

# HUMANITARIAN RESPONSE PLAN

## SOMALIA

HUMANITARIAN  
PROGRAMME CYCLE  
2021  
ISSUED FEBRUARY 2021



# About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

## PHOTO ON COVER

Taxta/UNICEF SOMALIA

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Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

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# Foreword by the Humanitarian Coordinator

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As we head into 2021, Somalia is facing a myriad of persistent and protracted humanitarian crises driven by alarming political instability, widespread insecurity and recurring climate disasters. While we continue to address the emergency phase of the COVID-19 pandemic, recovery challenges remain well ahead. Among those who bear the disproportionate burden of poverty and insecurity are women, children, people with disabilities, marginalized communities and displaced persons. They deserve far more, and we will continue to stand with them.

The humanitarian community in Somalia faced unprecedented and exceptional challenges in 2020, and I am sincerely grateful to all our partners, in particular the Federal Government of Somalia, the Federal Member States, local and international NGOs and our donors, for the strong collaboration and support that enabled us to reach 2.3 out of 3 million people targeted for humanitarian assistance in 2020. The generosity of our donors who provided 82 per cent of the required funding under the 2020 Humanitarian Response Plan (HRP) enabled us to collectively prioritize the needs of the most vulnerable, saving lives and alleviating suffering for countless individuals.

New emergencies and the lingering impact of last year's multiple crises resulted in the humanitarian needs of 2021 being estimated as far greater than 2020. Based on this new reality, humanitarian partners and relevant authorities have been diligent in ensuring that the 2021 HRP is strictly prioritized. The 2021 HRP requires US\$ 1.09 billion to implement, a slight increase from the \$1.01 billion required in 2020. This funding will meet the needs of 4 out of 5.9 million people who will need humanitarian assistance, an increase from 5.2 million persons in 2020. It is imperative that the HRP is funded fully and early to enable a rapid and robust response across the country.

Erratic weather patterns are expected to continue in 2021, including the anticipated La Niña early in the year, with a high likelihood of drought conditions in Somalia. Already, pre-drought conditions have been reported in several States.

Furthermore, the situation of protection of civilians in the country is alarming. In 2020, 10,300 protection incidents were recorded, including targeted and indiscriminate physical attacks on civilians and on property, widespread gender-based violence (GBV), child recruitment, family separation, arbitrary arrest, land-grabbing and extortion of assets from vulnerable groups. I am deeply saddened that last year, a staggering 255 incidents occurred impacting humanitarian operations, in which 15 humanitarian workers were killed, compared to 151 incidents in 2019. Furthermore, insecurity hindered the delivery of assistance by rendering main supply routes impassable, forcing partners to rely heavily on air transport.

In addition to humanitarian response, including emergency assistance, last year humanitarian partners made great progress in community engagement and ensuring accountability to affected populations. This included enhanced data collection for use in strategic planning and response in the HRP. Similarly, significant strides were made last year to operationalize the humanitarian-development-peace nexus in Somalia. Still, efforts to address the root causes of crises and longer-term development to enable sustainable solutions must continue. We will keep building on these efforts in 2021, including through resilience-focused activities in the 2021 HRP. The localisation agenda remains central in the Somalia humanitarian response as it is an essential part of the Grand Bargain commitments. I am committed to making the Somalia Humanitarian Fund (SHF) a pivotal instrument in delivering on the localisation agenda. In

2020, 53 per cent of its funds was allocated to front-line, national NGOs.

Notwithstanding the enormity of the challenges and a complex operating environment, the resolve of humanitarian partners to work in close coordination with the Government and authorities to provide lifesaving assistance to those who need it most remains firm. It is my most sincere hope that through sustained support from all partners and donors, the humanitarian community will be able to achieve the goals set out in this strictly

prioritized plan. The country's most vulnerable deserve no less. Let us not fail them.

**Adam Abdelmoula**

**Deputy Special Representative of the Secretary-General and UN Resident and Humanitarian Coordinator for Somalia**

**SOMALIA**

Photo: UNSOM SOMALIA





# Response Plan Overview

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|----------------|-----------------|---------------------|----------------------|
| 5.9M           | 4M              | \$1.09B             | 363                  |

The humanitarian situation in Somalia has worsened due to the devastating combination of conflict, as well as increasingly unpredictable and erratic weather and climate shocks including drought. Three additional shocks – a Desert Locust upsurge, extensive flooding, and the COVID-19 pandemic – deepened the scale and scope of the humanitarian crisis in 2020, and their consequences will continue to exacerbate humanitarian needs in 2021. The upsurge of Desert Locusts that began in late 2019 continued into 2020, affecting around 685,000 persons countrywide, while nearly 2 million persons were affected by floods in 2020.

In 2021, Somalia is expected to continue facing significant humanitarian challenges. Together with Somalia

authorities, humanitarian partners have identified several complex threats that are likely to shape humanitarian conditions over the next year. Drought conditions are predicted due to the risks associated with the high chance of a La Niña developing through March, which will likely affect crop production and food security. Between 76,000 and 250,000 people are projected to be displaced by floods and an estimated 190,000 people will be displaced by conflict, while there is a risk of additional displacement in case the electoral process falters, or drought conditions are particularly severe. In addition, Somalia will have to handle the impact of COVID-19 on the economy. While the overall impact of COVID-19 has been less dire than expected, the pandemic has reduced the country's exports, revenue and remittances

## HARGEISA, SOMALIA

Photo: UNSOM SOMALIA



from abroad that millions depend on, further impacting poor households.

There will be a spike in the number of people in need in 2021, driven by climate shocks, conflict and increased vulnerability, resulting in 5.9 million people requiring humanitarian assistance. This includes 4.3 million non-displaced people, 1.6 million people displaced by conflict, insecurity, droughts and floods, as well as 109,989 refugee returnees, and 28,002 refugees and asylum seekers.

The 2021 Humanitarian Response Plan prioritizes assistance to 4 million people in the most dire need. It aims to reduce the loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021, including the provision of life-saving food assistance to 3.1 million IDPs and non-IDPs in crisis and emergency phases of food insecurity, while increasing access to basic services and livelihoods support. A key response priority is to ensure that 2.8 million people receive critical, life-saving assistance so their health, nutrition and short-term capacity to survive are not compromised. This

includes children under 5, vulnerable women, persons with disabilities and the most vulnerable among IDP and non-IDP populations.

In 2020, despite operational and access challenges, humanitarian organizations provided assistance to nearly 2.3 million people out of a targeted 3 million with 82 per cent per cent of funding received (\$828 million of \$1.01 billion required). However, funds were not allocated evenly across clusters, and only three received more than 50 per cent of their budgetary requirements.

The 2021 HRP seeks \$1.09 billion to provide life-saving assistance across Somalia. The appeal covers requirements across eight emergency clusters, spanning education, food security and livelihoods, health, logistics, non-food items (NFIs) and emergency shelter, nutrition, protection, and water, sanitation and hygiene (WASH). It is imperative that the HRP is funded fully and early to enable a rapid and robust response across the country.

## SOMALIA

Photo: UNSOM SOMALIA





### Somalia National Development Plan 9 (NDP9) 2020-2024:

The NDP9, developed by the Ministry of Planning, Investment and Economic Development and approved by the Cabinet of Ministers of the Federal Government of Somalia (FGS) in September 2019, has been formulated to be compliant with the requirements for an interim Poverty Reduction Strategy Paper which will allow Somalia, as a participant of the Heavily Indebted Poor Countries (HIPC) Initiative, to apply for debt relief. The overarching aim of the NDP9, unlike prior development plans, is to reduce poverty and inequality through inclusive economic growth, job creation, security improvements, law and order and the strengthening of political stability in the country.

### UN Sustainable Development Cooperation Framework 2021-2025 (UNCF):

Succeeding the UN Cooperation Framework (UNCF) which expired at the end of 2020, the UNCF represents the collective commitment of the FGS and the UN to work together in support of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. In particular, the UNCF outlines ways in which the UN intends to support Government-owned and Government-led priorities. The Framework's main pillars of activity directly mirror those of the NDP9, namely, inclusive politics and reconciliation; security and the rule of law; economic development; and social development. The UNCF integrates four Collective Outcomes under the social development pillar to address and reduce needs, risks

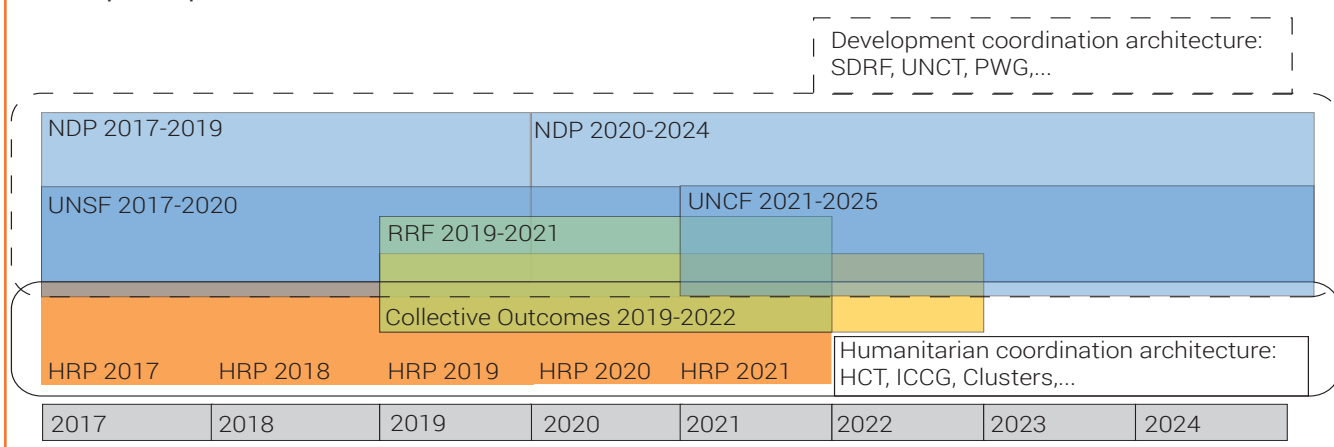
and vulnerabilities based on the coordinated efforts of humanitarian, development and peacebuilding actors.

**Humanitarian Response Plan (HRP) 2021:** Based on needs identified in the Humanitarian Needs Overview (HNO), humanitarian actors have developed the annual HRP with targets and financial requirements per cluster. Following the roll-out of the Joint Inter-Sectoral Analysis Framework, the HRP 2021 includes improved processes to combine multiple sectoral and cross-cutting data and inter-sectoral analysis in a predictable and systematic manner.

### Recovery and Resilience Framework (RRF) 2019-2021:

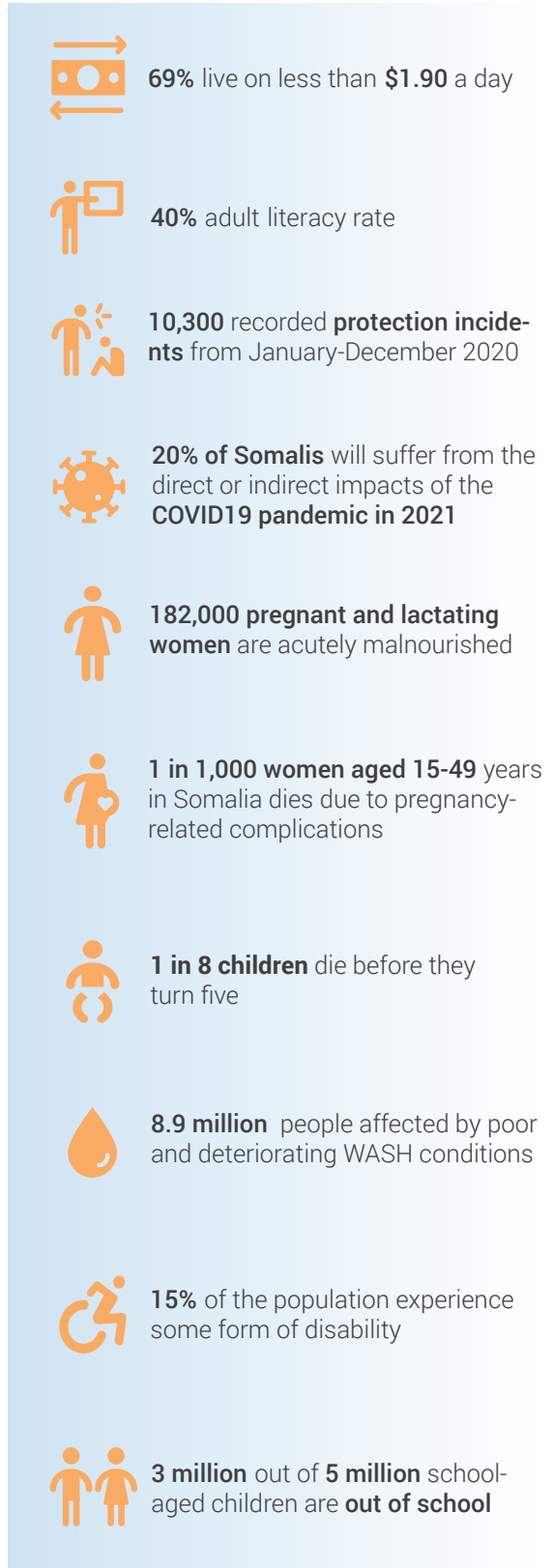
A process led by the FGS in partnership with the World Bank, the UN and the European Union, the RRF aims to bring a holistic, systematic approach to the recovery and resilience-building process of Somalia. The RRF's components are closely aligned with the resilience-oriented priorities under the NDP9, where they are linked closely to poverty analysis.

**Collective Outcomes 2019-2022:** At the end of 2017, humanitarian and development partners agreed on four Collective Outcomes to decrease needs and increase resilience by 2022. These Collective Outcomes were updated, revised and approved by partners in 2020 for inclusion in the UNCF. Anchoring the Collective Outcomes in the UNCF provides the institutional grounding to ensure that all partners work together for their realization.



| STRATEGIC OBJECTIVE   | PEOPLE IN NEED | PEOPLE TARGETED |
|---|----------------|-----------------|
| S01 Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021.                       | 3.5M           | 3.1M            |
| S02 Sustain the lives of 4 million people requiring humanitarian assistance, including 2.4 million non-IDPs, 1.6 million IDPs and people with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2021 | 5.9M           | 4M              |
| S03 Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, accountability to affected populations and monitoring of the protection environment   | 5.9M           | 4M              |

# At a Glance





# Crisis Context and Impact

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Somalia's protracted humanitarian crisis is characterized by ongoing conflicts, climate shocks including floods and drought, communicable disease outbreaks and weak social protection. Since early 2020, three additional shocks have contributed to a deterioration of humanitarian conditions: the Desert Locust upsurge, flooding and the impact of the COVID-19 pandemic.

Somalia remains one of the poorest countries in the world, with around 69 per cent of the population living below the poverty line, existing on less than \$1.90 per day<sup>1</sup>, the sixth highest poverty rate in the region. Remittances provide a lifeline for the Somali population, who rely largely on this form of external support to cover their basic needs. The country is estimated to receive approximately \$1.4 billion per year from the large diaspora community. As the economic downturn caused by the COVID-19 pandemic is being felt around the globe, particularly in advanced economies, remittances support to Somalia could decrease in 2021 as the diaspora is likely to face economic difficulties<sup>2</sup>.

Nearly 60 per cent of Somalia's population are nomadic or semi-nomadic pastoralists, while 25 per cent are farmers. However, over the last two decades, rural-urban migration due to insecurity, livelihood failure, including through conflict-related restricted movements of pastoralists, and the absence of basic services, have resulted in rapid urban growth. In addition to rural-urban migration, the majority of the estimated 2.6 million displaced people in Somalia have self-settled in sub-standard informal IDP sites in urban and peri-urban areas; an estimated 85 per cent of these sites are informal settlements on private land and about 74 per cent are in urban areas. These population movements are fuelling an ongoing transformation of Somali society, which will see most of the population living in urban centres by 2040 based on an annual urban population growth estimate of 4 per cent – one of the highest rates of urbanization in the world.

The combination of rural-urban migration and forced internal displacement has increased pressure on the already limited basic services and urban livelihood opportunities available, which remain inadequate to respond to the needs of Somalia's growing urban population. This has further tested the already stressed capacity of municipalities to provide basic services and adequate living space. Overstretched services and resources, such as healthcare and water, increase the risk of disease outbreaks, particularly in informal settlements. In addition, the population density and demographic/ethnic profile of Somalia's urban populations is changing rapidly, increasing the risk of localized conflicts and emerging forms of social exclusion.

Climate-related disasters in Somalia have increased dramatically in recent years, both in number and impact. Somalia faces severe environmental challenges related to deforestation, land degradation, increasing aridity and overgrazing, water scarcity, climate change as well as limited governance that has persisted for decades. Somalia has seen an increase in the frequency and intensity of floods and droughts, with severe droughts occurring in 2007/2008, 2011/2012, and 2015/16/17. During the 2020 Gu season, more than 50,000 hectares of crop and farmland was inundated by floods. Flooding caused the displacement of 919,000 people in 2020, as well as the destruction of infrastructure, property and 144,000 hectares of agricultural fields<sup>3</sup>. This exacerbated already difficult conditions in some areas, which have yet to recover from the impact of past flooding.

There is a high likelihood that climate shocks will continue to affect Somalia's most vulnerable people in 2021. Drought conditions are expected in early 2021. La Niña led to below average *Deyr* rains in the north and south of the country (October-December 2020), and is likely to trigger a harsh *Jilaal* dry season (January-March 2021) and a possibly delayed or poor *Gu* rainy season (April-June 2021). Initial indications of water shortages have started to emerge – a rapid drought assessment

conducted by local authorities, partners and OCHA in December 2020 and January 2021 across Somaliland, Jubaland, Puntland and Galmudug found pre-drought conditions, including widely depleted berkedes and shallow wells, loss of livestock, as well as extensive critical loss of pasture<sup>4</sup>.



*"We are reeling from the impact of the locust invasion even though we repulsed them and drove them away. Most of my crops had been washed away by the Dawa river floods, and the remaining orange and olive trees were eaten up by the locusts." – Qurba, Farmer from Dollow District, Gedo.*

*Source: Radio Ergo.*



In addition, and related to climate shocks, with Cyclone Pawan in December 2019 creating particularly conducive breeding conditions for Desert Locust, Somalia experienced its worst Desert Locust upsurge in 25 years, damaging tens of thousands of hectares of cropland and pasture with potentially severe consequences for agriculture and pastoral-based livelihoods. Cyclone Gati, the strongest storm to hit Somalia, made landfall in late November (2020), again creating conducive Desert Locust breeding conditions. New Desert Locust swarms started forming in central regions in early December and moved to southern areas at the end of 2020. While control measures are underway in the north and central parts of the country, there are limited options to tackle any mass swarm migration to the south as aerial operations are not possible and ground control teams have limited accessibility<sup>5</sup>.

COVID-19 has directly impacted the lives of Somalis and the healthcare system, worsening patterns of vulnerability. Somalia reported its first case of COVID-19 in March 2020. Since then, 4,690 cases with 127 deaths had been confirmed as of 29 December 2020<sup>6</sup>. While the number of new reported daily COVID-19 infections has declined, it is too early to predict whether Somalia has flattened the curve. The response continues to be challenged by various factors including limited testing capacity and access and operational challenges. Healthcare providers have faced increased burdens and costs and were forced to alter the way care is provided. Livelihoods have also been disrupted due to job loss, restricted movement, and decreased remittance flows

which further compromise economic recovery. This comes on top of ongoing outbreaks such as cholera, measles and, recently, vaccine-derived poliovirus.

Ongoing armed conflict and insecurity continue to drive displacement, compounding the humanitarian situation and causing high levels of need and protection concerns. The security situation has not changed significantly over the last year. Monitoring data from the Armed Conflict Location & Event Data Project (ACLED) indicates a total of 2,423 incidents leading to 3,122 fatalities across in 2020<sup>7</sup>. The territory under Al-Shabaab control in parts of central and southern Somalia has remained roughly the same, with the Federal Government of Somalia extending control and authority in newly captured territories (often the main towns) by implementing transition plans and through more direct involvement of police forces and formal justice systems. A number of factors such as gender, age and disability add to the level of vulnerability, risks and barriers that people face, and need to be considered in the humanitarian response.

Key deadlines in the 2020/2021 election process have been missed. Political tensions are already high in Somalia, and the elections risk exacerbating the country's polarized landscape, increasing instability and insecurity. Poor relations continue between the Federal and State levels, which has the potential to further disrupt the election process and fuel violence.

Conflict between Somaliland and Puntland over control of parts of Sool and Sanaag regions continues, with hostilities around Tukaraq in both regions. Both sides maintain troops deployed along the front line. Tensions remain high, while efforts to resolve the stand-off continue. Clan conflicts remain a major concern, particularly in Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions, where clan violence costs lives and livelihoods, and displaces families. Humanitarian programmes in the affected locations are often suspended until the conflict can be resolved. Clan-related conflicts are mainly recorded in areas in which pastoralist communities reside, owing to competition for scarce resources such as water and pasture, or in areas where farmers clash with nomads or over farmland. Civilians bore the brunt of the ongoing conflict through death and injury, destruction of property, taxation

of communities (including through forced child recruitment), land grabbing, destruction of livelihoods, limited freedom of movement and limited access to services and humanitarian assistance. Conflict and insecurity displaced 242,000 Somalis in 2020. Civilians are exposed to indiscriminate attacks, including through improvised explosive devices (IEDs), other explosive hazards and aerial bombardments. Often, communities living in areas regained by Government forces and their allies are left without protection once those forces withdraw. As a result, many are forced to leave their homes, with some moving pre-emptively. Violence and extortion are arbitrarily perpetrated against civilians at checkpoints, whether manned by police, armed forces or militias. Accountability for such violations is limited, and traditional or formal mediation and justice mechanisms are often disrupted, if not disrespected or inaccessible.

As a result of these drivers of humanitarian needs, the overall number of people in need has consistently increased over the last three years from 4.2 million people in 2019 to 5.2 million in 2020 and 5.9 million in 2021. This is further reflected in the almost 1.3 million people displaced in Somalia in 2020 – the highest number over the past three years, with 884,000 displaced in 2018 and 770,000 in 2019.

Addressing protection concerns among those in need in Somalia remains a primary focus for humanitarian actors in 2021. Protection threats continue to interfere with the attainment of physical and mental wellbeing and the enjoyment of minimum living standards, as well as undermine resilience and impede recovery. The Protection and Return Monitoring Network (PRMN) recorded 10,300 protection incidents across the country from January-December 2020. These include targeted and indiscriminate physical attacks on civilians and on property, widespread sexual and Gender-Based Violence (GBV), child recruitment, family separation, violence against children, arbitrary arrest, forced displacement, land-grabbing, and extortion of assets and supplies from vulnerable groups. The Somalia Protection Monitoring System (SPMS) shows concerning trends of extortion and abuse of assistance as well as exclusion from assistance for certain groups, including IDPs, women, girls, persons with disabilities and persons with

minority clan affiliations. Another concerning issue is that equal access to formal justice for GBV survivors, victims of child rights violations, victims of evictions, or people facing disputes, is extremely limited, while traditional justice mechanisms are discriminatory against marginalized groups and women.

Food insecurity is expected to worsen in 2021 across Somalia, driven by the effects of localized floods and below-average rainfall, a worsening Desert Locust infestation and the economic impact of COVID-19. According to the Food Security and Nutrition Analysis Unit (FSNAU), over 2.65 million people across Somalia are expected to face crisis or emergency levels of food insecurity by mid-2021<sup>8</sup>. However, humanitarian partners estimate that this number will likely continue to grow in the latter half of the year. The 2020 Deyr cereal production in southern Somalia is estimated to be 20-40 per cent lower than the long-term average (1995-2019)<sup>9</sup>.

Significant gaps continue to exist in Somalia's health sector, exacerbated by COVID-19. According to a WHO global estimate, 20 per cent of Somalis will suffer from the direct and indirect impacts of the pandemic in 2021. Access to healthcare remains very limited, particularly in rural areas, resulting in some of the worst health outcomes in the world. The situation is compounded by the scarce availability of skilled health professionals, along with dilapidated public health infrastructure. Consequently, Somalia has one of the highest maternal mortality rates and the highest under-five mortality rate in the world – estimated to be 122 child deaths per 100,000 live births<sup>10</sup>. As per the Somali Health and Demographic Survey 2020, 1 in 1,000 women aged 15-49 years in Somalia dies due to pregnancy-related complications<sup>11</sup>.

Children constitute over 60 per cent of those in need in Somalia, and malnutrition rates among children remain among the worst in the world. Close to 1 million children are estimated to be acutely malnourished, including 162,000 under 5 suffering from life-threatening severe malnutrition. Additionally, 182,000 pregnant and lactating women and 7,000 people living with HIV/TB are acutely malnourished adding to the overall burden of malnutrition.





