integrate psycho-social support activities into livelihoods projects to prevent stigmatization and encourage self-sufficiency of survivors.
- Increase the number of IDP social workers and provide training to monitor and report GBV incidents and increase awareness on GBV issues.

## 6. **LIVELIHOOD**

Sustainable *Income Generating Activity by IDP Woman in Shabelle II IDP settlement in Garowe*

*An IDP youth from Garowe IDPs settlement taking vocational skill training in carpentry*

**On-going activities**

Several livelihood projects for IDPS were carried out. 473 IDPs received training on Small Business Enterprises (SBE). 221 IDPs received vocational skills training. 484 IDPs benefited from cash/food-for-work activities by constructing latrines, digging shallow wells, hygiene and sanitation work, and fire prevention activities.

Key gaps

There are limited opportunities for cash relief initiatives, small revolving funds, or business grants. There is a lack of experience in managing businesses and entrepreneurial skill. There is a minimum level of vocational skills and skills training. Basic Income Generations Activities (IGA) are limited. There is a general lack of general food distribution.

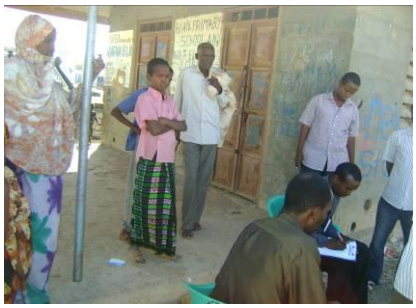
High-risk locations

All 11 IDP settlements are in need livelihood interventions.

Proposed activities

- Provide SBE training to 473 untrained IDPs.
- Provide vocational skills training for approximately 222 untrained IDPs in VST.
- Engage additional 332 IDPs in cash/food-for-work activities.

## 7. EDUCATION



*Bilan one room primary school and Adult education in Elay IDP settlement- Garowe*

Non-formal Educational (NFE) for IDP *children in learning center in Shabelle IDP settlement-Garowe*

**Ongoing Activities**

There are only four schools in all 11 IDP settlements (Riigga, Shabelle 1 & 11, HABITAT 1, 11 & 111, and Siligga) benefiting 668 school-age children. The total number of school aged children in the 11 IDP settlements is 1,888 of which 1,220 are currently not attending school. The national curriculum is not being implemented in the functioning schools. In the remaining 7 IDP settlements Koranic schools operate.

Key gaps

In the 4 existing schools there is a need of more classrooms (approximately 30). Seven IDP settlements lack schools other than Koranic schools. Due to the small number of children in each settlement, an integrated education plan to ensure cost-effective provision of services should be considered (e.g. shared facilities with neighbouring settlements). Non-formal Educational (NFE) opportunities for youth are in place in Riigga settlement but non-existent in others. Incentives to increase children enrolment in school, such as take-home rations for girls, or school-feeding programs do not exist in all schools. Classroom kits, educational materials, school uniforms and teachers incentives are not available.

High risk locations

Riigga, Waberi/Elay (Minority), Banadir, Lafabarkato, Muse Rotile, Habalaha, Siligga, Kamp Four and Habitat 1, 11 & 111 have been identified as priority settlements for intervention based on 1,220 school-aged children currently unable to access educational opportunities. Shabelle and Muse Rotile have only one classroom each are also considered high risk locations.

Proposed activities

- Construction of education facilities per settlement

| Construction of education facilities per settlement: | | |
|---|---|---|
| IDP settlement | School | Classroom |
| Riigga | 1 | 2 |
| Waberi/Elay (Minority) | 1 | 2 |
| Habitat 1, 11, 111 | 2 | 5 |
| Banadir | 1 | 3 |
| Habalaha | 1 | 3 |
| Siligga | 1 | 3 |
| Kamp four | 1 | 2 |
| Lafabarkato | 1 | 2 |
| Shabelle | 0 | 1 |

- Create NFE programmes for youth in Riigga and Shabelle IDP settlements.
- Provide assistance to Grade 4-5 pupils.

## KEY STAKEHOLDERS IN THE HUMANITARIAN RESPONSE

IDPs interviewed during the HGA identified the key stakeholders vis-à-vis protection and service delivery in Garowe as being: IDP and/or host community elders, religious/traditional leaders, humanitarian agencies, as well as, local authorities and relevant government Ministries.

IDP communities

IDP communities rely on religious affiliates for protection and support. In addition, they have established localized self-management structures, known as IDP committees, which often act as first contact point with humanitarian actors.[3]

IDP committees have varying degrees of legitimacy depending on the settlement. Committees are elected by the IDPs after which the local authorities and the community elders are informed that the elected members represent the interests of IDP community members. Those interviewed mentioned the following inherent weaknesses of the IDP committees: limited information sharing between committee members and the community at large; lack of training and financial support to committee members; and over-reliance on IDP committees by humanitarian actors. Despite these short-comings, the IDP committees and traditional elders were identified as key responders, particularly in the area of security. IDP committees have a significant capacity to dialogue with local authorities and other stakeholders on key issues such as access to land and shelter improvement by making use of traditional kinship ties. If given more legitimacy and capacity, IDP committees could be strong and valuable partners in any humanitarian response.

Host community

The HGA indicated that in general IDPs and the host community maintain good relations. The host community is seen as integral part of the IDP community, with most security incidents immediately being reported to host community elders for their intervention. The majority interviewed stated that they did not experience discrimination from the host community, explaining that, in many cases, their rights were respected due to religious affiliations with the host community. Discrimination was most evident in relation to accessing employment opportunities, education, housing, land and latrines[4].