*"We give the children tea in the morning and we sit for a meal once in the evening. We can't afford water anymore, and we don't have any food reserves to fall back on. These locusts have made life difficult for everyone in the area" – Dahir, Farmhand from Mudug region*

Source: Radio Ergo



Contributing to the bleak health outlook is the limited access to safe drinking water and sanitation services, particularly among rural and nomadic populations and in crowded IDP settlements. Just over half the population has access to basic water services, though this declines to only 28 per cent in rural areas<sup>12</sup>. This has led to an ongoing outbreak of acute watery diarrhoea (AWD) and cholera, aggravated by recurrent flooding.

Persons with disabilities in Somalia face significant stigma from community members who often do not recognize their basic and human rights. This is particularly true for children and women with disabilities, who are at heightened risk of experiencing GBV. Children with disabilities often struggle to access education. There are inadequate resources for schools and child protection facilities, and very few teachers and child protection staff who have had adequate training in how to meaningfully include children with disabilities into the classroom.

## SOMALIA

Photo: FAO SOMALIA



# HRP Key Figures

## Financial Requirements by Cluster and Multi-Cluster

| SECTOR/MULTI-SECTOR                   | FINANCIAL REQUIREMENTS (US\$) |
|---------------------------------------|-------------------------------|
| Camp Coordination and Camp Management | \$30.9M                       |
| Education                             | \$44.6M                       |
| Enabling Programmes                   | \$24.5M                       |
| Food Security                         | \$395.6M                      |
| Health                                | \$88.8M                       |
| Health, Nutrition                     | \$4M                          |
| Logistics                             | \$31.4M                       |
| Nutrition                             | \$156M                        |
| Protection                            | \$106M                        |
| Protection, Food Security             | \$1.3M                        |
| Refugee Response                      | \$54M                         |
| Shelter                               | \$58M                         |
| Water, Sanitation and Hygiene         | \$96M                         |
| <b>Total</b>                          | <b>\$1.09B</b>                |

## Humanitarian Response by Targeted Groups

| POPULATION GROUP            | PEOPLE IN NEED | PEOPLE TARGETED |
|-----------------------------|----------------|-----------------|
| Internally displaced people | 1.6M           | 1.6M            |
| Children under 5 years old  | 1.4M           | 1M              |
| Refugees                    | 28K            | 28K             |
| Non-IDPs                    | 4.3M           | 2.4M            |
| Refugee returnees           | 109.9K         | 18.1K           |

## Humanitarian Response for Persons with Disability

|                         | PEOPLE IN NEED | PEOPLE TARGETED | % TARGETED |
|-------------------------|----------------|-----------------|------------|
| Persons with disability | 885k           | 600k            | 15%        |

## Humanitarian Response by Age

| AGE             | PEOPLE IN NEED | PEOPLE TARGETED | % TARGETED |
|-----------------|----------------|-----------------|------------|
| Children (0-14) | 3.89M          | 2.64M           | 66%        |
| Adults (15-64)  | 1.77M          | 1.2M            | 30%        |
| Elders (64+)    | 236K           | 160K            | 4%         |

## Humanitarian Response (2014-2021)

| YEAR OF APPEAL | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | FUNDING RECEIVED | % FUNDED |
|----------------|----------------|-----------------|---------------------|------------------|----------|
| 2014           | 3.18M          | 2M              | \$933.1M            | \$678.9M         | 49%      |
| 2015           | 3.2M           | 2.8M            | \$862.6M            | \$603.7M         | 44%      |
| 2016           | 4.9M           | 3.5M            | \$885.2M            | \$685.9M         | 56%      |
| 2017           | 5M             | 3.9M            | \$1.51B             | \$1.34B          | 68%      |
| 2018           | 6.2M           | 5.4M            | \$1.54B             | \$1.182B         | 59%      |
| 2019           | 4.2M           | 3.4M            | \$1.08B             | \$992.1M         | 79%      |
| 2020           | 5.2M           | 3M              | \$1.01B             | \$827M           | 82%      |
| 2021           | 5.9M           | 4M              | \$1.09B             | -                | -        |



# Part 1: Strategic Response Priorities

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SOMALIA  
Photo: UNSOS SOMALIA





## 1.1

## Humanitarian Conditions and Underlying Factors Targeted for Response

### Prioritization process and general response approach

Despite operational and access challenges, humanitarian partners reached 2.3 million people out of 3 million targeted in 2020, with an average of around 1.5 million people were reached per month. For 2021, humanitarian partners have identified 5.9 million people in need of humanitarian assistance. This includes 4.3 million non-displaced people, 1.6 million IDPs displaced by conflict, insecurity, droughts, and floods, as well as 109,989 refugee returnees, and 28,002 refugees and asylum seekers. Of these, the 4 million most vulnerable will be targeted for humanitarian assistance, taking into consideration inaccessible or partially accessible districts.

IDPs remain the most vulnerable group in Somalia, particularly those residing in informal sites. Displaced households are subject to insecurity, with multiple displacements exhausting their coping strategies. Once displaced, often to informal settlements in urban areas, their ability to meet basic needs is undermined by widespread poverty and limited livelihoods, and exacerbated by shocks. An estimated 95 per cent of the displaced population in need of humanitarian assistance lives in urban settings, particularly in urban informal settlements. Those residing in informal settlements typically reported worse outcomes on all housing, land, and property indicators compared to IDPs that do not reside in informal sites, as the overcrowding of IDP sites exacerbates risks of fire, flooding, GBV and child rights violations and disease outbreaks/COVID19 transmission.

While IDPs are disproportionately affected by the crisis, the majority of those in need in Somalia are not displaced. This is largely due to the impact of decades of armed conflict, recurrent climate shocks and polit-

ical and socio-economic factors that continue to drive needs in the country. Poor urban households are of particular concern, having limited livelihood opportunities and mostly relying on income from casual labour, which they need to compete for with IDPs and an increasing number of rural migrants. In rural Somalia, most areas are classified as being in food Stress (IPC Phase 2), while Guban Pastoral, Bay-Bakool Low Potential Agropastoral, and parts of Hiraan, Galguduud and the Jubas are in Crisis (IPC Phase 3). The protracted exposure to climate shocks over the years, coupled with the infestation of Desert Locust and indirect impact of COVID-19, has contributed to a further reduction of the most vulnerable pastoralist and agro-pastoralist coping capacities. The magnitude and severity of acute food insecurity in rural areas is expected to increase significantly in 2021, due to the impacts of a below average 2020 Deyr season and a possibly delayed or poor performing 2021 Gu season, as well as the ongoing challenges posed by Desert Locust.

Across both IDP and non-IDPs in rural and urban areas, the most vulnerable requiring prioritized assistance include households with a significant proportion of persons with disabilities or medical conditions, children, older persons, pregnant and lactating women, and persons with minority clan affiliations. As families lose their socio-economic safety net and the capacity to cope with shocks, these vulnerabilities are further increased if those members are the sole household head. In addition, displaced households returning to areas that experienced conflict face a lack of basic infrastructure and services, resulting in continued vulnerability.

## Those at Risk of Being Left Behind

Several groups have been identified as at higher risk of being left behind in the Somalia context, and require prioritized assistance. It is important to address the negative barriers that exist for these groups across affected IDP and non-IDP population groups.

Apart from the stigma **women and girls** face, more broadly they experience inequalities due to gender and cultural beliefs, which leave them facing increased health and protection concerns. Women and girls require careful and specific consideration when it comes to planning and programming in the humanitarian response, and the response of each cluster toward women and girls must factor in these vulnerabilities.

**Children in adversity** face a number of specific risks. These range from recruitment into armed groups to physical and sexual violence. The way to address these issues is to work across sectors for effective referral pathways, as well as ensuring that service provision caters specifically to the needs of these children, including unaccompanied minors and children associated with armed groups and forces (CAAFAG).

While some progress has been made regarding inclusive education and the economic empowerment of **persons with disabilities** since Somalia ratified the Convention on the Rights of Persons with Disabilities, the positive impacts of this are largely yet to be seen. Persons with disabilities face extreme barriers and stigma in being recognized, accessing resources and feeling valued in their community. Women and girls with disabilities often experience 'double stigma' due to their gender, putting them at additional risk of GBV. Adequate enablers need to be identified and planned for in the humanitarian response, specific to each cluster, in addressing the barriers faced by persons with disabilities.

**Older persons and persons with minority clan affiliations** are also marginalized groups. Protection monitoring data indicates that these groups face barriers to accessing assistance involving, but not limited to, the distribution of physical resources such as cash, food and NFIs. In Somalia, the humanitarian community must strengthen the analysis of risks posed to older people and persons with minority clan affiliation recognising that these groups face a combination of significant risk of discrimination in the allocation of scarce resources, and pre-existing and systematic barriers accessing information, services and assistance provided through the humanitarian system.

The 4 million people targeted for assistance in the HRP include IDPs, host communities, refugees and returnees. A key response priority is to ensure that 3.1 million people receive critical, life-saving assistance so their health, nutrition and short-term capacity to survive are not compromised, including IDPs and non-IDPs in crisis and emergency phases (IPC 3 and 4) of food insecurity. Children under 5, vulnerable women and persons with disabilities are considered the most vulnerable demographics.

The lack of protection from violence, abuse and neglect also remains an important consequence of the current humanitarian crisis for up to 4 million people. Therefore, a key priority is to ensure the centrality of protection

across the humanitarian response by strengthening the overall protection environment for all affected people via protection mainstreaming, accountability to affected populations, as well as human rights and eviction monitoring.

These priorities have been captured in the three Strategic Objectives (SOs) of the 2021 HRP:

1. Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021.

2. Sustain the lives of 4 million people requiring humanitarian assistance, including 2.4 million non-IDPs, 1.6 million IDPs and people with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2021;
3. Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, accountability to affected populations and monitoring of the protection environment.

In developing these strategic objectives, the Humanitarian Coordinator (HC), HCT, OCHA and the clusters aimed to streamline the 2021 HRP, with a focus on immediate humanitarian needs and first-line response. While all populations targeted under the HRP require humanitarian assistance, the distinction between SO 1 and 2 is key to the prioritization of people facing severe vulnerability who are at risk of losing their lives. SO 3 provides an overarching focus on the centrality of protection to ensure protection mainstreaming across all clusters, and an integrated approach to joint accountability to affected populations and their participation in the design, implementation and monitoring of protection activities. It is essential that all three SOs are addressed in tandem to reduce overall humanitarian needs and work towards durable solutions; for example, addressing life-sustaining needs is required to prevent households falling into a life-threatening category of need.

A key adjustment in comparison to the 2020 HRP is the removal of the objective to support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions for those affected, including marginalized communities. This strategic objective was removed from the HRP in light of the various initiatives in the field of resilience and durable solutions, especially the development of the 2021-2025 UN Sustainable Development Cooperation Framework (UNCF), as well as the need for robust prioritization in the HRP. This is a key step in the operationalization of a 'nexus' approach between humanitarian and development actors in Somalia. For example, for the first

time, the activities supporting people in food "stress" (IPC Phase 2) are included in the UNCF instead of the HRP. This will enable humanitarian actors to focus their efforts on the more urgent needs of people in "crisis" and "emergency" (IPC Phases 3 and 4). As such, a key measure of success is whether these activities that used to be funded under the HRP targeting IPC 2 populations will remain funded.

To reduce humanitarian needs, risks and vulnerabilities in the medium to longer term, additional synergies and complementarities with development, early recovery and resilience initiatives, such as the UNCF, will be further advanced to the extent possible. Strengthened partnerships between UN and NGO resilience consortia, development actors, donors, private sector and humanitarian responders will also be fostered. The legal and policy framework in Somalia accentuates poverty reduction through inclusivity, further emphasizing the need to continue to reinforce resilience and recovery efforts, and enhanced cooperation between development and humanitarian actors. On an operational level, durable solutions continue to be taken into account within the HRP where relevant – for example, the CCCM Cluster will continue to make concerted efforts to engage directly with affected people, strengthening accountability and feedback mechanisms, while aiming to enable progress towards durable solutions through engagement with development actors and authorities. In addition, work is underway to better coordinate flood response and preparedness efforts between humanitarian and development actors, including through a pilot approach in Belet Weyne, Hirshabelle.

The Strategic Objectives set out in the HRP are also aligned with the Collective Outcomes on social development in the UNCF that were endorsed by the Humanitarian Country Team (HCT) in September 2020. In the Project Module of the HRP, every project submitted has been reported against the Collective Outcomes, enabling humanitarian partners to track their progress against these common goals.

#### **Humanitarian-Development-Peace Nexus**

Significant strides were made in 2020 to operationalize the humanitarian-development-peace nexus in Somalia.



Led by the Integrated Office of the DSRSG/RC/HC and OCHA under the guidance of the Resident Coordinator/ Humanitarian Coordinator, a high-level Nexus Steering Committee is being established informally alongside the Somalia Aid Architecture. The Committee will provide advice and direction for the successful implementation of the nexus. On the ground, progress is being made by humanitarian and development actors on coordinating flood response, mitigation and preparedness measures. Devastating floods are becoming more intense and frequent in Somalia, exacerbated by climate change and causing recurring displacement, income loss and property damage. The response led by the Government, local authorities and the international community addresses the most urgent needs. However, more focus is needed on root causes and longer-term development to enable a sustainable solution. A Water and Flood Task Force was formed in 2020 bringing together humanitarian and development actors, including Government officials and donors, to develop a roadmap on flood response. It aims to improve humanitarian-development coordination, assess future flood response priorities and identify best practice opportunities on flood mitigation and river management. This will include a coordinated approach to determine whether activities sit under the HRP or the UNCF.

### Centrality of Protection

The centrality of protection has been, and continues to be, a commitment by all humanitarian actors. Implementation of the Somalia HCT Centrality of Protection Strategy (2020-2021) requires a system-wide commitment. It aims to address the most significant protection risks and violations faced by affected populations that impact the entire humanitarian system in Somalia, requiring common positions, joint response and advocacy by the HCT throughout the humanitarian programme cycle. The strategy has three priorities:

1. Identifying and addressing differential risks of exclusion and discrimination, including those based on societal discrimination, power structures, vulnerability, age and gender (and the need for inclusion of all relevant responders in order to prevent exclusion)

2. Addressing critical protection concerns with the persistent displacement towards IDP sites, including heightened protection risks and threats that have emerged in the failure to end displacement through appropriate solutions (local integration, return and settlement elsewhere);
3. Enhancing the protection of communities in conflict zones, who are affected by indiscriminate and disproportionate targeting of civilians and civilian assets vital for survival, through engagement of these communities in their self-protection and robust engagement with parties to the conflict.

As a contribution to the collective Somalia HCT Centrality of Protection Strategy, all HRP projects include a self-assessment of the most relevant protection risks and a corresponding mitigation plan. To further cement and complement this commitment, the present HRP has identified protection as a strategic objective with measurable indicators to track how the collective response contributes to an improved protection of people and their rights.

### Persons with disabilities in Somalia

Persons with disabilities are often excluded from humanitarian assistance either due to exploitation, pre-existing discrimination and stigma or due to a lack of adequate consideration. The 2021 HRP therefore reflects the commitment by the humanitarian community to increase efforts to identify barriers, risks and enablers for persons with disabilities and takes concrete steps to strengthen the inclusion of people with different types of disability. Additional resources have been allocated including a disability inclusion advisor, and deliberate efforts are being made across clusters to strengthen the inclusion of persons with disabilities. This includes strengthening information on disability inclusion, training, addressing barriers in programme design and implementation, moving towards disaggregating data and meaningfully engaging with persons with disabilities, as well as consulting with organizations for persons with disabilities at different levels. Actions to strengthen disability inclusion are also highlighted in the Centrality of Protection Strategy. All projects under the HRP have identified disability considerations and how to eliminate

barriers faced by persons with disabilities. The humanitarian response will also further support the already commendable efforts by the Government of Somalia to strengthen support to persons with disabilities in legal and policy changes.



*"When it rains the pickup stops for the buses change and there is no one to warn you or help you move around. It is really tough for people with disabilities, those unable to walk, the deaf and especially the blind," – Dalmar, a student who is blind, Mogadishu.*

*Source: Radio Ergo*



### Gender and social inequalities

Pre-existing and emerging gender and social inequalities are further exacerbated by the crisis and the COVID-19 pandemic. Cumulative vulnerabilities, including those related to gender, disability, clan affiliation, social status and age threaten to undermine humanitarian response if not deliberately considered at all stages of the intervention. Women and girls, especially those with disabilities and from minority clans, face additional challenges as well as heightened risks of GBV in Somalia. The COVID-19 pandemic saw risks related to gender increase, with rates of female genital mutilation, GBV and violence against children increasing. This HRP commits to ensuring an age, gender and diversity analysis in all interventions, as well as specific activities to empower women, girls and boys, and prevent and respond to GBV. Projects under the HRP have utilised Gender and Age Markers to strengthen the quality of the response.

### PSEA

Prevention of sexual violence and abuse (PSEA) and child safeguarding is a requirement for all partners under the HRP. The humanitarian community will continue to build on work undertaken in 2020 through the Somalia PSEA Task Force<sup>23</sup> towards ensuring effective systems are in place to prevent and respond to SEA in Somalia. This includes a dedicated PSEA task force and coordinator, implementation of standard operating

procedures, a code of conduct, awareness raising and commitment to ensure accountability for SEA.

### Localization

In consultation with NGOs, Government, UN and donors, the HCT endorsed a Localization Framework in late 2019 to inform localization initiatives. A working group comprising national and international NGOs was established in 2020 to help guide implementation, including in regard to cash programming and accountability to affected populations (AAP). The working group has four core priorities: 1) increase the quantity and quality of funding and accountability between funders and local actors; 2) increase the number and quality of partnerships; 3) increase effective capacity strengthening of local actors; and 4) increase genuine participation of local voices in decision-making and policy forums. In 2020, progress was made on establishing standardized partnership and capacity assessment tools, and in relation to awareness meetings between national and international NGOs, the UN and donors. On the HRP, national NGOs contribute to its development through participation in the HCT, including representation from the Somalia NGO Consortium.

## Population group #1 Internally Displaced Persons (IDPs)

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE |        |        |         |              | PEOPLE IN NEED (PIN) | PIN BY WOMEN   MEN (%) | PIN BY CHILDREN   ADULTS   ELDERLY (%) |
|---|--------|--------|---------|--------------|----------------------|------------------------|--|
| MINIMAL                                 | STRESS | SEVERE | EXTREME | CATASTROPHIC |                      |                        |  |
| -                                       | 0.8M   | 0.7M   | 32K     | -            | <b>▶ 1.6M</b>        | 57   43                | 66   30   4                            |

Displacement patterns in Somalia remained highly volatile in 2020 as high levels of new and secondary displacements were recorded. There is evidence that IDPs’ vulnerabilities have further heightened, reflected in the increased severity of needs across many sectors. Around 1.3 million people were displaced in Somalia in 2020. Of these, 242,000 new and secondary displacements occurred because of conflict and violence while more than 1 million displacements occurred because of natural disasters, particularly due to the Gu and Haguaa flooding, as well as drought and other interrelated causes<sup>13</sup>. Overall, the 2.6 million IDPs remain the most vulnerable group in Somalia. They are subject to multiple displacements, with insecurity exhausting their coping strategies. Over 60 per cent of IDPs – 1.6 million – are estimated to require humanitarian assistance in 2021, of which 1.58 million will be targeted for assistance.

*“We have problems, hunger, lack of shelter and clothing. We don’t have latrines; we go to a latrine owned by a man who lives nearby. We ask for food, water and milk for my baby” – Hamdi, a young mother in the Horyal IDP Site.*

Source: Radio Ergo

The highest rates of acute malnutrition continue to be found in IDP sites. Overall, the nutrition situation among IDPs has shown no improvement; there are around 234,000 IDP children under 5 facing global acute malnutrition (GAM), as has been the case over the past three rainy seasons. Meanwhile, severe acute malnutrition (SAM) prevalence has increased among IDP children to 39,000 children under 5, while an estimated 184,000 children and 39,000 pregnant and lactating women are facing moderate acute malnutrition (MAM).

IDPs and vulnerable people within their communities, notably women, children, minorities, persons with disa-

bilities, persons without any clan affiliation, child and female-headed households, children at risk or survivors of violence, abuse, and exploitation (particularly children), or older persons and unaccompanied and separated children without support structures, are exposed to increased protection risks, such as forced evictions, discrimination based on status, child rights violations and child labour, family separations and GBV, such as rape and sexual assault.

IDPs also have limited livelihood assets and options, and therefore often rely on external humanitarian assistance<sup>14</sup>. The situation has worsened in the COVID-19 pandemic context with declined remittances, increased food prices, and declined employment and income earning opportunities (particularly in urban areas). Many IDPs are barely able to meet their minimum food needs and have resorted further to negative coping mechanisms such as depleting what little assets they have<sup>15</sup>. Within this group, there are IDPs who experience emergency levels of food consumption gaps, manifested by very high acute malnutrition, since they have been unable to find alternate livelihood opportunities.

As such, displaced households are more vulnerable to the impact of shocks, less resilient and more likely to engage in negative coping strategies. This contributes significantly to their high severity of humanitarian need<sup>16</sup>. Most displacement in 2020 occurred between April and August, mainly driven by floods. Although flood-related displacements tend to only last between one to three months, they have a lasting impact on the food security and livelihoods of those who have been affected, as they employ more negative coping mechanisms, which further decreases their ability to recover from these shocks.



## Population group #2 Non-Internally Displaced Persons (non-IDPs)

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE |        |        |         |              | PEOPLE IN NEED (PIN) | PIN BY WOMEN   MEN (%) | PIN BY CHILDREN   ADULTS   ELDERLY (%) |
|---|--------|--------|---------|--------------|----------------------|------------------------|--|
| MINIMAL                                 | STRESS | SEVERE | EXTREME | CATASTROPHIC |                      |                        |  |
| -                                       | 2.2M   | 2M     | 86K     | -            | ▶ 4.3M               | 57   43                | 66   30   4                            |

The majority of those in need in Somalia are not displaced. For many, the situation worsened in 2020 due to the impacts of the COVID-19 pandemic, Desert Locust and flooding. In total, 4.3 million non-displaced vulnerable people in rural and urban areas are anticipated to need humanitarian assistance in 2021, of which 2.5 million people will be targeted for assistance.

Significant segments of the non-IDP population are struggling to access essential goods and services like healthcare, food, education, shelter, water facilities, sustainable livelihoods as well as protection and social services. As such, the wellbeing of many non-displaced Somali households is challenged by co-occurring, overlapping needs that likely compound each other and need to be addressed in tandem<sup>17</sup>. It is estimated that over 2.3 million non-IDPs require life-saving essential healthcare and health protection services. Excess mortality in Somalia continues to be driven by malnutrition, disease outbreaks like COVID-19, AWD, cholera, measles, and malaria, non-communicable and chronic diseases, complications of pregnancy, child right violations and violence. These drivers are compounded by marginalization of vulnerable groups and lack of adequate healthcare, including preventive services such as vaccination.

High child and maternal mortality rates are of particular concern. Four in 100 Somali children die during the first month of life, 8 in 100 before their first birthday, and 1 in 8 before they turn 5<sup>18</sup>. More than 80 per cent of newborn deaths are due to prematurity, asphyxia, complications during birth, or infections such as pneumonia, diarrhoea, measles and neonatal disorders<sup>19</sup>. COVID-19 interrupted vaccination campaigns across Somalia, which is expected to result in nearly 190,000 children under 1 missing their vaccinations in 2020. Without targeted accelerated campaigns, and extra efforts to reach all

children, at least 140,000 children will miss their vaccinations in 2021.

Somalia is one of the fastest urbanizing countries in the world, with its population growing at an average rate of around 4.2 per cent per annum<sup>20</sup>. By 2026, Somalia's urban population will overtake its rural population<sup>21</sup>. This has resulted in a large population of poor urban households who have limited livelihood opportunities and socio-economic coping strategies, mostly relying on income from casual labour, which they compete for with IDPs. There is a severe lack of access to the labour market in urban settings, particularly for the most vulnerable and uneducated. External remittances also have an impact on poverty, with households receiving remittances showing an 18 per cent lower rate of poverty than households without remittances support<sup>22</sup>. However, while remittances provide unemployed families with the resources to cushion poverty and hunger, they cannot ensure sustainable and effective coping strategies in the long run. As such, in the context of COVID-19, the reduction of external remittances has had a negative effect on coping strategies. As most urban poor spend a major portion of their income on food, they are also adversely affected by increases in food prices. Both food prices and work opportunities were impacted by COVID-19 in 2020, further aggravating conditions. As such, the Food Security Cluster projects an estimated 2.65 million Somalis will be in Crisis (IPC Phase 3)<sup>23</sup> and Emergency (IPC Phase 4) through May 2021.



*"It's rare to find anyone with money these days. The best offer I could get were from those who wanted to take the goats on credit for reselling, but I'd rather slaughter the goats for the family or let them graze and wait for another day than give them away on credit." Gedi, Galmudug Region.*

Source: Radio Ergo



Poor households in both urban and rural areas are less likely to participate in the labour market and are more likely to be illiterate, to have lower educational levels, and to live in dwellings of poor quality, including with a lack of access to improved water and sanitation facilities<sup>24</sup>. The protracted exposure to climate shocks over the years, coupled with the infestation of Desert Locust swarms and indirect impact of COVID-19, has contributed to a further reduction of the most vulnerable pastoralist and agro-pastoralist coping capacities<sup>25</sup>. With little or no carryover stocks from 2020 Gu production and inadequate income from agricultural labour during the Deyr season, rural households in particular will likely

increase their reliance on stressed or crisis coping strategies, such as the use of loans.

The Protection Cluster estimates that 1.8 million non-IDPs are in need of protection, 85 per cent of whom are in extreme need. Those most vulnerable include households with a significant proportion of persons with heightened vulnerability such as persons with disabilities or medical conditions, children and adolescents, older people, and pregnant and lactating women. Vulnerability is further increased if those members are the sole household head.

### Population group #3 Refugees, asylum seekers and returnees

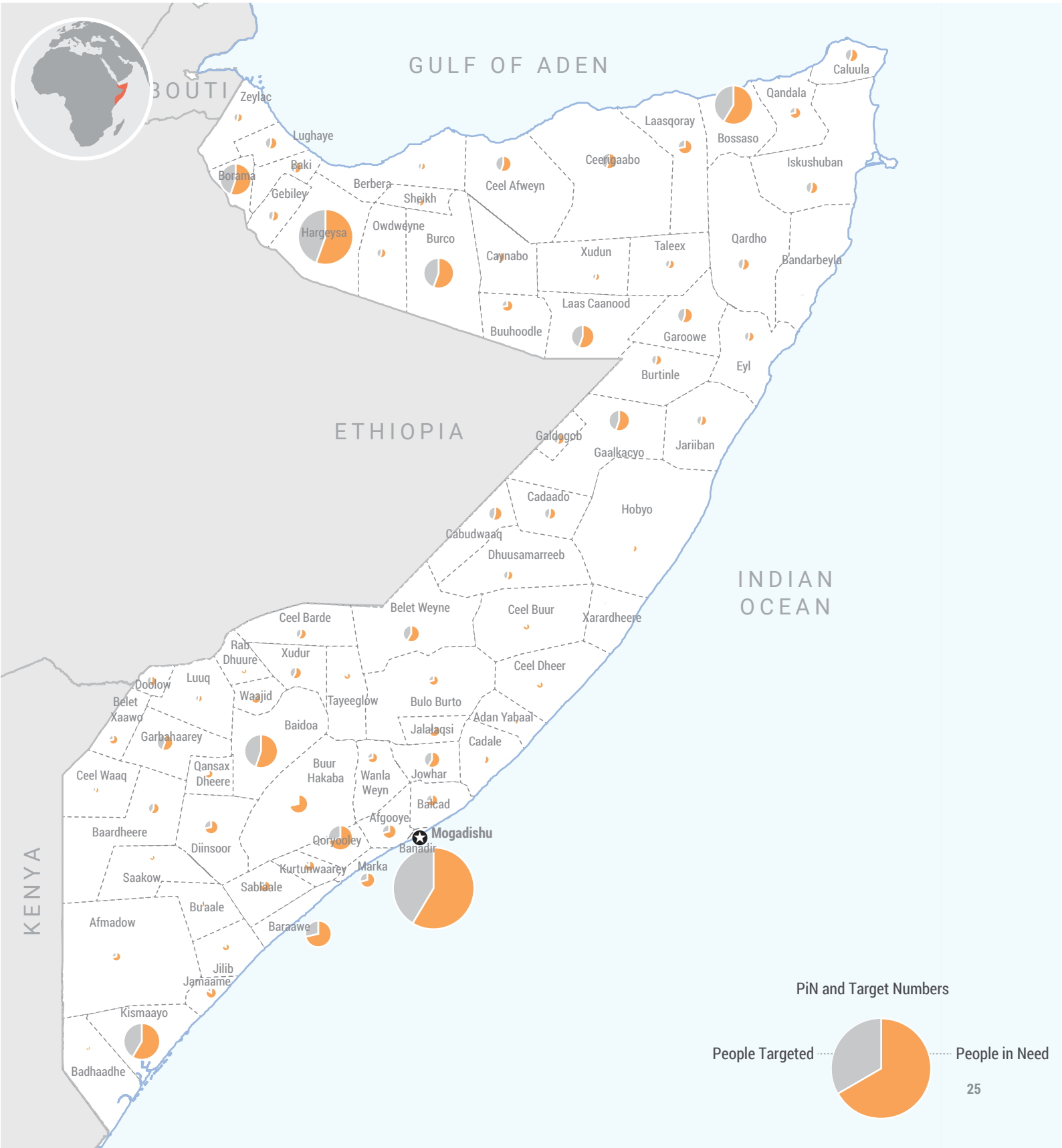
| NUMBER OF PEOPLE IN EACH SEVERITY PHASE |        |        |         |              | PEOPLE IN NEED (PIN) | PIN BY WOMEN   MEN (%) | PIN BY CHILDREN   ADULTS   ELDERLY (%) |
|---|--------|--------|---------|--------------|----------------------|------------------------|--|
| MINIMAL                                 | STRESS | SEVERE | EXTREME | CATASTROPHIC |                      |                        |  |
| -                                       | 72K    | 63K    | 3K      | -            | <b>▶ 138K</b>        | - -                    | - - -                                  |

UNHCR projects the total number of refugees and asylum seekers in 2021 to stand at 28,002, the majority of which are hosted in Somaliland (55 per cent), followed by Puntland (37 per cent) and south and central regions (8 per cent). In terms of country of origin, 71 per cent are from Ethiopia, 26 per cent from Yemen, while the remaining refugees and asylum seekers are from more than a dozen countries. While the protection environment for Yemenis in Somalia remains relatively favourable due to religious, cultural and historical ties, Eritrean and Ethiopian persons of concern face greater challenges in terms of access to work, freedom of movement and socio-economic integration.

and COVID-19. According to data from the UNHCR Post (Refugee) Return Monitoring (PRM), the vast majority of returnees are overall satisfied with their decision to return. Of the households who were not satisfied with the decision to return, the three reasons most frequently cited were limited livelihoods opportunities (25 per cent), instability of security (16 per cent) and lack of assistance or support from authorities (16 per cent).

As part of its recovery following more than two decades of conflict, Somalia continued to welcome returning refugees with the support of UNHCR, both through the voluntary repatriation programme and spontaneously. UNHCR projects the total number of assisted refugee returnees in the country in 2021 to stand at 109,989 individuals, including the 18,050 that are expected to be assisted with return in the course of 2021. As a newly arrived demographic in Somalia, refugee returnees are particularly vulnerable to the consequences of insecurity, conflict, climate shocks (such as drought and floods)

# 1.2 Strategic Objectives, Specific Objectives and Response Approach





**Strategic Objective 1: Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021.**



#### SOMALIA

Photo: WHO SOMALIA

#### Rationale and intended outcome

The HRP will prioritize the provision of life-saving assistance in an integrated, inclusive and multi-sectoral way to address critical malnutrition, critical food consumption gaps, excess mortality and mental health issues. It is estimated that over 1.6 million IDPs, 2.3 million non-IDPs, 28,002 refugees and asylum seekers, and 18,050 refugee returnees require life-saving essential healthcare and health protection interventions.

Excess mortality in Somalia continues to be driven by malnutrition, disease outbreaks like COVID-19, AWD, cholera, measles and malaria, non-communicable and chronic diseases, complications of pregnancy and violence. These drivers are compounded by marginalization of minority and other vulnerable groups and lack of adequate healthcare, including preventive services such as vaccination. Health outbreaks disproportionately affect people living in hotspots and congested displacement sites as a lack of safe water, sanitation facilities, poor hygiene practices and severe gaps in

accessing food aggravate the risk of communicable diseases. In addition, severe access barriers to basic health services contribute directly to the occurrence of disease outbreaks among displaced people. Pregnant and lactating women, young children, unvaccinated children, child- and single-headed households, older persons, persons with disabilities, persons with minority clan affiliations, persons with serious medical problems, and those with mental health disorders are particularly vulnerable across all population groups.



*“Right now there is nothing we can do and the water is flowing in all directions. There is no way of even thinking of our second move. We have nothing with us except the clothes we are wearing,” – Farmer from Balad district, in Middle Shabelle region.*

Source: Radio Ergo



The first strategic objective of this HRP is therefore to reduce loss of life for 3.1 million of the most severely

vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021. It will achieve this goal through life-saving responses that have a direct impact on peoples' mental and physical wellbeing and improve access to timely services to respond to critical needs. In designing their interventions, partners will aim at a comprehensive multi-sectoral response by integrating nutrition, health and WASH, food security and support activities. Recognising that girls, boys, men, women, persons with disabilities, older persons and persons with serious medical conditions have different life-saving needs at different life stages, with different capacities and risks in accessing integrated services, partners will ensure the provision of targeted solutions for those vulnerable groups in developing the response.

### **Specific Objective 1.1**

*Provide equitable life-saving emergency nutrition services to 722,000 acutely malnourished children under 5 years across 74 districts by the end of 2021*

Projections of recent FSNAU assessments showed that malnutrition levels were above the emergency threshold level in most parts of the country<sup>26</sup>. It is estimated that in 2021, around 2.3 million people in Somalia will require both life-saving curative and preventive nutrition support (1.14 million for treatment services and 1.16 million for preventive services). The national median GAM prevalence in children under 5 was reported to be around 13.1 per cent (11.3 MAM & 1.8 SAM), translating to 960,000 boys and girls. Of these children, 162,000 are affected by life threatening severely acute malnutrition while around 800,000 are moderately acutely malnourished<sup>27</sup>.

Key interventions to address malnutrition will therefore aim to deliver promotive and preventive services and early detection and referral for treatment of SAM and MAM, targeting as a priority rural and IDP communities, where households struggle to access nutrition treatment and health services. Critical life-saving nutrition services will be provided through outpatient therapeutic programmes (OTP) to around 162,000 SAM children. Similarly, 560,615 children with MAM will be targeted through targeted supplementary feeding programmes (TSFPs). Around 136,466 pregnant and lactating women

(PLW) with acute malnutrition will also be covered. Children that are identified as having medical complications will be referred and treated in hospitals with stabilization centres. Easy access to these nutrition facilities for persons with disabilities will be ensured by all partners through training of community workers. At the service delivery level, nutrition services will be provided using fixed, outreach and mobile clinics so that the scale of the response is expanded to areas that are hard to reach.

Another key priority area will be preventive nutrition services for mothers and children to support mental and physical wellbeing. The required micronutrients will be provided to pregnant and lactating mothers and children under 2 in districts where GAM is more than 15 per cent. In order to enhance nutrition security and increase access to high quality and nutritious foods, the Nutrition Cluster also aims to actively engage and strengthen linkages with partners that are implementing cash and voucher assistance (CVA) activities, thereby building long-term resilience of communities. Targeted activities will complement the life-saving response set out in Strategic Objective 2 that, among others, strengthen life-saving preventive nutrition services for vulnerable non-IDPs and IDPs.

### **Specific Objective 1.2**

*Provide an integrated WASH and Health response in 74 districts to reduce the excess morbidity and mortality rate from preventable crisis-driven diseases and outbreaks among 2.8 million most vulnerable people by the end of 2021*

The Somali health system is not equipped to provide a minimum amount of coverage for equitable access to health care, resulting in increased morbidity and mortality. Somalia continues to experience outbreaks of measles, diarrheal disease (AWD/cholera) and vaccine-derived polio, as well as malaria. The COVID-19 pandemic has further exacerbated these vulnerabilities and disrupted health system gains. Poor environmental conditions, limited access to water and insufficient sanitation facilities further worsen the impact of food insecurity, driving increased levels of malnutrition and disease outbreaks across the country.



*"As adults, we go into the bushes and hide our faeces in embarrassment. The children have to go defecating all over the camp, as you can see. This is not hygienic." Salado, 60-year-old grandmother in IDP Site in Mogadishu*



The HRP therefore aims to provide an integrated WASH and health response in 74 districts to reduce excess morbidity and mortality from preventable crisis-driven diseases and outbreaks among 2.8 million of the most vulnerable people by the end of 2021. Targeted activities under this objective include integrated health and WASH activities to respond to and prevent communicable disease outbreaks (i.e. cholera/AWD). The WASH Cluster has targeted population groups who do not have access to enough safe drinking water and rely on open sources exposed to contamination, as well as population groups who do not have sanitation facilities available or practice open defecation – both of which exacerbate nutrition and health conditions. These services are complemented by health partners, including those specialising in mental health, who will deliver life-saving emergency health services including maternal, neonatal and child health, and contribute to disease prevention through the deployment of trained health workers (midwives and community health workers) in facilities and mobile teams, as well as the provision of primary healthcare services. Critical targeted health interventions include early detection, investigation and response to disease (e.g. outbreak) through Rapid Response Teams, healthcare worker trainings, targeted vaccination campaigns, health awareness, community mobilization, education and advocacy activities in disease control, health and nutrition, and infection prevention and control. Health campaigns will ensure to engage both male and female healthcare workers and will take into consideration the contextual needs of women and girls in each location.

### **Specific Objective 1.3**

*Provide access to specialized age, gender and disability sensitive services – including MHPSS, child protection, GBV, and mine action victim assistance services – for 400,000 persons including boys, girls, adolescents, persons with disabilities, and older persons, who are*

*facing life-threatening risks of abuse, neglect, violence, exploitation, injury and severe distress, by the end of 2021*

IDPs and other vulnerable people are exposed to increased life-threatening risks of abuse, neglect, violence, exploitation, injury and severe distress. Women, children, persons with disabilities, persons with minority clan affiliations or persons without any clan affiliation, child and female-headed households, children at risk or survivors of violence, abuse and exploitation, older persons, and unaccompanied and separated children without support structures are notably affected. For example, displaced GBV survivors and their families continue to adopt negative coping strategies of early/forced marriage to leverage social and financial security. Separated and orphaned girls are more vulnerable as they resort to this negative coping mechanism to secure some form of social protection. This increases their economic dependency and vulnerability to economic and sexual exploitation and abuse. In addition, parents fearing harassment and abuse of their daughters restrict their movements as much as possible to ensure safety. There are also more than 930,000 displaced children who are facing very high risks of family separation, experience mental distress and are at risk of recruitment to armed forces. As a result, this population subgroup is likely to experience severe mental health and wellbeing outcomes as they are more likely to be subject to violence, economic and sexual exploitation, abuse and potential trafficking.

The Protection Cluster and Areas of Responsibility (AoRs) will address the acute protection needs of individuals facing life-threatening risks of abuse, violence, exploitation, injury and severe distress by the end of 2021. Prioritized activities will include the provision of immediate live-saving specialized services to people in situations of heightened vulnerability, including victims or survivors of serious human and child rights violations. As such, prioritized programmes include mental health and psychosocial support (MHPSS) interventions for persons in mental distress; child protection case management and referral; community reintegration services for at-risk children with critical needs as well as unaccompanied and separated children; children at risk or associated with armed forces and



groups (CAAFAG); SGBV survivors; and victim assistance for individuals injured by mines and their families. When conducting these activities, partners will consult children and adolescents, including unaccompanied and separated children, to understand their concerns, fears and needs. Advocacy efforts will also be undertaken with Government and other relevant authorities to include and sustain MHPSS as part of the essential services for humanitarian emergency in Somalia and for a strong legal framework for the protection of women and girls. These activities will be complemented by health partners through improved case management and referral services for 150,000 survivors of SGBV, the provision of sexual and reproductive health (SRH) services (including for SGBV), STD / HIV treatment and prevention activities, and adolescent-specific services and outreach efforts.

#### Specific Objective 1.4

*Improve access to food for 3.1 million people facing severe acute food insecurity including 1 million IDPs, 2 million non-displaced, and persons with disability in 74 districts by the end of 2021 provide equitable life-saving emergency nutrition services to 722,000 acutely malnourished children under 5 years across 74 districts by the end of 2021*

Since the beginning of 2020, Somalia has been experiencing multiple shocks that exacerbate acute food insecurity and malnutrition. Results from the October 2020 Food Security Outlook indicate over 2.65 million people are facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of food insecurity by mid-2021<sup>28</sup>. However, this does not take into account the full impact likely drought conditions resulting from the influence of a La Niña may have on populations throughout 2021.

Given the predicted climate shocks and impact of Desert Locust, the Food Security Cluster estimates approximately 3.1 million people projected to be facing severe levels of food insecurity (IPC Phases 3 and worse) will be supported under this objective. Priority activities include both unconditional transfers (e.g. cash and voucher/food assistance) and conditional transfers (e.g. cash/food-for-work) that will meet the immediate food needs of affected populations while supporting the restoration of community productive assets.

#### SOMALIA

Photo: UNHCR SOMALIA



**Strategic Objective 2: Sustain the lives of 4 million people requiring humanitarian assistance, including 2.4 million non-IDPs, 1.6 million IDPs and persons with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2021.**



SOMALIA

Photo: Texta/UNICEF SOMALIA

### Rationale and intended outcome

Through this objective, the HRP enables the provision and the scale up of basic service delivery to vulnerable population groups in need, including IDPs, refugees and asylum seekers, refugee returnees and non-displaced people in rural and urban centres. Particular attention will be paid to some of the most vulnerable households across all population groups who face challenges in sustaining their living standards, including women-headed households, children at risk<sup>29</sup>, child-headed households, households with older persons, persons with minority clan affiliations and persons with disabilities. To address these needs, the HRP – in line with previous years – will pursue a multi-sectoral and integrated response across all service delivery sectors to ensure the most vulnerable populations have access to vital services and can sustain their lives.

Strategic Objective 2 addresses the lack of the essential self-sustenance capacities of the targeted population

groups and aims to ensure that their existing needs do not become more severe and deteriorate to the extent of posing a survival threat. Across targeted districts, IDP households are consistently the most vulnerable, both in terms of lower access to services and greater reported need. An estimated 95 per cent of the displaced population requiring humanitarian assistance live in urban settings, of which 15 per cent are women and 66 per cent children<sup>30</sup>. These populations live in protracted displacement in unplanned settlements across the country and require basic services, livelihoods, shelter and protection<sup>31</sup>. A lack of access to primary healthcare and preventive nutrition services reduces their ability to meet their basic needs – a situation that is further exacerbated by the COVID-19 pandemic, which has stretched the healthcare system, interrupted food systems and led to loss of income, hindering access to nutritious diets and essential services for many vulnerable children and women, including those with disabilities.



Meanwhile, many non-displaced Somali households face co-occurring, overlapping needs that likely compound each other and need to be addressed in tandem<sup>32</sup>. The Joint Multi-Cluster Needs Assessment (JMCNA) 2020 found that roughly half of all non-IDPs reported at least two overlapping severe, critical or catastrophic sectoral needs, with particular prevalence of co-occurring WASH, shelter and food security needs, underscoring the need for inter-sectoral, integrated responses<sup>33</sup>. The non-IDP population is affected by drought, flooding and chronic food insecurity, leading to malnutrition, which is a pre-disposing factor to medical diseases and complications. Moreover, pasture and water shortages are already resulting in increased commodity prices, deterioration of livestock and agro-pastoral conditions, as well as internal displacement of people.

### Specific Objective 2.1

*Scale up and provide WASH, Food Security, Education, Nutrition, Health, Shelter, NFIs and Protection integrated services to 2.4 million non-IDPs including persons with disability in 74 districts by the end of 2021*

### Specific Objective 2.2

*Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, Protection and NFIs integrated services to 1.6 million IDPs including persons with disability by the end of 2021*

Specific Objectives 1 and 2 call for the scale up and provision of essential multi-sectoral, integrated services to 1.6 million IDPs and 2.4 million non-IDPs including persons with disabilities in 74 districts by the end of 2021. For both IDP and non-IDP households, the response under these specific objectives will provide access to quality basic services, such as schools, nutrition centres and WASH facilities, with protection at its core. Moreover, humanitarian partners will ensure acute needs such as shelter, NFI, WASH, food and health of vulnerable communities are met, while reaching out to development and resilience actors to facilitate synergies and complementary action, as well as to prioritize programming for social service delivery, capacity development and livelihood support to ultimately reduce humanitarian needs.

Targeted activities will complement the life-saving response set out in Strategic Objective 1 by, among

others, strengthening life-saving preventive nutrition services for vulnerable non-IDPs and IDPs through the provision of supplementary nutrition products, sensitization on appropriate infant and young child feeding practices in emergencies, and micronutrient interventions. In addition, health partners will provide primary healthcare services through fixed and mobile outreach services, integrated health and nutrition services, integrated MHPSS referral-level services, sexual and reproductive healthcare services through the Minimum Initial Service Package (MISP), and WASH and waste management in healthcare facilities. These activities will be aligned with WASH actors providing emergency water services in vulnerable settlements and communities, emergency sanitation services, critical hygiene items and key hygiene messages with a specific focus on disease transmission and prevention. The Shelter Cluster partners will provide life-saving shelter and NFI assistance to the most vulnerable, especially the newly displaced living in IDP sites. In addition, the Education Cluster will work closely with the Child Protection AoR, and WASH and Health Clusters to promote an integrated response approach with schools as an entry point for service delivery, increase the retention of children in schools who are at risk of dropping out, and increase access to a safe, protective learning environment for the most vulnerable, including girls, children with disabilities, and marginalized and displaced children. Underpinning these efforts, the Protection Cluster will ensure IDP and non-IDP communities receive quality and timely protection response services and benefit from risk reduction and prevention measures.



*"We need a place to sleep, we don't have proper clothes or shoes, nor do we have food. The makeshift huts we're building lack proper covers," Raliyo, Horyal IDP Site.*

*Source: Radio Ergo.*



With regards to IDP sites and camp-like settings, in 2021 the CCCM Cluster will look to expand partner coverage targeting districts that are witnessing a proliferation of IDP sites and result in growing humanitarian needs. The cluster intends to target 1.8 million IDPs living in IDP sites or camp-like settings through an area-based, integrated, multi-sectoral humanitarian response in close coordination with local authorities. Cluster interventions will ensure that beneficiaries have equitable access to humanitarian services, generate inclusive community



governance structures that include meaningful involvement of persons with disabilities, older persons, women and girls, and individuals with minority clan affiliations, and maintain accessible two-way communication for all IDP site residents. CCCM, child protection, GBV, and protection, GBV and protection actors will coordinate in establishing site and district-level referral pathways that are accessible to the communities that they serve. Additionally, the cluster will continue to evolve its sector-wide Complaints Feedback Mechanism (CFM) with the intention of promoting enhanced community participation into the design and execution of this system. The Protection Cluster will ensure IDP settlements meet safety standards as assessed in safety audits and child-led participatory approaches. Priority will be given to the communities and IDP settlements most exposed to risks of violence and discrimination, with a special effort made to reach out to minority/marginalized communities.

**Specific Objective 2.3**

**Protect livelihoods and related food sources for 900,000 farmers, agro-pastoralists, pastoralists and 37,000 rural IDPs across Somalia through emergency**

**SOMALIA**

Photo: FAO Somalia



**agriculture, livestock and other livelihood support in line with their livelihoods and seasonality**

Priority activities conducted by partners include provision of seasonally appropriate agricultural inputs, emergency livestock assistance, coastal livelihood assistance, livelihood diversification, and prevention and response to food chain threats. The cumulative target is 900,000 acutely food insecure people, including rural IDPs in IPC Phases 3 or worse. Increasing participation of women in the labour market will be an important focus to accelerate economic growth and raise the living standards of Somali households.



*"I invested a huge sum of money in the farm. I planted 30 kgs of onions, 40 kgs of other vegetables, 300 banana trees, 170 lemon trees and two hectares of grain. It was all washed away by the floods – even the generator is gone."*  
 – Hassan, Farmer from Dollow District, Gedo.

Source:Radio Ergo



**Strategic Objective 3: Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, accountability to affected populations and monitoring of the protection environment.**



SOMALIA

Photo: Sebastian Ric /UNICEF-WFP

### Rationale and intended outcome

Strategic Objective 3 ensures the centrality of protection across the humanitarian response by strengthening the overall protection environment for all affected populations via protection mainstreaming, accountability to affected populations as well as human rights and eviction monitoring. Additionally, the objective is in line with the HCT's priority 'ways of working', which need to be addressed under the Centrality of Protection Strategy and include: 1) Strengthened Protection Mainstreaming, AAP and PSEA across all sectors of the humanitarian response; and 2) Strengthening system-wide data collection, analysis informing response and establishing a repository on protection risks/threats, that adhere to global safety and ethical standards<sup>34</sup>.