The lives of the host population and IDPs in Garowe are inextricably entwined – many live in the same settlements and share the same resources. An integrated approach to humanitarian assistance, taking into consideration both host and IDP populations, is therefore, crucial to ensuring sustainability and preventing social marginalization of the IDP community. Given the presence of influential stakeholders, including landlords, the business community and religious leaders within the host population, the humanitarian community must seek to engage further with these different segments of the population.

Humanitarian community

Humanitarian agencies in Garowe have the technical capacity and experience to respond to priority needs identified by the IDP population. However, the complexity of providing assistance in an urban setting pose numerous challenges. Approximately 90% of the IDP settlements are along the seasonal river, which is not suitable for human settlement. The community collaborates with relevant Ministries to ensure delivery of humanitarian responses to IDPs.

The specific setting calls for a shift in the paradigm of delivery of humanitarian assistance with a focus on a community-based approach, rather than an individual beneficiary approach, in order to interlink humanitarian interventions or response delivery and recovery with all the relevant actors Garowe. More representative community management structures and more engagement with key stakeholders in the

[3] Many settlements have more specialized committees tasked with child protection and women's issues such as GBV. IDP Committees have few women representatives. IDPs noted that, as cultural norms change and women will gain access to economic opportunities, women will become more active players in community leadership structures. Many women emphasized that they are still not sufficiently involved in decision-making and that their opinions are not always taken into consideration. According to community members, this is because men and women engage in decision making in different ways, with women focusing on issues like health and education, while men are primarily concerned with security and sanitation.

[4] In many settlements, latrines are privatized and payment is required for access.

host population will greatly enhance the capacity of the humanitarian community to ensure that all members of the community are able to benefit from services provided and activities undertaken in the settlements. Humanitarian actors and their national Government counterparts need to better engage to understand each other's respective priorities, while recognising the particular needs of IDPs. There is a need to identify common goals that incorporate long-term developmental objectives in lieu of short-term emergency responses, which presently characterize most humanitarian interventions in Puntland.

Relevant Ministries and Agencies

The HGA concluded that IDP communities are not aware of the role of the relevant Ministries and do not interact with them on a regular basis, with a few exception. For instance during the recent relocation they interacted with the Ministry of Interior, Planning and International Cooperation (MOPIC) and the Ministry of Women's Development and Family Affairs (MOWDAFA). In December 2010, the Puntland President issued a decree nominating the Ministry of Interior, Local Governance and Rural Development to be the lead and line Ministry for IDP issues in Puntland. In April 2011, the Minister of Interior announced establishment of a new department within the Ministry structure to specifically deal with IDPs issues in Puntland. MOPIC is the custodian of IDP statistics while HADMA ensures delivery of humanitarian responses to IDPs. The capacities of the relevant Ministries are limited (human and financial resources) even though there are mandated and have good will.

Local authorities

The findings of the HGA appear to indicate that there is a need for stronger presence of the local authorities in the settlements, as IDPs are not aware of their presence and/or activities they may be engaged in. Local authorities are not cited as key protection actors and, at least in their own perception, IDP contact with Government is primarily limited to their interactions with law enforcement officials. IDPs consistently report security concerns to the local police and strongly believe security would improve with the presence of police posts in the vicinity of the IDP settlements.

The humanitarian community interacts with local authorities on a regular basis. However, frequent staffing turnover, changing responsibilities, lack of resources, and inconsistence approach within the various departments of government makes it difficult to ensure coherence both in terms of planning and in prioritizing settlements and/or communities for the provision of humanitarian assistance. The humanitarian community will continue to work with local, regional and national authorities to build institutional resources and community outreach capacity, thereby ensuring local ownership, diminishing dependency on assistance and avoiding the creation of parallel response structures.

PLANNING CONSTRAINTS

The following factors were identified as potentially impacting the ability of key stakeholders to respond to the needs of IDPs and host communities at both the macro and the micro levels:

- Increase of the IDP population as a result of the ongoing armed conflict in south and central Somalia, requiring additional interventions;
- Limited funding due to economic constraints faced by donors and lack of interest in protracted operations like Somalia;
- Minimal government capacity to provide services to the population leading to continued privatization of many traditionally public sector services (e.g. healthcare and education) limiting the population's ability to access basic services;
- Limited access to land and/or resolution of land tenure issues, which impacts on almost every aspect of programming.

ACTION PLAN

- Prioritise key interventions at the inter-cluster level - taking into the account the need for complementary interventions across clusters so as to ensure comprehensive and sustainable humanitarian responses.

- Prioritise high risk settlements at the inter-cluster level - including identification of an implementation strategy i.e. targeted implementation in key settlements resulting in 'best practices' to be replicated at a later stage or broad-based interventions in numerous settlements with a focus on maximization of coverage.
- Identify implementing agencies at the cluster level – agencies' experience, capacity both in terms of human and material resources and ability to implement.
- Prepare cost analysis at the Cluster level – breakdown of resources (and associated costs) required to facilitate implementation of specific services and/or activities.
- Develop work plan and monitoring and evaluation framework at inter-cluster level - to ensure continued consistency in planning, implementation, monitoring of and reporting on interventions across clusters and in all IDP settlements.
- Strengthen information sharing among all humanitarian actors: to facilitate effective collection and dissemination of information among humanitarian actors and stake holders in relation to the needs of IDPs, capacity of responding organizations especially local partners.