Through the three outlined specific objectives, Strategic Objective 3 will also help address the three priorities identified in the Centrality of Protection Strategy, including:

1. Identifying and addressing differential risks of exclusion and discrimination, including those based on societal discrimination, power structures, vulnerability, age and gender (and the need for inclusion of all relevant responders in order to prevent exclusion);
2. Addressing critical protection concerns with the persistent displacement towards IDP sites, including heightened protection risks and threats that have emerged in the failure to end displacement through appropriate solutions (local integration, return and settlement elsewhere);
3. Enhancing the protection of communities in conflict zones, who are affected by indiscriminate and disproportionate targeting of civilians and civilian assets vital for survival, through engagement of these communities in their self-protection and robust engagement with parties to the conflict. The specific objectives on protection mainstreaming

and AAP are applicable to all clusters to include in their cluster plans.

### Specific Objective 3.1

*Promote collective action on the centrality of protection by ensuring implementation of: mitigating measures, complaint and feedback mechanisms, protection mainstreaming, PSEA and child safeguarding focal points, across the humanitarian response in 2021*

The Protection Cluster and AoRs will work collectively with the other clusters to ensure: 1) all persons of concern have equal and non-discriminatory access to protection and assistance; 2) affected populations have access to safe and effective complaint and feedback mechanisms; 3) protection risks and potential violations are identified and mitigation measures are put in place in the project planning phase; and 4) capacities are strengthened for PSEA and child safeguarding.

As part of the Centrality of Protection Action Plan, actors will collaborate across clusters to identify and address differential forms of exclusion and strengthen inclusion. To this effect, HRP 2021 projects completed a protection risk analysis, including identification of risks of exclusion of marginalized groups from participation in decision-making processes, and access to assistance and mitigation measures. In addition, partners will address critical protection concerns affecting IDPs and promote rights-based appropriate solutions (local integration, return and settlement elsewhere) through, among others, safety audits and children-led safety assessments of IDP sites, and establishing information systems to monitor the response and address gaps to ensure that partners prioritize physical risks to children's wellbeing, promoting the domestication of the Kampala Convention, and support the development of strengthened normative frameworks. Partners will also engage with conflict-affected communities and parties (national and international) to the conflict on protection of civilians, including through regular protection updates and advocacy on International Humanitarian Law compliance by parties in conflict, and ensuring protection risk mapping and response planning in advance of the 2021 elections, with a focus on equal participation and risks of physical violence.

### Specific Objective 3.2

*Increase the proportion of individuals reached with humanitarian assistance, including persons with disabilities, that have participated in the planning, implementation and/or monitoring and evaluation of the response from 37 per cent (2019) to 45 per cent by the end of 2021*

Physical distancing measures and health-related movement restrictions across Somalia to curb the spread of COVID-19 complicated efforts to systematically engage communities in the design and provision of humanitarian aid in 2020. Nevertheless, progress has been made in terms of the objective set out in last year's HRP to increase the rate of individuals reached with humanitarian assistance that can influence the response. The targeted increase from 37 per cent in 2019 to 60 per cent in 2020 was almost achieved, with 57 per cent of households reporting being aware of how to make complaints or give feedback about humanitarian aid<sup>35</sup>. In a similar vein, a survey of aid recipients across Somalia found that 76 per cent of respondents felt people in their community were able to report instances of abuse and mistreatment<sup>36</sup>.

Ensuring aid recipients are aware of available support is necessary but not sufficient for a humanitarian response that is accountable to the people it sets out to serve. Despite the improved awareness of complaints mechanisms and confidence in community members' ability to register those complaints, only 37 per cent of aid recipients surveyed felt their opinions were being taken into account by aid providers<sup>37</sup>. Respondents of Ground Truth Solutions' perception survey also reported a general scarcity of information: only 43 per cent felt informed about the kinds of aid and services available to them. More information about the types of humanitarian aid and services available (84 per cent) and how to access them (74 per cent) was requested most often. Aid recipients also expressed a need for more information on accessing healthcare (63 per cent) as well as on symptoms, testing and treatment for COVID-19 (36 per cent)<sup>38</sup>.

The HRP thus seeks to increase the percentage of beneficiaries of humanitarian assistance involved in the planning, implementation and/or monitoring and



evaluation of the response to 45 per cent by the end of 2021. Increased and representative inclusion practices will help to identify and address the specific barriers to access that prevent individuals and groups in need from receiving assistance and ensure that they are able to participate in the decisions that affect them.

### Specific Objective 3.3

*Increase the number of individuals reached by protection monitoring of human rights violations with particular focus in districts with exposure to armed conflict and violence and individuals facing forced evictions.*

Monitoring is a critical activity to identify geographical areas and population groups affected by protection issues. This will ensure the inter-sectoral response is able to effectively prioritize as well as ensure no harm when delivering humanitarian assistance. The Protection Cluster and partners will conduct assessments and protection and eviction monitoring to collect, verify and analyse information. This will help identify violations of rights and protection risks faced by IDPs, refugee returnees and other crisis-affected populations to inform an effective response without exacerbating risks or reinforcing patterns of violation. Community protection functions include the identification and referral of

people in need of protection services, such as women and children at risk, persons with disabilities, those with injuries and chronic illnesses, elderly persons without caregivers and people in psychological distress.

Data collection and analysis will be provided through three separate data sources: the PRMN, the SPMS and Eviction Monitoring tool. The PRMN monitors displaced population movements and protection incidents. The SPMS is an area-based protection monitoring tool that captures protection trends and patterns for a wide range of rights and related violations as well as exposure of communities to risks of violence, insecurity, extortion and/or exploitation. The Eviction Monitoring tool captures the number of evictions as well as eviction prevention measures that took place. In 2021 a key strategy response on displacement data will include efforts towards ensuring joint analysis and complementarity of data between the various data platforms – including the PRMN, Displacement Tracking Matrix (DTM) and CCCM Detailed Site Assessments – are achieved so as to inform collective and informed planning and response by actors.

#### SOMALIA

Photo: FAO SOMALIA



## 1.3

## Consolidated Overview on the Use of Multi-Purpose Cash.

Despite the challenging environment in 2020, the humanitarian response system in Somalia remained resilient and effective. Mechanisms were in place for rapid scale-up and sustained response including significant CVA. The use of CVA continues to rise, and in the last year has been instrumental in the delivery of life-saving programmes even in the context of COVID-19. The ability of Somali markets to continue operating in the face of considerable insecurity provides a key opportunity for the delivery of humanitarian assistance through CVA, particularly in south and central regions of Somalia, which remain very complex for programme delivery.

By the end of November 2020, \$224.8 million had been disbursed in Somalia through CVA by around 43 Cash Working Group (CWG) partners to an average of 1.63 million individuals. The total value of cash transferred in 2020 includes cash for sectoral objectives by the different clusters, multi-purpose cash assistance (MPCA) and cash transferred for safety nets and shock response support. Although the majority of the cash distributed in Somalia in 2020 was to support vulnerable households to meet their basic sectoral needs through the different clusters, there is a continued increase in the use of MPCA. MPCA continues to be an effective conduit to aid for displaced populations, supporting dignified assistance and value for money, and can be used as shock-responsive assistance to ensure vulnerable IDPs do not fall into destitution while transitioning to recovery. MPCA is also recognised as an active contributor to sector-specific programming and, in some instances, it can assist protection outcomes by alleviating stress caused by the lack of money.

Concerns surrounding the stability of the economy persist: any climate shock, for example, could have an adverse impact on households' purchasing power, employment opportunities and livelihood stability, which illustrates the fragility of improvements that have been seen in Somalia. COVID-19 led to a temporary decline in remittances which impacted the purchasing power of households. It is therefore paramount to work in collaboration with development partners to explore synergies between humanitarian cash assistance and social protection systems, including safety nets to promote resilience and self-sufficiency, which in the long run will contribute to reducing the levels of economic vulnerabilities. For example, 2020 saw the expansion of safety nets programming with the roll-out of the World Bank-supported Baxnaano social safety net programme and shock-responsive safety nets from different development partners.

The CWG, using market data from different sources, provides quarterly monitoring updates looking at changes in the cost of the Minimum Expenditure Baskets (MEBs) for both the full basket and the food basket, people's ability to access markets, in addition to an overview of market performance (supply chains and port data). In the first quarter of 2021, the CWG will commission a review of the MEB, which will propose new transfer values for sector-specific cash assistance, MPCA and safety nets programming. The study will also provide a comprehensive list of the cost of living at sector standards, and therefore a clearer picture of poverty analysis of household expenditures, emergency, survival and livelihood protection thresholds which will equate in all-encompassing assistance. In addition to using recent markets assessments, partners will continue to coordinate their efforts with the Inter-Cluster Coordination Group (ICCG) and the CWG to best take into account target locations, the scale of assistance and modality preferences to meet HRP



*"There is no transport to the city. Bajaj (three-wheelers) come by once in a while, but they charge \$3 to town and that is beyond our means, so we walk carrying what we need on our backs." – Nasteho, Wadajir IDP camp, Galkeyo*

*Source: Radio Ergo*



objectives. Moreover, recognizing that certain groups and individuals, including IDPs, minority groups, and persons with disabilities, face additional barriers to access, as well as a heightened exposure to protection risks, partners will collaborate with the CWG to build evidence-based criteria to ensure gender equity and inclusive cash programming. To support the objectives

of the Grand Bargain in increasing better coordination of CVA, the Somalia CWG has operationalised six regional CWG hubs operating under the overall supervision of the national CWG.

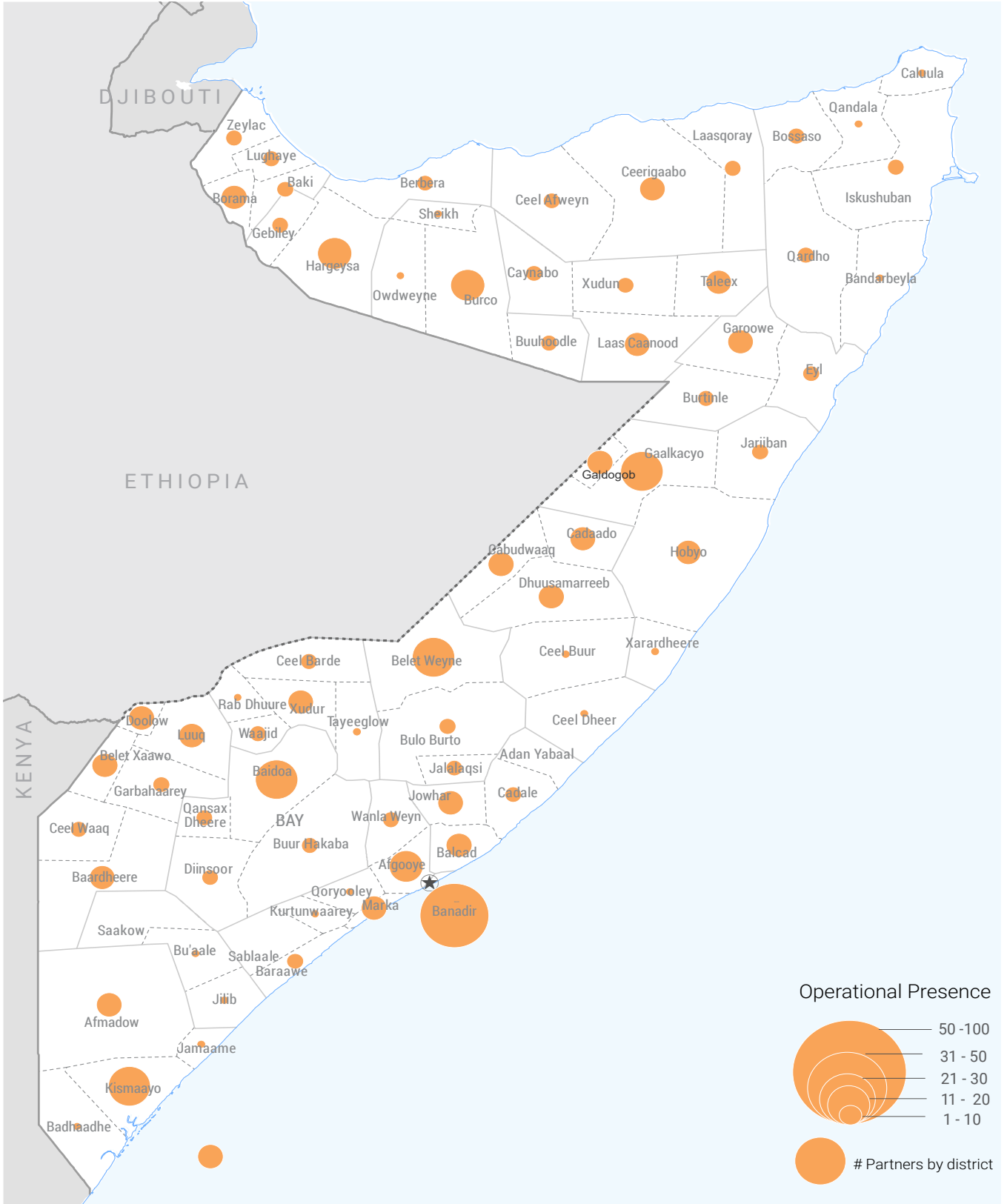
**GAALKACYO, SOMALIA**

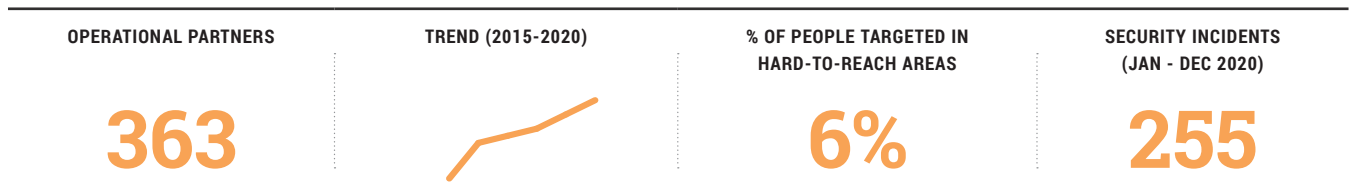
Women in Galkayo in central of Somalia wait to receive their cash entitlements from European Civil Protection and Humanitarian Aid Operations  
Photo: Karel Prinsloo/WFP SOMALIA





# 1.4 Operational Capacity and Access





## Operational Capacity

The number of humanitarian partners continues to stay the same in the country, despite the challenging operational environment. A wide range of national and international organisations are involved in the delivery of humanitarian assistance in all 18 regions of the country, with 363 partners actively implementing activities. The number of partners is primarily due to improved coordination, especially among local organisations, better data collection, and the extension of humanitarian interventions in places that were not previously accessible.

Improvements in risk mitigation and management has built confidence among international partners in the provision of support to local organisations in the delivery of assistance in hard-to-reach areas. Though humanitarian access remains a challenge, there was a slight increase in number of partners in some areas, notably in Hiraan region due to the flood response.

### MOGADISHU, SOMALIA

Children wait to be vaccinated as part of national polio vaccination campaign in Mogadishu, Somalia.

Photo: Siyaad Mohamed /WHO SOMALIA



## Partners by Location

| DISTRICT      | PEOPLE TARGETED | NO. PARTNERS | DISTRICT      | PEOPLE TARGETED | NO. PARTNERS |
|---------------|-----------------|--------------|---------------|-----------------|--------------|
| Banadir       | 1.1M            | 124          | Ceel Afweyn   | 45k             | 27           |
| Sablaale      | 100k            | 95           | Laasqoray     | 24k             | 27           |
| Baidoa        | 200k            | 81           | Gebiley       | 20k             | 26           |
| Belet Weyne   | 46k             | 72           | Buuhoodle     | 15k             | 25           |
| Gaalkacyo     | 78k             | 69           | Bulo Burto    | 12k             | 24           |
| Hargeisa      | 548k            | 68           | Burtinle      | 20k             | 23           |
| Kismaayo      | 221k            | 63           | Ceel Waaq     | 7k              | 23           |
| Afgooye       | 23k             | 61           | Diinsoor      | 22k             | 23           |
| Garowe        | 42k             | 49           | Caynabo       | 19k             | 22           |
| Laas Caanood  | 95k             | 48           | Garbahaarey   | 46k             | 22           |
| Dhuusamarreeb | 17k             | 43           | Waajid        | 12k             | 22           |
| Jowhar        | 42k             | 42           | Wanla Weyn    | 13k             | 22           |
| Baardheere    | 20.5k           | 41           | Ceel Barde    | 18k             | 21           |
| Balcad        | 16k             | 40           | Iskushuban    | 27k             | 21           |
| Marka         | 26k             | 39           | Taleex        | 15k             | 21           |
| Ceerigaabo    | 44k             | 38           | Zeylac        | 15k             | 21           |
| Xudur         | 23k             | 38           | Baki          | 23k             | 20           |
| Belet Xaawo   | 10k             | 37           | Buur Hakaba   | 40k             | 20           |
| Bossaso       | 251k            | 37           | Lughaye       | 26k             | 20           |
| Hobyo         | 10k             | 36           | Jariiban      | 20k             | 19           |
| Burco         | 166k            | 35           | Qoryooley     | 71k             | 18           |
| Cadaado       | 24k             | 35           | Raab Dhuure   | 2.5k            | 18           |
| Borama        | 177k            | 34           | Xudun         | 9k              | 18           |
| Qardho        | 25k             | 34           | Eyl           | 18k             | 17           |
| Berbera       | 11k             | 31           | Bandarbeyla   | 3.7K            | 16           |
| Cabudwaaq     | 34k             | 31           | Jalalaqsi     | 15k             | 16           |
| Doolow        | 16k             | 31           | Qansax Dheere | 8k              | 16           |
| Afmadow       | 9k              | 29           | Baraawe       | 5K              | 15           |
| Luuq          | 9k              | 29           | Owdweyne      | 16k             | 15           |
| Galdogob      | 22k             | 28           | Badhaadhe     | 2k              | 15           |



| DISTRICT     | PEOPLE TARGETED | NO. PARTNERS |
|--------------|-----------------|--------------|
| Cadale       | 13k             | 14           |
| Caluula      | 31k             | 12           |
| Qandala      | 15k             | 11           |
| Sheikh       | 13k             | 10           |
| Xarardheere  | 2k              | 8            |
| Tayeeglow    | 3k              | 7            |
| Ceel Buur    | 3k              | 6            |
| Kurtunwaarey | 7k              | 6            |
| Ceel Dheer   | 3k              | 5            |
| Jammame      | 8k              | 5            |
| Bu'aale      | 2k              | 3            |
| Jilib        | 4k              | 2            |
| Saakow       | 2k              | 2            |

## Partners by Sector

| SECTOR             | PEOPLE TARGETED | NO. PARTNERS |
|--------------------|-----------------|--------------|
| CCCM               | 1.8M            | 29           |
| Enabling Programme | 00k             | 6            |
| Education          | 375k            | 27           |
| Food Security      | 3.2M            | 80           |
| Health             | 2.8M            | 45           |
| Logistics          | -               | 1            |
| Nutrition          | 1.4M            | 55           |
| Protection         | 2M              | 75           |
| Refugee Response   | -               | 1            |
| Shelter            | 2.5M            | 22           |
| WASH               | 2.5M            | 70           |

## MOGADISHU, SOMALIA

Photo: Siyaad Mohamed /Ildoog/ WHO SOMALIA



## Access

Somalia is one of the most insecure countries in the world to operate in, particularly for aid workers; between 1 January and 31 December 2020, 255 access incidents impacting humanitarian operations were recorded in which 15 humanitarian workers were killed, 12 injured, 24 abducted and 14 detained or temporarily arrested. All those abducted were national staff and have been released, with Al-Shabaab currently still holding three international staff (one German and two Cuban nationals, taken in 2018 and 2019 respectively). By comparison, 151 access incidents were recorded for the whole of 2019. The threat of IEDs on key roads and areas newly under Government control continues to affect access in many parts of southern and central Somalia. Reports of harassment and extortion at checkpoints continue to delay or block aid delivery. The seizure of assets and supplies is common, as is interference in the implementation of humanitarian activities.

A lack of public infrastructure remains a key additional barrier to the delivery of humanitarian assistance. According to the African Development Bank (AfDB), the total length of the primary and main roads in Somalia is 4,124km, of which 2,860km are paved and 1,264km are unpaved or a gravel surface<sup>39</sup>. Of these, about 90 per cent are in a very poor condition. This has a direct impact on humanitarian operations, while the deterioration of road conditions not only represents a barrier to trade and employment opportunities, especially for farming communities, but also leads to an increase in the costs of transporting crops to markets, thereby undermining incentives to expand harvests.

Along with other humanitarian platforms, the Somalia HRP is designed to help facilitate an “enabling environment” for the delivery of humanitarian work. With a range of practical difficulties such as insurgency, poor infrastructure and widespread insecurity hindering the ability of humanitarian actors to deliver their proposed programmes, previous HRPs have only partially met this goal. Some of the challenges to access relate to operational constraints, including funding, new needs, insecurity and restricted humanitarian access and space. With significant parts of Somalia, most notably

in the southern and central States, under the control of Al-Shabaab, inaccessible to humanitarians, there is a perception that humanitarian agencies only focus their interventions on accessible areas, which in turn may question the integrity of humanitarian action, may cause reputational damage and may compromise the ‘do no harm’ and ‘leave no one behind’ principles.

In order to resolve the challenges created by restricted access in Somalia, on 1 December 2020, the HCT endorsed a new Framework of Engagement for Humanitarian Access and Space in Somalia. This framework attempts to systematically and collectively address humanitarian access with relevant entities, building on the HRP which provides the strategic entry point for the majority of humanitarian actors to engage in Somalia. The framework provides a platform for engagement with all parties, including de-facto authorities in control of specific geographic areas, covering all areas where humanitarian action is taking place, with a specific focus on geographic areas characterized as: 1) communities where humanitarians either have no access or partial access that is not predictable/regular; and 2) new areas which are potentially opening up for humanitarian access.

The Access Working Group will lead efforts to strengthen common analysis to identify priority issues for joint action in 2021. Location-specific access and response strategies will be developed based on an analysis of the localized context, conflict dynamics and security situations, adopting tailored approaches to address challenges in negotiations, access and advocacy. This will inform joint access and security risk assessments, as well as identify the most suitable approach, mitigation measures and partners best placed to respond. Operational support will be provided to partners to assist with access strategies and response planning, including the consolidation and sharing of available access and logistics information. Capacity-building on access analysis and humanitarian negotiations will be provided in priority locations. A systematic and coordinated approach will also be encouraged to address common challenges faced by partners through the development of joint operating principles and advocacy strategies.



## People Reached with HRP 2020

| SECTOR                                | PEOPLE IN NEED | PEOPLE TARGETED | PEOPLE REACHED | % TARGET REACHED | FINANCIAL REQUIREMENTS (US\$) |
|---------------------------------------|----------------|-----------------|----------------|------------------|-------------------------------|
| Camp Coordination and Camp Management | 2.4M           | 1.4M            | 1.3M           | 90%              | \$34M                         |
| Education                             | 1.37M          | 367K            | 718K           | 78%              | \$42M                         |
| Food Security                         | 4.7M           | 3M              | 2.3M           | 77%              | \$384M                        |
| Health                                | 3.15M          | 2.5M            | 1.7M           | 68%              | \$85M                         |
| Nutrition                             | 1.4M           | 618K            | 445K           | 71%              | \$165M                        |
| Protection                            | 3.2M           | 1.9M            | 1.5M           | 79%              | \$83M                         |
| Shelter                               | 2.15M          | 1.45M           | 446K           | 34%              | \$64M                         |
| Water, Sanitation and Hygiene         | 2.7M           | 2.4M            | 1.7M           | 62%              | \$90M                         |
| Enabling programme                    | 5.2M           | 3M              | 2.5M           | 83%              | \$31.2M                       |
| Multipurpose Cash                     | N/A            | N/A             | NA             |                  | \$32M                         |
| Refugee Response                      | 59K            | 59K             | 39K            | 66%              | \$35.8M                       |

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Photo: WFP SOMALIA





## 1.5 Costing Methodology

Partners agreed to continue using the project-based methodology, summing the funding requirements by cluster of all projects submitted in the Project Module by humanitarian organizations participating in the HRP. OCHA organized a series of trainings for about 150 partners from all clusters on the use of the Project Module system, as well as on other related planning issues, such as the Gender with Age Marker questionnaire, and how to mainstream protection and ensure disability inclusion in programming.

Before the projects' submission online, clusters and their partners determined their cluster objectives and key activities, as linked to the country-level strategic and specific objectives, which then served as the basis for project development. Cluster coordinators established internal vetting criteria jointly with their Strategic Advisory Group (SAG) to review all projects for each cluster. OCHA also developed a "scorecard" with general vetting criteria and guidance. Other guidance notes were provided to support clusters in the vetting exercise, including: 1) a technical guidance note on protection mainstreaming, developed by the Protection Cluster to guide partners on how to ensure that protection is well mainstreamed in the project proposals; 2) a guidance

note on cash, to ensure that cash transfer programming is used effectively as a response modality alongside other response tools throughout the Humanitarian Programme Cycle; 3) the protection 'tip sheet', to assess the appropriateness and feasibility of cash, as well as a revised cash 3W matrix; and 4) an OCHA-UNHCR technical note, including a section on the registration of projects targeting refugees in the Project Module.

Cluster peer-review committees were organized once all projects were uploaded in the Project Module to review them based on the agreed-upon vetting criteria. All approved projects were then sent to the Humanitarian Coordinator for his final approval, together with a thorough analysis highlighting differences in costing from cluster to cluster and comparing financial requirements by cluster in the last few years. Although cost drivers and average cost per capita vary depending on a wide range of parameters related to the different clusters and their interventions, including different locations and specific groups targeted, more broadly all humanitarian partners acknowledge that costs are driven by the difficult operating environment. This environment includes logistical barriers and insecurity, which both impact the effective delivery of humanitarian assistance throughout Somalia

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Photo: UNHCR SOMALIA





## Part 2: **Response Monitoring**

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Photo: FAO/SOMALIA



## 2.1 Monitoring Approach

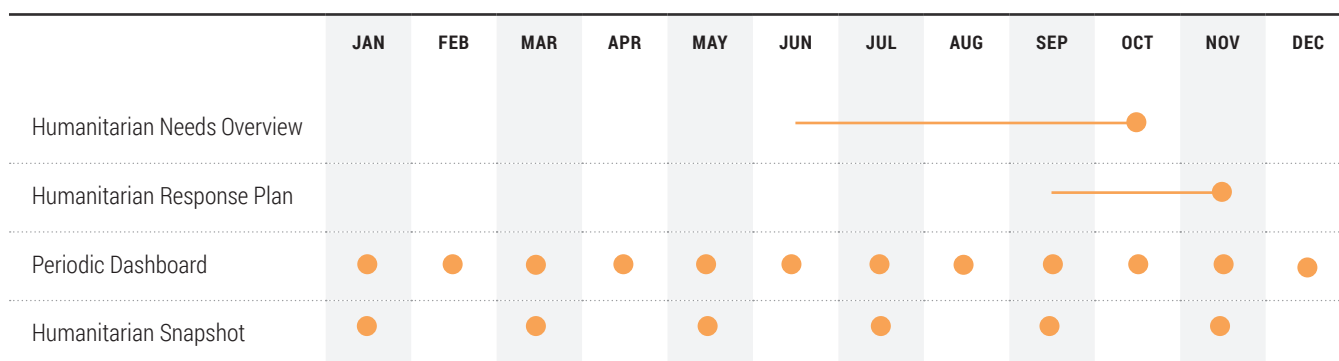
Monitoring the response in 2021 will continue to utilise the inter-sectoral methodologies that have been employed in Somalia since 2018. OCHA will continue to take responsibility for coordinating the close monitoring of humanitarian activity through the cluster system to adjust the response according to both needs and emerging priorities. Accountability will be strengthened with new, more practical indicators and objectives, and the transparency of both monthly and periodic monitoring reviews will aid the impact and the reach of the response. To monitor the reach and accessibility of the response, the collection of sex, age and disability disaggregated data will be undertaken in relation to each Strategic Objective.

Currently in Somalia there are well established and efficient monitoring tools to measure changes in the humanitarian context, including cluster level monitoring systems that inform the wider humanitarian community on the trends and alerts levels. These mechanisms monitor the evolution of the humanitarian situation in Somalia, assessing broadly how needs evolve among the two main categories of people in need, namely IDPs and non-IDP rural and urban vulnerable populations. They provide an overall indication of the trends and are useful in triggering further detailed assessments to look at specific population subgroups who are likely to be

most affected. The key indicators selected to monitor the evolution of the needs are linked to the impact that various shocks such as La Niña, disease outbreak and conflict will have on people in terms of food insecurity outcome, excess morbidity and mortality, and displacement.

Under the guidance of the HCT, the ICCG is responsible for assessing progress towards reaching strategic objectives, specific objectives, cluster objectives and cluster activities. The primary level of monitoring is coordinated by OCHA at the cluster objective level, with those indicators then feeding into strategic objective monitoring. There are regular reviews of humanitarian activity, from which the ICCG makes recommendations to the HCT regarding the scope and direction of the response operation. The Information Management and Assessment Working Group (IMAWG) is tasked with the implementation of monitoring assessments, including effective coordination and cooperation between clusters and OCHA.

### Humanitarian Programme Cycle Timeline





## 2.2 Accountability to Affected Populations

Following the Peer-to-Peer mission to Somalia in July 2018 that made recommendations on how the HCT could work more effectively and jointly on collective AAP, the HCT agreed to put in place a series of actions to have a more comprehensive approach for a CFM. In late 2019, the HCT nominated the World Food Programme (WFP) Somalia as a champion to initiate a discussion on bringing together operational and non-operational actors with diverse AAP initiatives. The main objective was to develop and implement a Collective AAP Information Management system for Somalia. To this end, WFP together with OCHA established a Community Engagement and AAP Working Group (CEAWG) which established a Technical Working Group (TWG) that was co-led by WFP and Norwegian Refugee Council (NRC). The TWG undertook various consultations, including surveys, which culminated in identification of data categories that now comprise the Collective Accountability Information Management System. The pilot under WFP championship included bringing stakeholders together; building consensus on reporting to a collective system, including the data categories; and using a low-tech system to create infographics. A report based on data provided by 17 operational partners for May 2020 was prepared and presented to the HCT on 8 September 2020.

Based on HCT feedback, there was a recognition to build on WFP's effort to further enhance this system and make it independent. It was agreed that a collective approach option that builds on the current pilot in a phased and iterative manner was the most viable option. The aim is to improve the current collective system by addressing what needs improvement, such as feedback to the community and closing the communication loop, and capacity-building for national organizations on AAP systems and mechanisms. These include two-way information systems and robust CFMs, encouraging further participation of national NGOs, and realigning

the pilot data categories for adoption by operational agencies. The Humanitarian Coordinator and the HCT therefore agreed the Integrated Office of the DSRSG/RC/HC would host an AAP unit to ensure the hosting and management of CFM information going forward. Inter-agency collaboration is underway to have a fully functioning AAP unit within the Integrated Office in early 2021. In the meantime, WFP and OCHA will continue to support on AAP throughout the transitional period.

The COVID-19 pandemic has affected the way in which humanitarian actors in Somalia communicate: 48 per cent of aid recipients report that the way in which they receive information has changed in 2020<sup>40</sup>.

Of those, 43 per cent say they now receive less information than they did before the pandemic, while 24 per cent cite a general decrease in aid or reduced presence of aid providers<sup>41</sup>. To help remedy the situation, the Risk Communication and Community Engagement (RCCE) Task Force was embedded in the COVID-19 preparedness and response structure of Somalia to support the Government's COVID-19 response planning. It has delivered strategic guidance and a range of activities that have enabled partner organizations to deliver effectively on the ground. Extrapolation of survey results conducted by various organizations working on RCCE indicates a 91-96 per cent awareness level of COVID-19 symptoms and preventive measures. Nine coordinated assessments and research studies were conducted since the first case of COVID-19 was confirmed in Somalia in March 2020. The findings from these reports were used to continually inform strategic direction and re-direct RCCE activities where needed.

The RCCE Task Force has also provided technical support to organizations by creating inter-agency expert pools in four areas: media engagement; community engagement and accountability to the affected

population; monitoring, evaluation and research; and technology for development. The RCCE leveraged resources and knowledge across organizations by sharing innovations, lessons learned and research findings. It also coordinated interventions to reduce duplication and extend activities towards un-served areas. Monthly RCCE meetings worked to build the capacity of partner organizations and consolidate policy support through regular deep dive sessions. To help consolidate and analyse data from partner organizations, the RCCE showcased progress of outputs via a weekly and monthly dashboard. Taking on best practice and global learning, the RCCE used real time rumour tracking and intervention monitoring through Open Data Kit.

A key source of community feedback is Radio Ergo, which provides critical information through daily radio broadcasts on lifesaving and life-enhancing issues to communities, including the vulnerable groups across Somalia. This enables them to make better informed decisions and amplify the voices of local communities, including the most marginalized and excluded, through a trusted feedback platform which allows communities to participate in humanitarian planning and response.

In collaboration with local authorities, partnerships with local FM radio stations at state level are to be explored.

Key AAP objectives for 2021 are to:

1. Further increase the percentage of households who are aware of how to make complaints or give feedback about humanitarian aid from 57 per cent to 70 per cent.
2. Increase the percentage of respondents who feel their opinions are being taken into account from 37 per cent to 50 per cent.
3. Increase the percentage of respondents who feel able to cover their most important needs with the aid they receive from 58 per cent to 70 per cent.
4. Increase the percentage of respondents who feel informed of available aid and services from 39 per cent to 50 per cent.

All AAP indicators are to be disaggregated by sex, age and disability.

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Photo: UNSOM SOMALIA



## 2.3 Indicators and targets

### Strategic Objective 1

**Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021**

|        | SPECIFIC OBJECTIVE  | INDICATOR  |
|--------|---|--|
| S0 1.1 | Provide equitable lifesaving emergency Nutrition services to 722,000 acutely malnourished children under 5 years across 74 districts by the end of 2021.  | NUTRITION: Number of boys and girls 6-59 months with acute malnutrition treated (MAM and SAM)  |
| S0 1.2 | SO#2: Provide an integrated WASH and Health response in 74 districts to reduce the excess morbidity and mortality rate from preventable crisis-driven diseases and public health outbreaks among 2.8 million most vulnerable people; by the end of 2021.  | <ul style="list-style-type: none"> <li>HEALTH+WASH: Percentage reduction in AWD/Cholera incidence rate as a result of preventive WASH response</li> <li>HEALTH: Case Fatality Ratio (CFR) for AWD/Cholera &lt;1% [from EWAR]</li> <li>HEALTH: Proportion (%) of children under 1 year received measles vaccine [from WHO VPI]</li> <li>HEALTH: # of people reached by RCCE (disease prevention, H/Nut, BCC, PSS) (by non-COVID / COVID-19)</li> </ul>  |
| S0 1.3 | Provide access to specialized age, gender and disability sensitive: MHPSS, child protection, GBV and victim assistance services for 400,000 persons, including boys, girls, adolescents, persons with disabilities and older persons facing life-threatening risks of abuse, neglect, violence, exploitation, injury and severe distress, by the end of 2021. | <ul style="list-style-type: none"> <li>PROTECTION: # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access either directly or through referral to specialized MHPSS, child protection, GBV and victim assistance services</li> <li>HEALTH: Proportion (%) of functional health facilities providing MHPSS</li> <li>HEALTH: Proportion (%) of functional health facilities providing physical rehabilitation</li> <li>HEALTH: Percentage (%) of functional health facilities with clinical management of rape survivor services</li> </ul> |



## Strategic Objective 2

**Sustain the lives of 4 million people requiring humanitarian assistance, including 2.4 million non-IDPs, 1.6 million IDPs and people with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2021**

| SPECIFIC OBJECTIVE   | INDICATOR  |
|--|--|
| SO 2.1 Scale up and provide WASH, Education, Nutrition, Health, Shelter, NFIs and Protection integrated services to 2.4 million non-IDPs including persons with disability in 74 districts by the end of 2021. | <ul style="list-style-type: none"> <li>• EDUCATION: % of non-displaced school children and youth accessing quality basic education in an inclusive and protective environment</li> <li>• SHELTER: 827K crisis-affected Non-IDPs are provided with timely life-saving and life-sustaining shelter support</li> <li>• WASH: 1 M Non-IDPs (including men, women, boys and girls) have improved access to safe water and adequate sanitation supported by hygiene promotion interventions by end of 2021, to prevent public health risks and minimize disease transmission</li> <li>• NUTRITION: Number of pregnant and lactating women and girls (15-49 Years) receiving preventive services through supplementary nutrition</li> <li>• HEALTH: Number (#) of outpatient consultations per person per year (Target: <math>\geq 1</math> new visit / [targeted] person / year)</li> <li>• HEALTH: Number (#) of functional basic health care facilities per population (Target: 1 unit/10,000 population)</li> <li>• PROTECTION: # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, child protection, GBV and mine action services</li> </ul>  |
| SO 2.2 Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, Protection and NFIs integrated services to 1.6 million IDPs including persons with disability by the end of 2021.               | <ul style="list-style-type: none"> <li>• EDUCATION: % of school children and youth in IDP settlements accessing quality basic education in an inclusive and protective environment</li> <li>• SHELTER: 1.4M IDPs are provided with timely life-saving and life-sustaining shelter support</li> <li>• CCCM: # of IDP sites with information on availability of services</li> <li>• WASH: 700 K IDPs (including men, women, boys and girls) have improved access to basic WASH services by end of 2021, to prevent public health risks and minimize disease transmission</li> <li>• NUTRITION: Number of pregnant and lactating women and girls (15-49 Years) in IDP settlements receiving preventive services through supplementary nutrition</li> <li>• HEALTH: Number (#) of outpatient consultations per person per year (Target: <math>\geq 1</math> new visit / [targeted] person / year)</li> <li>• HEALTH: Number (#) of functional basic health care facilities per population (Target: 1 unit/10,000 population)</li> <li>• PROTECTION: # of individuals, including at-risk girls, boys, adolescents and persons with disabilities, with access to community-based prevention and response MHPSS, child protection, GBV and mine action services</li> <li>• PROTECTION: # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, child protection, GBV and mine action services</li> <li>• PROTECTION + CCCM: % of IDP settlements that meet safety standards as assessed in safety audits and child led participatory approaches by partners of relevant cluster</li> </ul> |

|        |   |  |
|--------|---|--|
| SO 2.2 | Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, Protection and NFIs integrated services to 1.6 million IDPs including persons with disability by the end of 2021.   | <ul style="list-style-type: none"> <li>• EDUCATION: % of school children and youth in IDP settlements accessing quality basic education in an inclusive and protective environment</li> <li>• SHELTER: 1.4M IDPs are provided with timely life-saving and life-sustaining shelter support</li> <li>• CCCM: # of IDP sites with information on availability of services</li> <li>• WASH: 700 K IDPs (including men, women, boys and girls) have improved access to basic WASH services by end of 2021, to prevent public health risks and minimize disease transmission</li> <li>• NUTRITION: Number of pregnant and lactating women and girls (15-49 Years) in IDP settlements receiving preventive services through supplementary nutrition</li> <li>• HEALTH: Number (#) of outpatient consultations per person per year (Target: <math>\geq 1</math> new visit / [targeted] person / year)</li> <li>• HEALTH: Number (#) of functional basic health care facilities per population (Target: 1 unit/10,000 population)</li> <li>• PROTECTION: # of individuals, including at-risk girls, boys, adolescents and persons with disabilities, with access to community-based prevention and response MHPSS, child protection, GBV and mine action services</li> <li>• PROTECTION: # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, child protection, GBV and mine action services</li> <li>• PROTECTION + CCCM: % of IDP settlements that meet safety standards as assessed in safety audits and child led participatory approaches by partners of relevant cluster</li> </ul> |
| SO 2.3 | Protect livelihoods and related food sources for 900,000 farmers, agro-pastoralists, pastoralists and 37,000 rural IDPs across Somalia through emergency agriculture, livestock and other livelihood support in line with their livelihoods and seasonality | <ul style="list-style-type: none"> <li>• FOOD SECURITY: % of acute food insecure people in IPC phases 3 and 4 by population group (rural, urban and IDPs compared to baseline)</li> </ul>  |

### Strategic Objective 3

#### Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, accountability to affected populations and monitoring of the protection environment

| SPECIFIC OBJECTIVE  | INDICATOR   |
|---|---|
| SO 3.1 Promote collective action on the centrality of protection by ensuring complaint and feedback mechanisms, protection mainstreaming procedures, PSEA and child safeguarding focal points are in place across the humanitarian response in 2021.                                    | <ul style="list-style-type: none"> <li>• ALL CLUSTERS: # of people reached reporting humanitarian assistance was delivered in a safe, accessible, accountable and participatory manner (as measured by the protection mainstreaming index)</li> <li>• ALL CLUSTERS: % of projects that completed a protection risk analysis at the onset of the project cycle</li> <li>• ALL CLUSTERS: # of individuals reporting they have access to complaint and feedback mechanisms</li> <li>• ALL CLUSTERS: Percentage of cluster partners that have at least one trained PSEA and child safeguarding focal point</li> </ul> |
| SO 3.2 Increase the number of individuals reached with humanitarian assistance, including persons with disabilities, that have participated in the planning, implementation and/or monitoring and evaluation of the response from 37 per cent (2019) to 45 per cent by the end of 2021. | <ul style="list-style-type: none"> <li>• ALL CLUSTERS: # of individuals reporting they have participated in planning, implementation and/or monitoring and evaluation of the response, against the total # of people reached</li> </ul>   |



Part 3:

# Cluster/Sector Objectives and Response



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## Operational partners and number of projects

| SECTOR/MULTI-SECTOR                   | FINANCIAL REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | NUMBER OF PROJECTS | PEOPLE IN NEED | PEOPLE TARGETED |
|---------------------------------------|-------------------------------|----------------------|--------------------|----------------|-----------------|
| Camp Coordination and Camp Management | \$30.9M                       | 30                   | 30                 | 2.3M           | 1.8M            |
| Education                             | \$44.6M                       | 27                   | 27                 | 1.4M           | 0.4M            |
| Enabling Programmes                   | \$24.5M                       | 6                    | 6                  | 5.9M           | 4M              |
| Food Security                         | \$396.6M                      | 80                   | 80                 | 3.5M           | 3.2M            |
| Health                                | \$91.7M                       | 45                   | 45                 | 3.9M           | 2.8M            |
| Logistics                             | \$31.4M                       | 1                    | 2                  | 5.9M           | 4M              |
| Nutrition                             | \$157.4M                      | 90                   | 55                 | 2.3M           | 1.4M            |
| Protection                            | \$106.6M                      | 74                   | 88                 | 3.2M           | 2M              |
| Refugee Response                      | \$54.3M                       | 1                    | 1                  | 46k            | 46k             |
| Shelter                               | \$58M                         | 22                   | 22                 | 3.2M           | 2.5M            |
| Water, Sanitation and Hygiene         | \$96.3M                       | 70                   | 70                 | 4.6M           | 2.5M            |

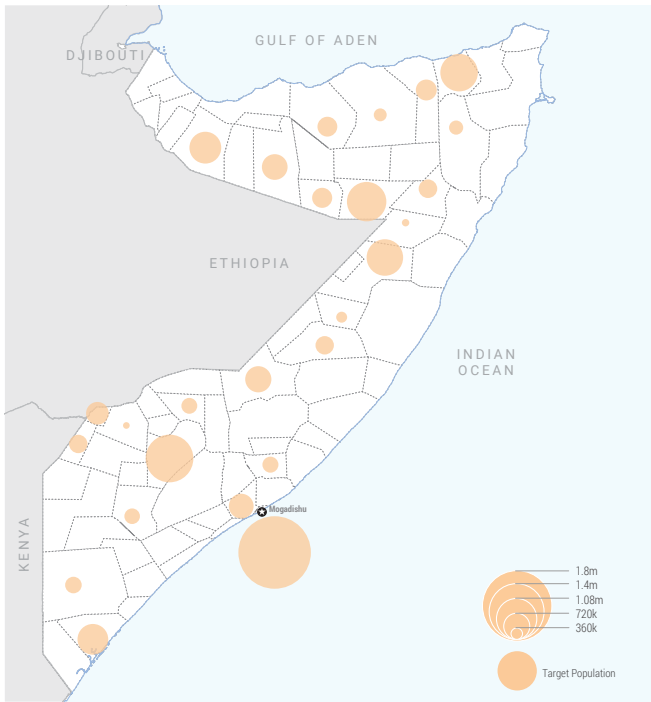
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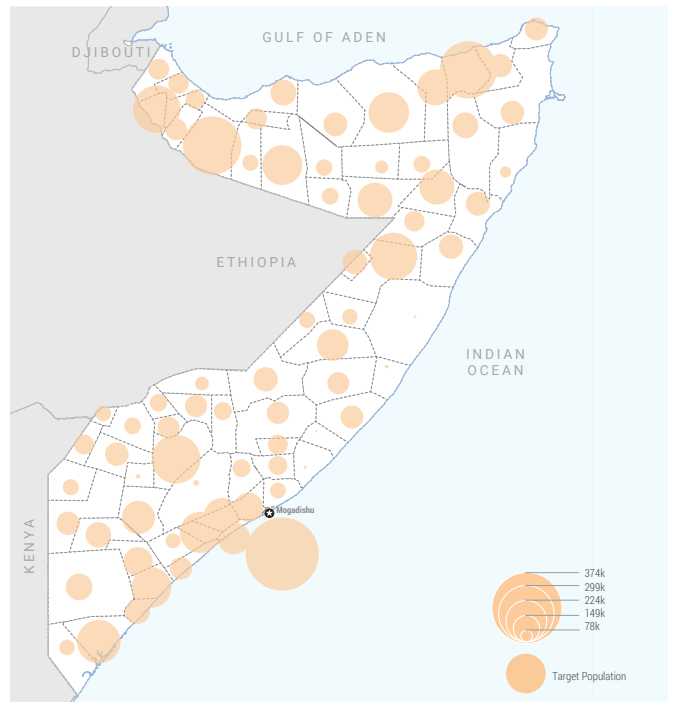
### 3.1 Camp Coordination and Camp Management

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>2.3M</b>    | <b>1.8M</b>     | <b>\$30.9M</b>      |



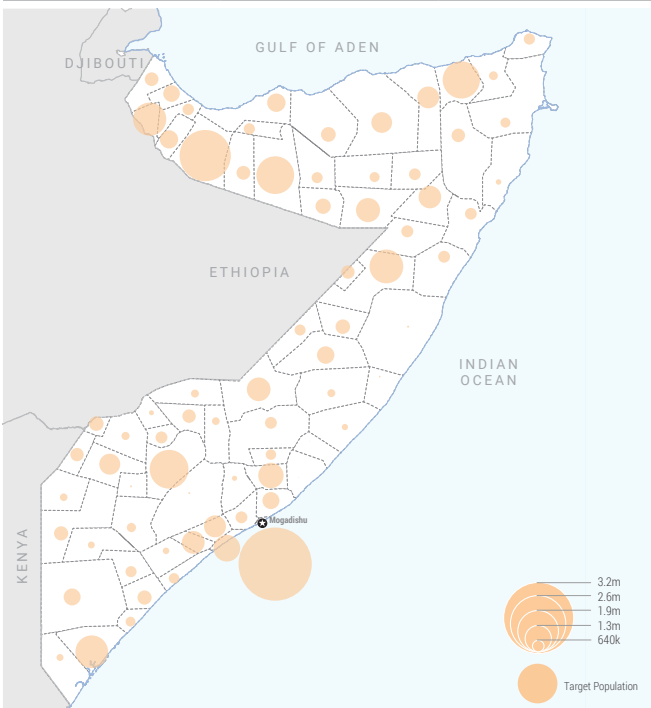
### 3.2 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>1.4M</b>    | <b>375K</b>     | <b>\$44.6M</b>      |



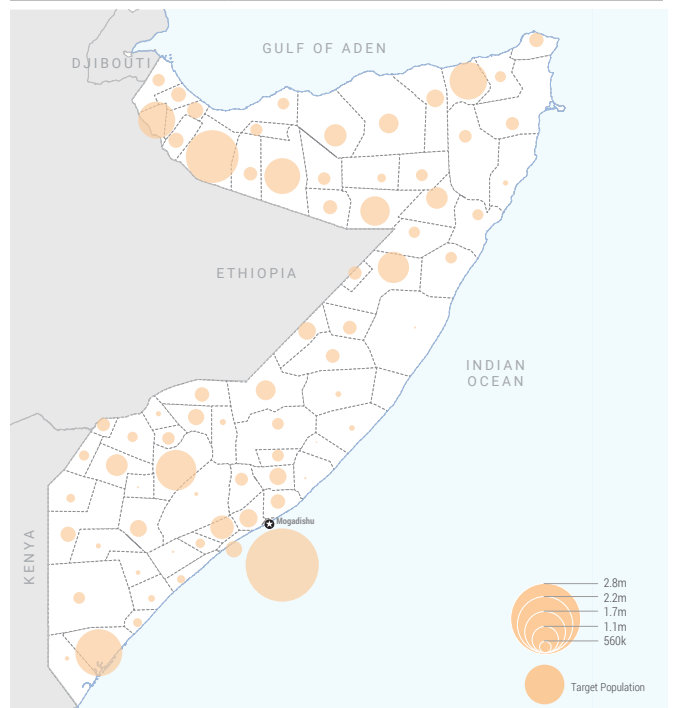
### 3.3 Food Security

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.5M</b>    | <b>3.2M</b>     | <b>\$397M</b>       |



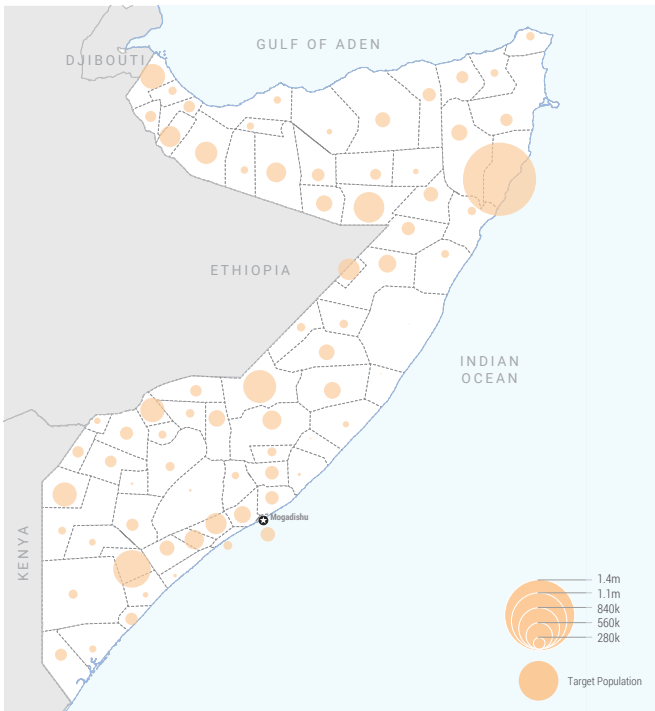
### 3.4 Health

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.9M</b>    | <b>2.8M</b>     | <b>\$91.7M</b>      |



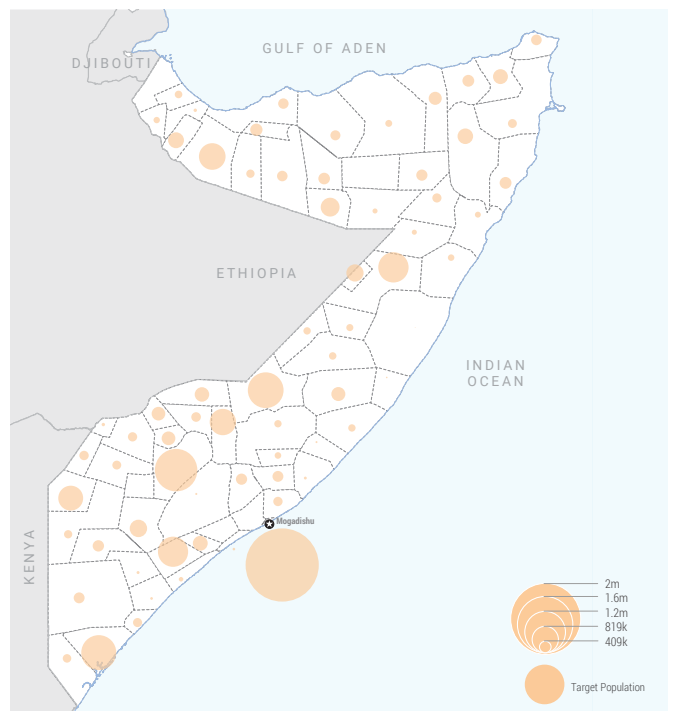
### 3.5 Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>2.3M</b>    | <b>1.4M</b>     | <b>\$157.4M</b>     |



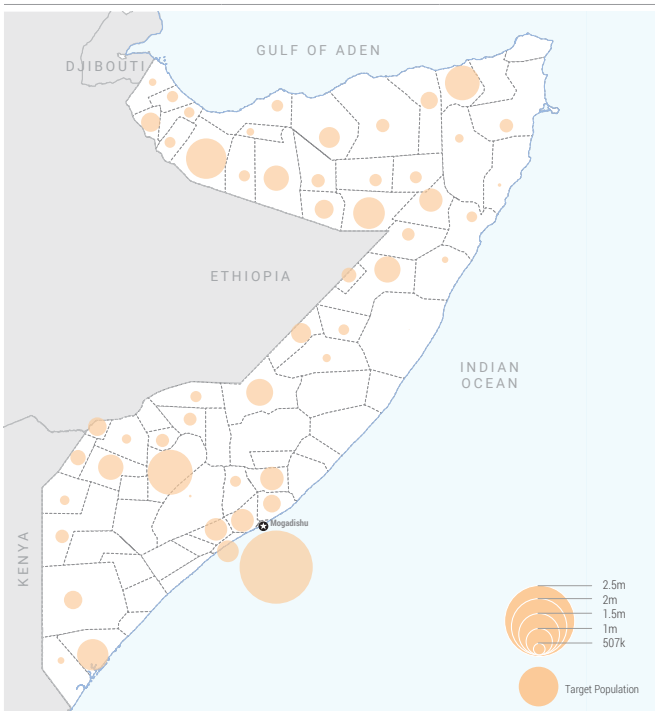
### 3.6 Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.2M</b>    | <b>2M</b>       | <b>\$107M</b>       |



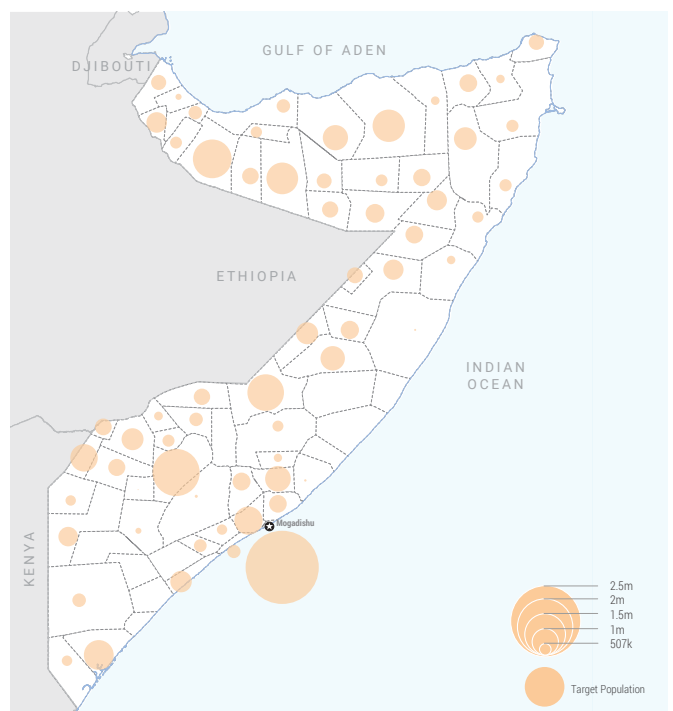
### 3.7 Shelter

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.1M</b>    | <b>2.5M</b>     | <b>\$58M</b>        |



### 3.8 Water, Sanitation and Hygiene

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>4.6M</b>    | <b>2.5M</b>     | <b>\$96.3M</b>      |





# 3.1

## Camp Coordination and Camp Management

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 2.3M           | 1.8M            | \$30.9M      | 29       | 30       |

### Overview

Displacement trends in Somalia continue to rise due to prolonged insecurity and increasingly frequent climate shocks. As a result, there are 2.6 million IDPs in Somalia, a large percentage of whom reside in IDP sites. IDP sites in Somalia are characterized by their unplanned nature with settlements frequently located on private land in flood prone areas. They are largely overcrowded, leading to poor living conditions. The inability of IDP communities to access land tenure security creates a burden on IDP populations, in addition to humanitarian service providers who provide infrastructure support in sites where eviction risks exist. Furthermore, vulnerable communities residing in IDP sites such as women and girls, persons with disabilities and minority groups, face substantial barriers to accessing humanitarian support, including socio-cultural gender inequalities and abuse, which ultimately leaves these groups in more perilous and uncertain circumstances.

### Targets and Response priorities

In 2021, the CCCM Cluster will look to expand partner coverage targeting districts that are experiencing a proliferation of IDP sites and consequential growing humanitarian needs. The cluster intends to target 1,841,083 IDPs living in IDP sites or camp-like settings in Somalia. Moreover, the cluster intends to continue prioritizing 23 districts with CCCM operations, while entering an additional three districts – Laas Caanood, Jowhar and Afmadow – with CCCM operations with the objective of providing support to 37,210 IDP households and 33,489 persons with disabilities. The three targeted

districts for 2021 have seen a 330 per cent increase in the IDP population over the course of the year, requiring urgent CCCM interventions (compared to the Detailed Site Assessments in 2019 and 2020). CCCM partners will administer CCCM operations in close collaboration with local authorities and cross-cutting sectors, ensuring that service gaps/needs, and site-level data is gender responsive and circulated effectively to relevant stakeholders. For the coming year, partners will prioritize assistance to IDP settlements that are overcrowded and sites that face persistent flooding threats. Moreover, cluster partners will work closely with Housing, Land and Property (HLP), Protection and Shelter partners to identify best practices for mitigating forced evictions in Somalia IDP sites. Linkages with durable solutions actors will be established on concepts such as relocation, with CCCM partners providing valuable site priority data to durable solutions stakeholders. When possible, the CCCM Cluster will provide technical assistance in formulating relocation guidance and coordination of relocation schemes in tandem with local authorities and durable solutions actors.

### Response strategy and modalities

The CCCM Cluster plans to continue providing support to populations living in camp-like settings through a diverse response structure that focuses on creating an area-based approach for CCCM. Such an approach is predicated on close interaction with cross-cutting sectors, with the aim of generating a humanitarian response in IDP sites with CCCM activities anchoring the overall intervention, providing service gap and

monitoring analysis and receiving support from local authorities.

Sector interventions will include ensuring that beneficiaries have equitable access to humanitarian services, generating inclusive community governance structures that include meaningful involvement of persons with disabilities, elderly persons, women and girls, and individuals of minority ethnic backgrounds, and maintaining accessible two-way communication for all IDP site residents. Furthermore, CCCM partners will continue to scale up site improvement activities that are geared towards improving the dignity and wellbeing of all populations living in IDP sites. Site decongestion activities will feature a new activity aimed at reconfiguring overcrowded IDP sites, allowing for enhanced spacing between shelters and greater access to communal infrastructure for persons with disabilities. Safety audit activities will remain a cornerstone to the CCCM response, generating action plans that allow for CCCM, WASH and shelter partners to strengthen site-level infrastructure that promotes safer access for women and girls. Cash-based interventions such as incentivized site improvement activities will continue to occur with partners, with such activities increasing the purchasing power of vulnerable IDP communities.

The CCCM Cluster will prioritize localization efforts in 2021 with an emphasis on building the capacity of national actors, including women-led organizations (when available), in camp management activities in addition to supporting local authorities in efforts to mitigate eviction threats and establish durable solutions for IDPs. The cluster will make an active effort to identify national NGOs (with male and female staff) that have expertise in working in camp-like settings, and that maintain a humanitarian organization profile suitable for implementing CCCM interventions with the intentions of integrating such actors into the CCCM Cluster. Multi-stakeholder trainings for national actors on thematic CCCM topics such as camp management principles, humanitarian coordination and site improvement work will be organized in districts where such activities can enrich the overall humanitarian response.

CCCM will continue to work closely with child protection, GBV and protection actors in establishing site and

district-level referral pathways that are accessible to the communities they serve. Additionally, the cluster will continue to evolve its sector-wide CFM with the intention of promoting enhanced community participation in the design and execution of this system, with data to be disaggregated by sex, age and disability. Partners will continue to scale up community consultations with an emphasis on ensuring that systems are fully accessible by persons with disabilities and minority group members of different sex and ages at the site-level. Furthermore, the CCCM Cluster will work closely with all cluster leads to ensure that feedback information that is captured through this mechanism is acted upon in a timely way, and that frequent trend analysis of community complaints is factored into cluster fundraising and targeting. The CCCM CFM will resume efforts of feeding data directly into the AAP common feedback system, with CCCM serving as a complaints data conduit for IDP sites in Somalia.

### **Cost of Response**

The cluster will require \$31 million for the 2021 CCCM response, with the intention of administering CCCM initiatives targeting a total of 1.8 million IDPs. The main cost driver for this response will be site improvement activities, which require the procurement of tool kits and heavy equipment in addition to the use of cash-for-work which is provided to the Site Management Committee. Furthermore, CCCM programmatic expenses include venue hire and training costs for capacity-building events, safety audit workshops and trainings with local authorities. On average, CCCM interventions in Somalia for 2021 will have a cost per beneficiary of \$17.

### **Monitoring**

Monitoring site-level gaps, needs and achievements will be administered using a myriad of activities and assessments within the CCCM cluster. The Detailed Site Assessment is an annual assessment that surveys IDP sites in Somalia obtaining key sector indicator data which can be analysed against the assessment's past rounds. The CCCM Cluster continually keeps this questionnaire updated, receiving inputs from cluster leads and including key questions concerning recent trends such as COVID-19. CCCM partners are engaged in site verification exercises in districts with a large number

of IDP sites with the intention of providing an updated list of operational IDP settlements and their respective population demographics. This CCCM tool has been augmented in 2020 to include data related to measured site density, eviction risk information and disability demographic figures inclusive of the Washington Group

Short Set of Questions. Lastly, the CCCM Cluster will remain available to facilitate assessments and studies in IDP sites to provide a more in-depth analysis for certain topics, such as COVID-19 awareness and disability inclusion.

**Objectives, Indicators and Targets**

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE      | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH  | INDICATOR  | IN NEED | TARGETED     |
|---------------------|-------------------------|--|---|--|---------|--------------|
| <b>S0:2, S0:3</b>   | SP2:2<br>SP3,<br>SP3:2  | Strengthen safe access to multi sectoral services at site level through improved site management and coordination          | Establish roving site management teams (M/F) to ensure coordination with community governance structures  | # of sites with established CCCM mechanisms  | 2.4K    | 1.6K (sites) |
|                     |                         |  | Carry out service monitoring activities aimed at highlighting service gaps at the site level and ensuring that minimum standards are being adhered to   |  |         |              |
| <b>S0:2, S0:3</b>   | SP2:2                   | Improve living conditions of displaced people through site development, care and maintenance, and decongestion initiatives | Conduct site verifications on bi-annual basis, and Detailed Site Assessment annually"   | # of people (M/F/D) benefiting from site improvement projects                          | 2.3M    | 1.8M         |
|                     |                         |  | Support community-led site maintenance activities to ensure upkeep of sites (cash for work, site maintenance committees, distribution of tools)   |  |         |              |
| <b>S0:2, S0:3</b>   | SP2:2<br>SP3:1<br>SP3:2 | Strengthen community self-management and access to information for displaced populations                                   | Administer joint stakeholder site decongestion activities allowing for short-term improvements in settlement standards, minimizing protection threats and ameliorating COVID-19 transmission" | # of sites with information on availability of services and functioning CMC structures | 2.4K    | 1.6K         |
|                     |                         |  | Establish and maintain inter-sector CFMs at the IDP site-level.   |  |         |              |
|                     |                         |  | Identify and support governance structures, encouraging participation of all different segments of the displaced population and, as relevant, from the host communities"                      |  |         |              |



## 3.2 Education



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 1.4M           | 375K            | \$45M        | 27       | 27       |

### Overview

Approximately 1.1 million children were out of school from March to August 2020 as a result of COVID-19 preventive measures enforced by the Federal Government of Somalia<sup>42</sup>. School closures – even when temporary – carry high social and economic costs. The impacts have been particularly devastating for under-privileged boys and girls and their families. Children from impoverished families have no other opportunities beyond education. The repercussion of school closures means that they might not have access to regular school feeding, potable water and their households may face even more significant economic challenges to procure food and life-saving services for them. A Save the Children assessment revealed that parents lacked the educational skills to support their children's home-based learning and had no access to educational learning materials. Overall, the assessment found that a home was an ineffective place for learning.

There are about 4.9 million school-age children in Somalia, of whom more than 3 million are out of school<sup>43</sup>. Despite the political progress and ongoing efforts to strengthen Government institutions, the Ministry of Education continues to lack the capacity and adequate resources to deliver basic and quality education services for IDP children living on the cusp of ongoing conflict and marginalized groups living under the most challenging circumstances. This results in 1.4 million crisis-affected children, 705,615 of whom are girls, urgently needing education assistance in 2021

### Targets and Response priorities

In 2021, Education Cluster partners will target 374,973 (168,738 girls) crisis-affected school-aged children with education in emergencies assistance.

The response takes a two-pronged approach as outlined below and targets: 1) crisis-affected children enrolled in schools and at high risk of dropping out; and 2) crisis-affected school-aged children who are out of school mainly due to displacement.

Education Cluster partners will target 147,344 displaced and 227,629 non-displaced school-aged children. The response will target the most vulnerable and crisis-affected children across the country, aside for 12 districts where partners have no operational presence (namely Badhaadhe, Ceelbuur, Ceeldheer, Jilib, Jamaame, Saakow, Bu'aale, Adan Yabaal, Sablaale, kunturwaarey, Rabdhure and Xarardheere).

Education partners will provide safe learning spaces that ensure safeguarding of children and promote cognitive and skills development to prepare children to be active and resilient members of their community. Emphasis will be placed on addressing the inequity of access to education services which remains a significant issue, fuelling vulnerability of children and young people, which contributes to social exclusion, social and political risks, and the propensity for negative coping behaviours and exploitation. The most disadvantaged and socially excluded children from urban poor, pastoralist, IDP, returnee and marginalized communities are significantly more distressed than other vulnerable groups.



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"When I grow up, I want to be a doctor or an engineer," said Abdikarim Ahmed Rookley. He likes to learn about health and things related to human life. In school, his favourite subject is science. "It is important to build my mind to attain my future goals," he added. Photo: UNICEF Somalia/2021/Taxta

The Education response is aligned with the Ministry of Education Sector Strategic Plan and is aiming to complement the efforts of the Government to strengthen the capacity of the education system to respond to the impact of crisis.

#### Response strategy and modalities

In 2021, the Somalia Education Cluster targets two strategic approaches including retention of crisis-affected school children and improved, equitable access to education for vulnerable displaced children, children with a disability and destitute children living in host communities.

The response will focus on schools as an entry point for life-saving assistance to vulnerable children, and integrating joint programmes providing food security, WASH, health and protection services at the school level. If the COVID-19 pandemic continues to affect communities in 2021, the cluster and its partners will continue to support the Ministry of Education in its response efforts.

Whenever feasible, the response will also prioritize the most sustainable solutions and engage with development actors to bridge the humanitarian-development divide. This includes activities to strengthen the capacity of partners and Ministry of Education staff in response planning and coordination, and to have a more localized response by increasing the engagement and influence of national partners on the governance of humanitarian coordination and service delivery.

Retention of crisis-affected school children continues to be a priority for the education response in 2021. Vulnerable children enrolled in schools are at continued risk of dropping out due to the impact of emergencies. In particular, families with girls face a higher risk of dropping out of school and being exposed to early marriage and increased risk of GBV.

The cost of school fees is unattainable for vulnerable families as their livelihood opportunities are affected by recurring crises. Hence, to mitigate the economic challenges on impacted livelihoods, the education

response will provide emergency teacher incentives to maintain teachers in schools during these difficult times as well as lowering the cost for education. Additionally, as part of the response plan to retain crisis-affected children in schools, emergency school feeding will continue to support the most affected households, as will the provision of safe drinking water and enhanced hygiene promotion.

The cluster will continue to promote the use of CVA for Education in Emergencies (EIE) to restore and maintain access to safe and quality education, in particular supporting out of school children to quickly enter or return to quality learning opportunities. Given the magnitude of needs in Somalia, these objectives will also help to minimise the impact of crises on the right to education and children's learning. The Education Cluster will engage its partners in a regular market monitoring exercise to ensure the "Minimum standards: learning and teaching materials" that help determine transfer values for cash assistance are up to date.

The education response plan will increase access to education services for all children, including children with disabilities, by establishing or rehabilitating temporary learning spaces. These facilities will include gender-friendly and disaggregated WASH facilities, school furniture, teaching/learning materials and COVID-19 activities outlined in the sector response plan. In addition, teachers will benefit from incentives and educational training on inclusive, protective and socio-emotional learning. Capacity-building initiatives in school management and school safety will also be provided to Community Education Committees.

The response will further prioritize the provision of emergency school feeding programmes, safe water provision and storage, in addition to enhancing hygiene and sanitation promotion. To ensure continuity of learning in the case COVID-19 infections increase and the Government of Somalia decides to close schools in 2021, the cluster and partners will support the Ministry of Education to establish an alternative distance learning platform that children can access to continue their learning.

The Education Cluster response will emphasise the importance of integrating child protection activities in

schools. All projects will incorporate the actions outlined in the Integrated Education – Child Protection Response Framework developed by the Education Cluster and the Child Protection AoR in 2019. The framework will also help ensure schools are safe learning environments, and keep schools protected from attacks as per the Global Coalition to Protect Education from Attacks (GCPEA) guidelines.

### **Cost of Response**

The Education Cluster is urgently requesting \$48.7 million to reach the targeted 374,973 children with Education in Emergencies assistance. Since the Education Cluster has not yet completed its analysis of the project-based costing, the budget is estimated on the expenditure patterns of the cost of child education<sup>44</sup>. This amount is inclusive of education fees, materials and services for a full academic year (\$120 per child). This amount takes into consideration the construction of learning spaces, however the cost for emergency school feeding programmes and water are not included. The cost per child will differ depending on whether the strategic approach one or two is applied. For the first strategic approach of retention of children, limited construction is included as most schools are already operational. In the second strategic approach, the cost per child increases as it includes the construction of education facilities, as well as the provision of emergency school feeding and water. The estimated cost per child for a full academic year will, therefore, be within the range of \$120-150.

### **Monitoring**

The Education Cluster will work with partners to populate and use the 4W matrix to monitor project progress against the planned project activities, and determine the response gaps and needs as well as partners' coverage. Equally, the cluster will conduct child-focused surveys to better understand children's needs and concerns from their perspective..



## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | INDICATOR  | IN NEED | TARGETED |
|---------------------|--------------------|---|--|---------|----------|
| <b>S02, S03</b>     | SP1 SP2            | Ensure emergency and crises-affected children and youth have access to a safe and protective learning environment                         | Number of children and youth (M/F) reached with Education in Emergency assistance  | 1.44M   | 374,973  |
|                     |                    |   | Number of classrooms constructed or rehabilitated with child-friendly and inclusive (incl. children with disabilities) WASH facilities available to emergency-affected school children and youth | N/A     | 4,000    |
|                     |                    |   | Number of learning facilities damaged and/or attacked  | N/A     | <100     |
|                     |                    |   | Number of school children and youth (M/F) reached with protection activities as per the Integrated Education-Child Protection Response Framework   | 1.44M   | 374,973  |
| <b>S02, S03</b>     | SP1 SP2            | Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal wellbeing and social cohesion             | Number of school children and youth (M/F) benefitting from emergency teaching and learning materials   | 1.44M   | 374,973  |
|                     |                    |   | Number of teachers (M/F) supported with emergency incentives   | N/A     | 7,300    |
|                     |                    |   | Number of school children (M/F) with access to safe drinking water and hygiene awareness sessions  | 1.44M   | 374,973  |
|                     |                    |   | Number of school children (M/F) with access to emergency school feeding  | 1.44M   | 374,973  |
|                     |                    |   | Number of school children (M/F) living with disabilities benefitting from inclusive education  | 144,003 | 56,246   |
| <b>S02, S03</b>     | SP1, SP2           | Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system | Number of teachers (M/F) trained in inclusive, protective and socio-emotional teaching and learning and psychosocial support   | N/A     | 7,300    |
|                     |                    |   | Number of Community Education Committee members (M/F) trained in school management, child protection and school safety   | N/A     | 7,500    |
|                     |                    |   | Number of Education Cluster partners and Ministry of Education staff (M/F) trained in emergency preparedness and response planning and coordination  | N/A     | 160      |

## 3.3 Enabling Programmes



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 5.9M           | 4.0M            | \$24.5M      | 6        | 8        |

### Overview

To ensure an efficient coordination system is in place among humanitarian partners, including support to the Federal Government of Somalia and the HCT, OCHA will continue to play a central role in enabling an effective and coherent humanitarian response, including to developing emergencies. Civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy will remain priorities.

Overall, severe access constraints continue to have a direct impact on the ability of the humanitarian community to effectively deliver humanitarian relief to populations in need. Existing constraints including funding, access and security affect delivery of humanitarian assistance to people in need, especially those in hard-to-reach areas or under the control/influence of Al-Shabaab. The myriad challenges associated with delivering humanitarian assistance in Somalia have been exacerbated by the COVID-19 pandemic. Movement restrictions and other Government directives, disruptions to imports and national supply chains, and challenges to access owing to flooding have affected the availability of basic commodities and contributed to increased prices. Insecurity continues to hamper the ability of humanitarian workers to reach persons in need and sustain operations for the delivery of much-needed humanitarian assistance and protection services. In addition, it impedes people's ability to obtain access to basic services and assistance. Outside major urban centres, the accessibility of some districts, in particular

in southern and central regions, remains limited owing in large part to insecurity along main supply routes.

### Targets and Response priorities

In 2021, the Enabling Programme Cluster will target about 4 million people including 2.4 million non-IDPs and 1.6 million people displaced by conflict, insecurity, forced evictions, droughts and floods. Focused on humanitarian life-saving activities, priorities were identified based on the geographical distribution of the population, combined with the severity of needs by population group. Therefore, the areas with the highest concentration of people facing the most severe needs as a result of the Triple Threat of floods, COVID-19 and Desert Locust infestation, coupled with the protracted conflict, will be prioritized.

To reach the most vulnerable people and those with the most severe needs, partners will target the following groups, acknowledging the potential overlap: IDPs and rural/urban host populations/non-displaced, including pastoralists and agro-pastoralists; those with acute needs in life-threatening situations, particularly women, girls and persons with disabilities, who are often exposed to GBV, sexual violence, abduction, abuse and killings; people living in hard-to-reach areas; people whose livelihoods are particularly fragile; people affected by the Triple Threat; and people in conflict-prone areas, whose ability to absorb the impact of such incidents has been undermined by crises.

## Response strategy and modalities

In 2021, strengthening coordination and the capacity of relevant Government counterparts, national and sub-national coordination forums and partners will remain a priority. To contribute to principled and effective humanitarian response in Somalia, OCHA in collaboration with partners, including the Somalia NGO Consortium, will continue to maintain effective humanitarian coordination while reinforcing the collaboration and relationship with the Government of Somalia, enhance advocacy for effective humanitarian financing, and improve safe, timely and unimpeded access to people in need living in hard-to-reach or under-served areas through access and civil-military coordination approaches. OCHA will also ensure that the implementation of the Centrality of Protection Strategy is at the core of humanitarian action. The existing coordination structure at sub-national level will be strengthened to facilitate localized situational analysis, to identify gaps, and to mobilize the response. OCHA will also increase efforts to identify barriers, risks and enablers for persons with disabilities and takes concrete steps to strengthen the inclusion of persons with different types of disability. Additionally, the Somalia Humanitarian Fund (SHF), a multi-donor country-based pooled fund established in 2010, will continue working with humanitarian partners to support the timely allocation and disbursement of donor resources, in order to address the most urgent needs in Somalia and enable timely, coordinated and effective humanitarian action.

Puntland Non-State Actors Association (PUNSAA) will provide a platform for civil society representatives and local non-Governmental organizations (LNGO) to interact with international donors and the Government in an inclusive manner by bringing together a broad cross section of non-state actors that speak with one voice on a given issue. PUNSAA will provide coordination, capacity-building, information sharing and policy advocacy support for humanitarian and development members in the Puntland State of Somalia. PUNSAA will increase participation and dialogue on LNGO issues in key forums and improve communication and coordination between LNGOs and international NGOs. It will promote joint planning and commitment among

all stakeholders towards implementation of durable solutions, paying attention to the AAP strategy and the particular needs of women, the elderly, persons with disabilities, youth and children within the region's and national development plans. PUNSAA will also work with women-led organizations, which form around 35 per cent of its network, and organizations for persons with disabilities to ensure inclusion.

In 2021, FSNAU, which is managed by the Food and Agriculture Organization (FAO), will continue to provide information and analysis on the current and emerging food security and nutrition situation in Somalia in a manner that supports prioritization and targeting of appropriate food security and nutrition response interventions. FSNAU will also provide additional information through its Early Warning Early Action Dashboard in order to support a timely and prioritized response. Staff of relevant Government institutions at Federal and State levels will be trained and supported to participate in seasonal food security and nutrition assessments and analyses. FSNAU will identify food insecure populations by livelihood and by district, pinpoint the specific challenges facing vulnerable groups, including women, in achieving food security, and report on the population's nutritional status to support targeted interventions. FSNAU will also provide food security and nutrition related technical and institutional capacity development support to Somali Government institutions and other key actors.

Somalia Water and Land Information Management (SWALIM), also managed by FAO, will improve flood and drought risk management in Somalia through the use of Interactive Digital Climate Information Services by Vulnerable Communities. SWALIM will scale up the use of modernized early warning systems and climate information to save lives and enhance livelihoods in vulnerable communities through the expansion of hydro-meteorological monitoring network that will generate data, which will be used in the production of early warning information for early action. To sustain this, FAO will work closely with the Multi-Hazard Early Warning Center within the Ministry of Humanitarian Affairs and Disaster Management for institutional and local use of Early Warning Systems and Climate



Information in preparedness for response to climate-related disasters.

Radio Ergo will provide critical information through daily radio broadcasts on lifesaving and life-enhancing issues to communities, including the vulnerable groups across Somalia. This will enable them to make better informed decisions and amplify the voices of local communities, including the most marginalized and excluded, through a trusted feedback platform which allows communities to participate in humanitarian planning and response. Radio Ergo will provide relevant humanitarian and public interest information for listeners (men, women, boys and girls) in rural as well as urban areas, and facilitate a participatory communication cycle between the listeners, humanitarian community and local/national Government authorities. Radio Ergo programming will cover themes including health, education, protection, agriculture and livestock, gender, youth and employment, environmental protection, culture and governance and it will work with NGOs, agencies and other partners on the development of effective messaging and programming content.

The International NGO Safety Organization (INSO) Somalia will contribute to a safe and secure operating environment by ensuring that that national and international NGOs operating in Somalia are receiving relevant and efficient security support through information and training. INSO provides a number of services to inform on and analyse the changing context and related threats through a range of reports (including flash reports, weekly incident list, biweeklies, quarterlies, advisories, special reports and area briefs). Also through the Hostile Environment Individual Safety Training (HEIST), INSO provides aid workers to be deployed in Somalia with the tools to deal with specific situations that they may encounter in the field.

The DTM managed by IOM will inform humanitarian planning and response for persons affected by displacement in Somalia through baseline assessments and population-based surveys. Under the coordination of the IMAWG and in collaboration with all clusters, DTM will provide reliable and up-to-date information on the number of displaced populations, their location, profile, displacement trends, reasons for displacement and

needs disaggregated by age and sex to better assist and inform the Government and humanitarian response. In particular, DTM's data will feed into the 2021 roadmap of the IDP Working Group in order to provide regular updates on the IDP stocks across Somalia.

### **Cost of Response**

The total financial requirement for the cluster is \$24.5 million, which represent a decrease of \$6.5 million compared to 2020. The decrease is linked to a reduction in the number of Enabling Programme Cluster partners in 2021 following the re-activation of the Logistics Cluster by the Emergency Relief Coordinators in April 2020. The unit cost varies significantly across the Enabling Programme Cluster as it includes a variety of project types. A Review Committee was organized and met to vet all projects, based on a scorecard developed by OCHA, including general vetting criteria and guidance.

### **Monitoring**

Partners will report on the progress of their interventions, using as a reference the Enabling Programmes monitoring framework, including indicators for each of the three cluster objectives that are linked to the strategic and specific objectives of the 2021 HRP.

## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | ENABLING PROGRAMME CLUSTER SPECIFIC OBJECTIVES  | INDICATOR   | IN NEED | TARGETED |
|---------------------|--------------------|---|---|---------|----------|
| S01                 | SP1, SP2, SP3, SP4 | Ensure effective, principled and well-coordinated humanitarian aid to ensure equal access for women, girls, boys and men  | # of inter-cluster meetings held in 2021<br># of HCT meetings held in 2021  |         |          |
| S02                 | SP1, SP2, SP3      | Provide timely and relevant information to the population and humanitarian partners, to ensure a common understanding of humanitarian needs and to enable more informed decision making | # of dashboards produced in 2021<br># of snapshots produced in 2021   | 5.9M    | 4.0 M    |
| S03                 | SP1, SP2, SP3      | Enhance safety and security of humanitarian personnel and assets, to enable operations and ensure continuity of humanitarian programme delivery   | % of areas of operation reached with safe access<br># of incident reports, regular reports, and advisories produced |         |          |

### SOMALIA

Photo: UNSOM SOMALIA



## 3.4 Food Security



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 3.5M           | 3.2M            | \$397M       | 80       | 80       |

### Overview

Results from the 2020 post-Gu assessment conducted by FSNAU and FEWS NET indicated 2.1 million people would face Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of food insecurity between September and December 2020. However, this does not take into account the full impact of below-average rainfall in most parts of Somalia during the 2020 Deyr season and the influence of a La Niña<sup>45</sup> potentially leading to drought conditions in the first half of 2021. Currently, high levels of sustained humanitarian assistance and Government support have played a critical role in preventing worse acute food insecurity outcomes in Somalia<sup>46</sup>. However, the humanitarian situation is expected to deteriorate further in 2021, including due to the persistent threat of Desert Locusts on crops and pasture and the continued socioeconomic impact of COVID-19. If the below-average Deyr rainfall is followed by a below average or delayed 2021 Gu (April–June) season, past trends show that rapid and large-scale deterioration in acute food insecurity can occur (e.g. 2010/2011 and 2016/2017), particularly in rural areas.

### Targets and Response priorities

For 2021 HRP planning, the Food Security Cluster is prioritizing lifesaving and life-sustaining assistance based on 3.5 million people in need, in anticipation of deteriorating humanitarian conditions. This is considered a ‘worst-case scenario’ and will be reviewed mid-year. The 3.5 million figure is comparable with 2019 and lower than 2020 (by 25 per cent). The Food Security Cluster objectives focus on: 1) increasing immediate access to

food; and 2) protecting and restoring livelihoods-related food and income sources. Target population groups and key priority activities are summarized below.

**Objective 1:** To improve immediate access to food. Priority activities include both a) unconditional transfers (e.g. cash/food assistance); and b) conditional transfers (e.g. cash/food-for-work) that will meet the immediate food needs of affected populations while supporting the restoration of community productive assets. Activities include rehabilitation and establishment of community infrastructure such as water catchments, feeder roads and canals; skills training to increase household income; and soil and water conservation efforts such as soil bunds that aim at pasture regeneration and rangeland rehabilitation. Approximately 3.1 million people projected to be facing severe levels of food insecurity (IPC Phases 3 and worse) will be supported under this objective.

**Objective 2:** To protect and restore livelihoods related to food and income sources. Priority activities include provision of the following inputs, services and related trainings: (i) seasonally appropriate agricultural inputs (e.g. quality seed, farm tools, training, land preparation and irrigation support); (ii) emergency livestock assistance (e.g. supportive treatment, vaccination, feed and fodder production); (iii) coastal livelihood assistance (e.g. basic fishing gear and related equipment); (iv) livelihood diversification (e.g. backyard poultry and kitchen gardens); and (v) prevention and response to food chain threats (e.g. fall armyworm, Desert Locust and transboundary animal disease). The cumulative target



is 900,000 acutely food insecure people, including rural IDPs (IPC Phases 3 and worse).

### Response strategy and modalities

Food Security Cluster partners will employ diverse response options such as in-kind assistance, cash-based transfers and provision of basic services related to the livelihoods of the affected people, depending on severity and cause of acute food insecurity in a given area. The Food Security Cluster will continue to advocate with partners to provide assistance in hard-to-reach areas working in close coordination with the Access Working Group. The seasonal food security assessment, localized market assessment and monitoring inform the appropriate choice of modalities. The cluster advised partners to use the Cash Working Group's recommended transfer value<sup>47</sup>. Overall, cash-based transfers continue to be the preferred modality of response for food assistance and livelihoods support due to its contribution to enhance local production, stimulate local markets and promote people-centric approaches.

The Food Security Cluster will adopt the following key strategies to achieve its objectives:

- Prioritize areas of severe acute food insecurity based on seasonal food and nutrition security assessment outcomes.
- Regularly adapt the type and scale of response based on the severity of food insecurity, seasonality, livelihoods and gender analysis. When doing so, particular attention needs to be paid to households with at-risk members like persons with disability or older persons through interventions which are safe, appropriate and accessible, and minimize risk. In addition, pre-existing gender inequalities render women more vulnerable than men to the fatal impact of crop failures, and as such need to be taken into account.
- Strengthen partners' ability to target people most in need, including socially marginalized groups, and their accountability to affected populations. The cluster is working with partners to strengthen inclusion, including through the use of community-based

targeting approaches, to ensure targeting is inclusive of marginalized groups. In addition, the cluster is piloting an initiative whereby nominated representatives of minority groups participate at Food Security Cluster regional meetings. Linkages have been made with organizations representing persons living with disabilities to inform the process of disability inclusion. Given that persons with disabilities can face risks related to nutrition, the Food Security Cluster will work towards ensuring all activities are inclusive and accessible.

- Promote the common use of tools that facilitate beneficiary information management and coordination of assistance to those most in need (e.g. SCOPE platform and mobile money transfer).
- Scale up assistance in hard-to-reach areas through strengthened engagement with local authorities and NGOs.
- Ensure market analysis, harmonized transfer values and local coordination guide partners' cash and market-based responses.
- Jointly analyse, plan and integrate food security responses with Nutrition, WASH and Health Clusters, especially in areas with sustained high levels of acute food insecurity and malnutrition.
- Strengthen partnership between UN and NGO resilience consortia to increase outreach and prevent vulnerable households from sliding to the worst phases of food insecurity.

### Cost of Response

The Food Security Cluster continues to use a project-based costing model. The Cluster Review Committee vetted all projects included in the HRP against various criteria, including appropriateness, feasibility and alignment with cluster objectives, as well as realistic costing. Whenever applicable, partners use the Cash Working Group-recommended transfer values.

## Monitoring

The 2020/21 post-Deyr and the 2021 post-Gu integrated food security and nutrition assessments will be the basis on which any changes are made. The FSNAU will also conduct a Jilaal impact food security assessment in March 2021, the results of which will help track changes in the overall food security situation across Somalia. Various other technical reports (e.g. quarterly

brief, and market and climate updates) released by the FSNAU, or jointly with FEWS NET, will provide valuable input in monitoring progress, risks and assumptions. The FSNAU Early Warning - Early Action Dashboard will also provide real time tracking of changes in humanitarian conditions. Information and analyses from all of the above sources will assist the Food Security Cluster to update and refine the implementation of food security-related interventions in the 2021 HRP.

## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH   | INDICATOR  | IN NEED     | TARGETED    |
|---------------------|--------------------|--|--|--|-------------|-------------|
| <b>S01</b>          | SP4                | To improve immediate access to food through both conditional and unconditional transfers | Unconditional transfers (e.g. cash/food assistance), and<br>Conditional transfers (e.g. cash/food-for-work) will meet the immediate food needs of affected populations while supporting the restoration of community productive assets   | Reduce the percentage of people in severe acute food insecurity phases (crisis and worse) by 15% (from 3.5 million to 3 million) | 3.5 million | 3.1 million |
| <b>S02</b>          | SP3                | To protect and restore livelihoods related to food and income sources                    | i. Seasonally appropriate agricultural inputs (e.g. quality seed, farm tools, training, land preparation and irrigation support);<br>ii. emergency livestock assistance (e.g. supportive treatment, vaccination, feed and fodder production);<br>iii. coastal livelihood assistance (e.g. basic fishing gear and related equipment);<br>iv. livelihood diversification (e.g. backyard poultry and kitchen gardens); and<br>v. prevention and response to food chain threats (e.g. fall armyworm, Desert Locust and transboundary animal disease) | Reduce the percentage of people in severe acute food insecurity phases (crisis and worse) by 15% (from 3.5 million to 3 million) | 3.5 million | 900,000     |

# 3.5 Health



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 3.9M           | 2.8M            | \$91.7M      | 45       | 45       |

## Overview

Over 3.9 million people in Somalia need urgent action to maintain their right to health and wellbeing, and to assure their equitable and dignified access to healthcare. The health sector is overburdened, remaining fragmented, under-resourced and ill-equipped to provide life-saving and preventive services. The COVID-19 pandemic places the population at increased risk and stresses the capacity of the healthcare system. Displaced and marginalized groups inequitably face barriers to healthcare and higher exposure to disease. Barriers to accessing healthcare must be addressed, along with reducing factors that increase risks of poor health and disease, including COVID-19, for persons living with disabilities. Measures to combat water-borne and communicable diseases, including immunization, are lacking in many areas. Mental health issues further impact population wellbeing, without services to avert long-term harm. Longer-term wellbeing and productivity are threatened by malnutrition, traumatic injury and non-communicable illness. Survivors of GBV, facing stigmatization and difficulties accessing safe and appropriate services, are now at even greater risk with COVID-19.

The Health Cluster aims to reduce of excess morbidity and mortality due to disease outbreak through integrated health protection action tied to the COVID-19 response. Partners will contribute to improvement in physical and mental wellbeing of the affected population, including persons with disabilities and survivors of GBV/intimate partner violence, through patient-centred, targeted and protective services. Services provided by

partners will improve equitable access to quality emergency and essential life-saving health services for the crisis-affected population.

## Targets and Response priorities

Health Cluster partners seek to provide 2.8 million people with life-saving services and health protective action, reaching those most at risk due to poor physical health and mental wellbeing as well as limited access to healthcare services. The displaced population, especially due to conflict, violence and natural disasters, is especially vulnerable to discrimination, neglect, illness and injury. Without intervention, many face an increased risk of long-term morbidity or even death. Women and children are particularly at risk, especially during pregnancy and childbirth (target 169,000 women). In addition, specialized maternal, new-born and child services can prove crucial when a child is very young (target 400,000).

Partners will prioritize provision of emergency and essential services to 2.8 million people who are facing significant barriers to quality health services, including 1.3 million IDPs and 1.5 million non-displaced people. Areas with significant gaps in access to healthcare also face poor physical and mental wellbeing as measured by household responses<sup>48</sup>. These surveys highlight the significant burden of mental health issues among the affected population.

Life-saving and preventive interventions target intersecting vulnerabilities: displacement and marginalization resulting in barriers to services; malnutrition and



concomitant illnesses; those with insufficient access to water leading to diarrheal disease; and gaps in immunization, exposing the population to outbreaks. Survivors of GBV need both clinical care and psychosocial support. Violence and traumatic injury claim many lives and can result in permanent disabilities if not addressed. Persons with disabilities, including physical and psychosocial disabilities (target 300,000), face social isolation and lack of access to services, and may have specific healthcare needs; dignified access to essential services is essential, including rehabilitative care. MHPSS will be integrated into essential and outreach services to meet the needs of people under stress due to displacement, conflict and from the unprecedented effects of COVID-19.

### **Response strategy and modalities**

Health Cluster partners are committed to providing equitable access to emergency and essential healthcare services. Community engagement is key to reaching at-risk and marginalized groups in order to improve health utilization rates and disease prevention actions; especially now with COVID-19. Localization is prioritized, with operational planning among partners at the State and regional levels. Organizations directly provide health services in conjunction with local health authorities, filling gaps in human resources, supplies and equipment. The cluster continues to work closely with health authorities at the Federal and State level to ensure humanitarian action aligns with local priorities and sector development strategies (e.g. National Health Strategy). Projects integrate activities that build longer-term resilience along with scaled-up capacities. The COVID-19 response follows national priorities, based on strategic pillars led by UN agencies and the Federal Ministry of Health.

Actions to provide patient safety, confidentiality and patient-feedback mechanisms by partners, especially with marginalized and vulnerable populations, is emphasized to identify and break-down barriers to health services. Measures to provide private and separate exam rooms for women and men and building access for persons with disabilities are achievable with resources. Integrated health and nutrition services continue as a preferred modality to ease the burden

of utilizing services on families. The cluster seeks to greatly expand availability of culturally appropriate, community-based, inclusive psychosocial support, linked to mental health services by trained staff and referral, especially for IDP communities.

Increasing service availability, provided in a safe and patient-rights centred environment, is a significant component of the response, matched by quality improvements with up-to-date medical knowledge and skills. An essential package of services is augmented by targeted specialized services such as: reproductive health services, adolescent care, and clinical and psychosocial services for GBV survivors. Mobile services enable health providers to serve marginalized, nomadic and hard-to-reach communities. Measures to identify and address barriers and risks for persons with disabilities is a priority to ensure equal access. Acute services for trauma and emergency care will address gaps in referral pathways to life-saving and rehabilitative care, and provide mass casualty management.

Strengthening public health reach to prevent and mitigate disease outbreaks is a cornerstone of addressing the wellbeing of the affected population. Efforts centre on improved detection, rapid response and case management. Marginalized populations are prioritized for risk awareness and vaccination, covering measles, polio and cholera when appropriate. Partners will increase activities that improve infection control and waste management in health facilities. In response to COVID-19, specific actions are being taken to protect healthcare workers by providing stress and coping resources, and timely logistics to maintain sufficient levels of personal protective equipment (PPE).

### **Cost of Response**

The overall health humanitarian response cost in 2021 is estimated at \$91.7 million. Costs are driven by the difficult operating environment; logistical barriers and insecurity impede the delivery and maintenance of medical equipment, supplies and medications, many of which require specific handling and environmental conditions. Insecurity combined with an overall shortage of qualified medical providers increases recruitment and reten-

tion costs. In many areas, the most feasible modality is mobile services, significantly increasing operating costs due to the requirement for vehicles and fuel. The Health Cluster continues to push for a better quality and more comprehensive health service package, with combined services easing access and increasing patient safety. COVID-19 demands better infection control and waste management. The cost supports a multi-layer response: community engagement, early-warning, health security measures, clinical care and specialized services; integrating MHPSS, GBV services and physical rehabilitation. Vetting of projects considered the appropriateness and completeness of projects' package of services to meet needs against an average cost per direct beneficiary, as well as how the partner addressed gender and disability inclusion, and protection issues.

**Monitoring**

The cluster will collect information through established health information systems, a cluster-specific online system, partner engagement and surveys, and the newly established 'HeRAMS' that monitors healthcare facility functioning. For COVID-19, the cluster works with the pillar leads on situation and response monitoring. Partners are requested to disaggregate reporting by age, sex, disability and IDP/host community as possible. The cluster will work with partners to increase population feedback mechanisms on the services provided.

**Objectives, Indicators and Targets**

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH  | INDICATOR  | IN NEED | TARGETED |
|---------------------|--------------------|---|---|--|---------|----------|
| S01                 | SP2                | Reduce of excess morbidity and mortality due disease outbreak driven by climate shocks and conflict among 2.8 million IDPs and non-displaced. | <ol style="list-style-type: none"> <li>Support to early detection, investigation and response to disease (e.g. outbreak) through Rapid response teams, HCW training, monitoring (EWAR) and supplies.</li> <li>Targeted [supplemental] vaccination campaigns.</li> <li>Health awareness, social mobilization, education and advocacy activities in disease control, health and nutrition</li> <li>HCW Training: trauma, MCM, case management, IMS</li> <li>Infection Prevention and Control (IPC)                             <ul style="list-style-type: none"> <li>Provider and patient safety (e.g. PPE, triage, handwashing)</li> <li>Environmental health</li> </ul> </li> <li>Health Protection and Surge                             <ul style="list-style-type: none"> <li>EOCs</li> <li>Medical logistics and contingency supplies</li> </ul> </li> </ol> | (IN1)<br>Incidence (#) for AWD/Cholera and Measles<br><br>(IN2)<br>Case Fatality Ratio (CFR) for AWD/Cholera <1%<br><br>(IN3)<br>Proportion (%) of children under 1 year received measles vaccine<br><br>(IN4)<br># of people reached by RCCE (disease prevention, H/Nut, BCC, PSS) (disaggregate by non-COVID / COVID-19) | 3.9m    | 2.8m     |

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH   | INDICATOR   | IN NEED | TARGETED |
|---------------------|--------------------|--|--|---|---------|----------|
|                     | SP3                | Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 400,000 IDPs and non-displaced; including 60,000 people with disabilities | <ol style="list-style-type: none"> <li>1. Integrated Mental health / psychosocial support services (MHPSS)</li> <li>2. HCW and community training: MHPSS (PFA, PSS, MhGAP-HIG)</li> <li>3. Accessibility facility elements for people living with disabilities and elderly</li> <li>4. Community and HCF based physical rehabilitation</li> <li>5. Accountability <ul style="list-style-type: none"> <li>• Patient feedback, community outreach</li> <li>• Patient privacy facility elements and HCW awareness</li> </ul> </li> <li>6. Health awareness, community mobilization, education and advocacy activities on MHPSS, disabilities</li> </ol>                     | <p>(IN5) Proportion (%) of functional health facilities providing MHPSS [HeRAMS]</p> <p>(IN6) Proportion (%) of functional health facilities providing physical rehabilitation</p>  |         | 400000   |
|                     |                    | Health CO3: Improved case management and referral services for 150,000 survivors of sexual or gender-based violence  | <ol style="list-style-type: none"> <li>7. Financial support: Cash / vouchers</li> <li>8. Clinical management of rape services (CMR) and GBV / IPV services and referral</li> <li>9. STD / HIV treatment and prevention</li> <li>10. Adolescent specific services and outreach</li> </ol>   | (IN7) Percentage (%) of functional health facilities with clinical management of rape survivor services   |         | 150000   |
| <b>S02</b>          | SP1, SP2           | Improve equitable access to quality emergency and essential life-saving health services for the crisis affected population to 1.3 million IDPs and 1.5 million non-displaced population            | <ol style="list-style-type: none"> <li>1. Provision of life-saving primary care health care services, through fixed and mobile outreach services, including: <ul style="list-style-type: none"> <li>• Essential PHC (EPHS) clinical care</li> <li>• Child health care</li> <li>• Emergency and trauma care</li> <li>• Communicable disease treatment</li> <li>• NCD treatment</li> <li>• TB screening and treatment</li> </ul> </li> <li>2. Integrated Health and Nutrition services</li> <li>3. Integrated MHPSS referral-level services</li> <li>4. Sexual and reproductive health care services (MISP)</li> <li>5. WASH and Waste Management in HCFs (IPC)</li> </ol> | <p>(IN8) Number (#) of outpatient consultations per person per year</p> <p>(IN9) Number (#) of functional basic health care facilities per population (1 unit/10K pop)</p> <p>(IN10) Proportion (%) of births assisted by a skilled birth attendant</p> | 3.9m    | 2.8m     |



## 3.6 Logistics



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 5.9M           | 4.0M            | \$31M        | 1        | 2        |

### Overview

Inter-state road transport is limited due to insecurity and conflict. Overland transport from Kenya to border regions in Somalia has not been possible since April 2019 due to the closure of Mandera border, which has resulted in the requirement to airlift all commodities to border areas. Access by sea is the most practical option for prepositioning high volumes of humanitarian supplies, however, only four ports – Mogadishu, Bossaso, Berbera and Kismayo – remain operational.

Due the lack of stable road infrastructure and continued insecurity, and/or restrictions on border crossings, air transport remains the most viable option to deliver assistance to some locations across Somalia. However, the cost of air operations is extremely high – on average 15-20 per cent per metric tonne higher than road transport.

To allow humanitarian workers access to key locations to serve affected populations, the UN Humanitarian Air Service (UNHAS) provides safe, reliable and effective inter-agency transport services, with regularly scheduled flights into and within Somalia.

The Logistics Cluster was activated on 26 April 2020 due to the demand for coordination, information management and common logistics services for the Triple Threat.

### Targets and response priorities

The Logistics Cluster’s end users for its common logistics, coordination and information management

services are humanitarian partners responding to sudden onset and/or protracted emergencies where the cluster has been activated, and not affected populations directly. Therefore, the Logistics Cluster will endeavour to support – where possible – all partners to implement their programmes and interventions through facilitating the provision of common services to enable the delivery of life-saving interventions.

Through its coordination cell, the Logistics Cluster aims to streamline and optimise the resources, reduce duplication of efforts and scale up the capacity available. Through its Information Management services, the Logistics Cluster provides timely information on available logistics resources and access, ensuring the logistics gaps are captured in intersectoral discussions and access is mapped to support transport planning. In terms of priorities, the Logistics Cluster will prioritize its resources to serve partners targeting the most affected populations. Further to transportation requirements, partners have demonstrated the need for storage facilities – temperature-controlled in particular – as part of one of the challenges of the wider the health response, especially relevant in the context of COVID-19.

As the air infrastructure gaps in Somalia are significant, the provision of safe and secure air passenger and light cargo transport will continue to be prioritized where possible. WFP will also continue to implement UNHAS to provide cost-effective air transportation as well as prioritize timely medical and security evacuations for the humanitarian community.

## Response strategy and modalities

The Logistics Cluster will facilitate access to the provision of logistics, coordination and information management services on behalf of the humanitarian community – whenever a gap is identified. Leveraging the logistics expertise of WFP, the Logistics Cluster aims to meet, based on demand, the needs for support of all partners responding in Somalia. These services will be provided based on the level of requirements as requested by the humanitarian community.

In terms of modalities of service provision, the Logistics Cluster will continue to leverage the existing capabilities and logistics resources of WFP to ensure support to humanitarian partners. These services will take the form of air, road and sea transportation of humanitarian cargo, as well as making available storage facilities in at least 10 locations across Somalia. Coordination meetings will be held with partners as often as required in order to share operational information and streamline the response; information management products will be shared on the Logistics Cluster's Somalia webpage as necessary to support partners in their operational decision-making.

Additionally, the Logistics Cluster aims to strengthen logistics capacities of the humanitarian community operating in Somalia in order to improve the wider response to future emergencies. This capacity strengthening will take the form of logistics trainings, specifically tailored to the Somalia operating context. These best practices will be consolidated and disseminated to partners so that organizations may make future informed and evidence-based logistics decisions.

UNHAS will provide its air services to the humanitarian community to fly personnel and urgent cargo to key locations across Somalia and from Kenya and any other location (based on demand). It will also endeavour to provide safe and efficient medical and security evacuations on behalf of partners. In the event that commercial services are established in Somalia with sufficient capacity to cater to the needs of the humanitarian community, UNHAS would stop or reduce its schedule accordingly.

## Cost of Response

The Logistics Cluster is seeking \$31,373,373 for its response in Somalia in 2021. The cluster endeavours to prioritize the most efficient and effective mode of transportation in order to support humanitarian partners to deliver relief items in a timely manner. The majority of resources are designated to logistics services – specifically air operations which are significantly more costly than road and sea transport. However, air transport has proved vital in previous response operations, especially to enable reaching flood-affected populations with critical supplies in a timely manner. Based on the needs of partners in previous flood response operations, the mobilization of a helicopter proved critical to the overall ability of partners to implement their programmes whenever access by a fixed-wing aircraft was not possible due to landing restrictions. Whenever possible, the use of air assets will be revised and other more cost-effective means such as road or sea transport will be deployed.

## Monitoring

The Logistics Cluster and UNHAS will monitor the ability to meet the needs of humanitarian partners and the amount of cargo moved through the use of WFP's internal platforms for tracking registered requests.

### Objectives, Indicators and Targets

| STRATEGIC OBJECTIVES | SPECIFIC OBJECTIVE   | SECTORAL OBJECTIVES   | INDICATORS  | TARGETS  |
|----------------------|--|---|---|--|
| S01, S02, S03        | Through the facilitation of access to logistics services for the entire humanitarian community, the Logistics objectives are linked to all intersectoral specific objectives as it supports humanitarian actors to meet their corresponding specific objectives. | 1. Provide logistics coordination, information management, and facilitate access to common logistics services to the humanitarian community   | 1.1 Number of organizations utilizing logistics services and participating in coordination activities<br>1.2 Number of information products shared with partners<br>1.3 Percentage of Logistics Cluster partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%) | 1.1: 40 humanitarian organizations<br><br>1.2: 60 IM products<br><br>1.3: 80% satisfactory rating from partners" |
|                      |  | 2. Ensure continuity of UNHAS flights to support the humanitarian community's response operations and provide safe, efficient and cost-effective inter-agency transport to UN agencies, NGOs and other stakeholders | 2.1 Percentage of passengers transported on regular scheduled and ad-hoc flights versus booked<br>2.2 Percentage of light cargo transported on regular scheduled and ad-hoc flights versus booked<br>2.3 Percentage of security and medical evacuation requests completed   | 2.1: 100%<br>2.2: 100%<br>2.3: 100%"   |

#### SOMALIA

Aid workers continue to fly with UNHAS to Somalia  
 Photo: WFP SOMALIA





## 3.7 Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 2.3M           | 1.4M            | \$157.4M     | 90       | 55       |

### Overview

Malnutrition continues to be a major humanitarian challenge among the vulnerable segments of Somalia, although the 2020 post-Gu assessment showed some improvement in the overall situation. In 2021, the emergency nutrition needs will remain high in Somalia due to the likely development of drought conditions, and without any nutrition assistance the situation may worsen.

The COVID-19 pandemic, Desert Locusts, extensive flooding and conflict continue to be some of the key driving factors, contributing to vulnerability and remaining predisposing factors for malnutrition. The situation is further exacerbated by displacements of the population and barriers faced by persons with disabilities. In addition, lack of access to food, basic services like primary healthcare, immunization services, sub-optimal feeding practices and childcare, vitamin A supplementation, clean drinking water and sanitation services were also some of the key risk factors for malnutrition. Therefore, in order to address the issue of malnutrition, more integrated interventions are recommended whereby all sectors play a critical role to prevent and protect PLW and children from further deterioration.

### Targets and Response priorities

At the national level, the median prevalence of GAM has remained serious (10–14.9 per cent) over the past three seasons (11.8 per cent in 2020 Gu, 13.1 per cent in 2019 Deyr and 13.8 per cent in 2019 Gu)<sup>49</sup>. Despite some improvements, the nutrition situation of children and PLW still remains high in most areas. These include:

East Golis pastoral communities, Bosasso IDPs, Garowe IDPs, Galkacyo IDPs, Hiran rural communities, Belet Weyne urban communities, Shabelle riverine communities, Mogadishu IDPs, Baidoa IDPs and Juba riverine communities<sup>50</sup>. Hence, locations with high concentration of IDPs, children with disabilities and areas with high acute malnutrition rates will be prioritized in 2021.

The needs analysis conducted by the Nutrition Cluster estimates that around 962,000 (Girls: 490,620, Boys: 471,380) children under 5 will require life-saving nutrition services in 2021, of which 162,000 are affected by life threatening severe acute malnutrition and 800,000 by moderate malnutrition. In addition, 181,954 PLW will require malnutrition services. In terms of preventive services, around 771,802 boys and girls between the ages of 6 to 23, and 389,205 PLW, will need preventive nutritional services to prevent an increase in malnutrition rates. Behavioural change programmes aimed towards preventing malnutrition through proper health and hygiene, and limiting the spread of COVID-19, have also been integrated as part of the prevention component.

### Response strategy and modalities

The Nutrition Cluster will focus on preventive, curative and awareness-raising interventions, coupled with the strengthening of monitoring and evaluation systems. This approach will address the humanitarian-development nexus, thereby linking humanitarian response plans with longer-term development efforts to effectively address malnutrition in all its forms. At the service delivery level, nutrition services will be provided using fixed, outreach and mobile clinics so that the scale of

the response is expanded to inaccessible areas. To prevent the spread of COVID-19, special measures will be adopted at the service delivery level. In order to ensure a full transition from SAM to MAM and then to recovery, nutrition services will be provided at the same clinics and locations. In 2021, the Nutrition Cluster will target around 1.4 million people of which 1 million are non-IDPs, 347,824 are IDPs and 14,863 are returnees and refugees, with due consideration to vulnerabilities and disabilities.

Life-saving nutrition services will be provided to acutely malnourished children through OTP to around 162,000 SAM children (Girls: 82,620, Boys: 79,380). In addition, 560,615 children with MAM (Girls: 285,914, Boys: 274,701) will be targeted through TSFPs. Easy access to these nutrition facilities for persons with disabilities will be ensured by all partners through training of community workers in the identification of children with disabilities and referral to nutrition programmes. Around 136,466 PLW with acute malnutrition will also be covered. Children with medical complications will be referred and treated in hospitals with Stabilization Centres.

Another priority area will be preventive nutrition services to mothers and children, given prevention plays a crucial role in circumventing the negative impacts of malnutrition on mental and physical wellbeing. Particular attention will be given to the 1,000-day period (i.e. from conception to age 2). The required micronutrients will be provided to pregnant and lactating mothers and children under 2 to promote optimal development and growth of the child and fulfil the requirements of the mothers. The proposed prevention activities will provide nutrition dense supplements and will cover around 391,401 children (Girls: 199,616 and Boys: 191,788) aged 6 to 23 months, as well as 197,376 PLW through the Blanket Supplementary Feeding Programme (BSFP) and Mother, Child, Health & Nutrition (MCHN) services. These services will be provided in districts where GAM is more than 15 per cent. In order to enhance nutrition security and increase access to high quality and nutritious foods, the Nutrition Cluster aims to actively engage and strengthen linkages with partners that are implementing cash-based programme activities, thereby building long-term resilience of communities. In addition, the Nutrition Cluster, in collaboration with Cash

Working Group, will continue to build the capacity of partners in terms of effective use of cash programming.

At the community level, health workers will be involved, trained and equipped to engage with community members including mothers, caregivers and opinion makers with the aim of promoting optimal infant and young child feeding and childcare practices. While increasing community awareness, focus will also be given to the importance and relevance of WASH, ante-natal and post-natal care and immunization services. During the community level awareness and counselling sessions, social distancing and preventive measures will be adopted and followed to limit the spread of COVID-19. Furthermore, community engagement will also be used to identify and address any protection and GBV-related issues, or any issues around barriers to accessing nutrition services by any subgroups within the population deemed to be discriminated. In order to promote community participation, all Nutrition Cluster partners will be required to put in place accessible complaint mechanism systems to obtain continuous feedback from affected populations.

### **Cost of Response**

The overall requirement for the Nutrition Cluster for the 2021 HRP is \$160.2 million. Nutrition costs vary highly and are mostly driven by the nature and characteristics of the context and operating environment, where partners often face access barriers and insecurity. The delivery and storage of certain nutrition supplies also requires specific handling, warehousing and environmental conditions. The costing considers the basic package of nutrition interventions such as procurement of ready-to-use specialized foods, essential medicines for malnutrition and specialized foods for blanket supplementary feeding programmes. The budget is also highly driven by the modality of service delivery, as in some instances mobile or outreach service delivery increases costs.

### **Monitoring**

Nutrition Cluster partners will make sure that timely and reliable data is collected and shared on a monthly basis.

Routine data will be collected and compiled using the existing information management system. Partners will share their data using disaggregated data sets by age, sex, disability and IDP/non-IDP as much as possible. The progress of the response will be tracked against the indicators and will be reported in line with SPHERE standards as benchmarks and, wherever needed, partners will be provided with timely feedback. In collaboration with FSNAU, Nutrition Cluster partners will be part of the impact assessments by conducting nutrition

surveys for Deyr and Gu seasons in 2021 to ensure reliable data is available that represents the most vulnerable and at-risk population groups. The findings of these assessments will provide a basis for future planning and will help the humanitarian community to better understand and address the scale and severity of some of the drivers of malnutrition in Somalia. The Nutrition Cluster will also engage with other sectors to contribute in the JMCNA exercise in 2021.

### Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH   | INDICATOR   | IN NEED | TARGETED |
|---------------------|--------------------|--|--|---|---------|----------|
| SO 1                | SP 1               | Cluster Strategic Objective 1: Provide equitable access to quality life-saving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral and treatment of acutely malnourished cases | These are critical life-saving emergency nutrition interventions to provide immediate life-saving interventions to children 6 to 59 months that are identified to be SAM. Trained nutrition personnel will be providing these services                           | Number of boys and girls 6-59 months with severe acute malnutrition treated   | 162,007 | 162,007  |
|                     |                    |  | These are critical life-saving activities to provide immediate life-saving interventions to children 6 to 59 months that are identified to be MAM. This will contribute in reducing the SAM burden. Trained nutrition personnel will be providing these services | Number of boys and girls 6-59 months with moderate acute malnutrition treated | 800,878 | 560,615  |
|                     |                    |  | Critical emergency nutrition services provided to PLWs that are identified as MAM. This will contribute broadly for both mother's and child's health   | Number of PLW with acute malnutrition treated                                 | 181,954 | 136,466  |



| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR  | TARGETED |
|---------------------|--------------------|---|--|--|----------|
| <b>SO 2</b>         | SP 2               | Cluster Strategic Objective 2: Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on improving nutritional status through provision of supplementary nutrition products, appropriate infant and young child feeding practices in emergency and micronutrient interventions. | Prevention activities are key to averting acute malnutrition in children as well as also it contributes as part of 1000 day approach. These preventive services will contribute in the overall reduction of GAM burden and also reduce burden on health facilities by reducing the morbidities resulted from acute malnutrition both in mothers and children. These preventive activities are done in those areas/districts where GAM is more than 15% | Number of boys and girls (06-23 months) receiving preventive services through supplementary nutrition products               | 391,401  |
|                     |                    |   |  | Number of pregnant and lactating women and girls (15-49 Years) receiving preventive services through supplementary nutrition | 197,376  |
| <b>SO 1,2,3</b>     | SP 3               | Cluster Strategic objective 3: Strengthen nutrition situation coordination, monitoring and surveillance, analysis and utilization of early warning information for timely coordinated response  | In collaboration with FSNAU, JMNCA team and other sectors the nutrition cluster will contribute towards generation of latest evidence that will guide the planning and future response and also will show the impact of current interventions  | Number of SMART surveys Conducted  | 8        |
|                     |                    |   |  | Number of IYCF surveys conducted   | 5        |
|                     |                    |   |  | Number of Integrated SMART- Food and Nutrition Security Phase Classifications (IPC) conducted                                | 2        |

## 3.8

## Protection Cluster and AORs



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 3M             | 2M              | \$107M       | 74       | 88       |

## SUB-SECTOR

## General Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 2M             | 2M              | \$38M               | 24       | 24       |

## Overview

Protection concerns in Somalia are complex, multifaceted and protracted over multiple generations, thus requiring a robust and holistic protection response. The Protection Cluster is committed to ensuring a well-coordinated, effective and principled protection response, and that protection is at the core of all humanitarian actions and is recognized as essential in any nexus with development and peace.

To contribute to HRP SO1, the Protection Cluster will address the acute protection needs of individuals facing life-threatening risks of abuse, violence, exploitation, injury and severe distress by the end of 2021. To contribute to SO2, the Protection Cluster will ensure IDP and non-IDP communities receive timely, quality protection response services and benefit from risk reduction and prevention measures. Additionally, the Protection Cluster aims to have IDP settlements meet safety standards as assessed in safety audits and child-led participatory approaches. To contribute to SO3, the Protection Cluster, through protection and eviction monitoring and analysis, will identify and address protection risks, human rights violations, gaps in available services and evictions, taking into account different levels of risk and capacity due to age, gender and diversity. Protection

and eviction monitoring will identify and support survivors of serious rights violations (arbitrary arrest and detention, survivors of violence, exploitation and abuse) to have timely access to life-saving protection services, including referral to community-level or specialized services (i.e. psychosocial support services, medical care, legal counselling) and eviction assistance.

## Targets and Response priorities

The overall target for the Protection Cluster and AoRs is 2,048,056 individuals. The targets for the HRP 2021 have been defined by district, based on two key factors: 1) the district protection severity score; and 2) district accessibility. The median of the top three severity scores were selected and used to calculate the number of persons in need across 74 districts. The target percentages have been adapted to the specific severity scores used for general protection as well as each AoR, including child protection, GBV, explosive hazards and HLP. Geographical prioritization for protection activities is primarily based on the severity of the protection context at the district level. Priority is given to districts where the protection environment is most critical, both in terms of armed conflict and violence, as well as districts with the highest number of IDPs. The Protection Cluster has identified the following groups

to target based on their needs: 1,202,860 IDPs, 741,701 host community members, 28,002 refugees and asylum seekers, 109,986 refugee returnees, with attention given to vulnerabilities due to gender, age, disability or social/group affiliations.

In Somalia certain groups are significantly less able to cope with shocks primarily because they have less social capital, for example fewer connections in the diaspora resulting in less remittances and undermining the ability of some to cope with loss of income due to drought, COVID and other shocks. Fewer connections in places of displacement also limiting access to social protection and support. Additionally, individuals with vulnerability – women, children, persons with disabilities, persons with minority clan affiliations, survivors of rights violations and older persons without caregivers – are at heightened risk of violence, exploitation, extortion, neglect and exclusion from assistance. Regarding the Protection Cluster and AoRs' support to community capacities, priority will be given to communities and IDP settlements that are most exposed to risks of violence and discrimination, with a special effort made for the inclusion of minority and marginalized communities.

### **Response strategy and modalities**

The Protection Cluster and partners will increase assessments and protection and eviction monitoring to collect, verify and analyse information to identify violations of rights, protection risks, coping mechanisms, gaps in services and enablers – disaggregated by affected population – to inform an effective response that does not exacerbate risks or reinforce patterns of violation. Community protection functions include the identification and referral of people in need of protection services, such as women and children at risk, persons with disabilities, those with injuries and chronic illnesses, older persons without caregivers and people in psychological distress.

A strong evidence base is essential to effective protection advocacy. The Protection Cluster has access to rich protection data sources collected through the inter-agency networks of the PRMN, SPMS and Eviction Monitoring tool. Each of these monitoring systems have a specific methodology and focus. In 2021, the Protec-

tion Cluster aims to increase the geographical coverage of protection monitoring to cover 85 per cent of all districts across Somalia.

### **Cost of Response**

The total funding requirement for the Protection Cluster stands at \$106,626,075 based on the 88 approved projects by the Protection Cluster and AoRs. The funding request increased from last year due to a 7 per cent increase in the target of people to reach (2,048,056 individuals) as well as the inclusion of cash assistance. In last year's HRP, the cash assistance component was a separate funding request but this year it is included within the cluster.

Costs for protection activities typically include a significant proportion for staffing, such as protection officers, lawyers, case workers or monitors deployed on the ground and working closely with community-based structures on a daily basis. While the average cost per beneficiary is about \$52, some activities require a significantly higher budget, such as HLP legal services, which is estimated to be \$100 per person. Some services or items also carry recommended costing, such as dignity kits which, depending on the content, can cost \$65 inclusive of transportation/distribution.

### **Monitoring**

The Protection Cluster, including AoRs, will monitor the progress against targets through monthly 5Ws (Who does What, Where, When and for Whom) reporting. Additionally, protection monitoring, partner reports and assessments will be used to collect, verify and analyse emerging trends to ensure response capacities are adequate and meet the minimum standards in place. Monitoring of progress against indicators will be disaggregated by sex, age and disability to ensure protection measures are reaching all those in need.

While protection mainstreaming efforts by individual actors and through clusters have been made, there remain gaps and a lack of systemic efforts to examine and mitigate protection risks to affected communities. To address such concerns, the Protection Cluster plans to roll-out the Protection Mainstreaming Index (PMI)



tool to clusters over the course of 2021, to promote and support do-no-harm programming across the response and increase opportunities for a multi-sectoral approach

to addressing protection threats and risks experienced by affected communities.

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVES | CLUSTER OBJECTIVES   | INDICATORS  | IN NEED   | TARGETED           |
|---------------------|---------------------|--|---|---|--------------------|
| <b>S01</b>          | SP3                 | Address the acute protection needs of individuals, including persons with disabilities and older persons, facing life-threatening risks of abuse, violence, exploitation, injury, severe distress, by the end of 2021. | # of individuals, including persons with disabilities and older persons, with access to specialized MHPSS and (mine action) victim assistance services.                           | 1,280,000   | 5,000 individuals  |
|                     |                     | <b>S02</b>   | Non-IDP communities, including persons with disabilities and older persons, receive quality and timely response services and benefit from risk reduction and prevention measures. | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services. | 465,774            |
|                     | SP2                 | IDP communities, including persons with disabilities and older persons, receive quality and timely response services and benefit from risk reduction and prevention measures.  | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services.                   | 1,676,405   | 25,000 individuals |
|                     |                     | To ensure IDP settlements are assessed for safety standards through safety audits, child safety walks and child led participatory mapping exercises  | # of IDP settlements that conducted safety audits, child safety walks and child led participatory mapping exercises, by partners of relevant clusters                             | 2000 sites  | 400 sites          |
| <b>S03</b>          | SP3.                | Protection risks, human rights violations, gaps in available service and evictions, are identified and addressed through protection and eviction monitoring and analysis.  | % of districts covered by protection monitoring   | 100%  | 65%                |
|                     |                     |  | # of displacements monitored through protection and return monitoring   | All displacements   | 1.2 million        |

## SUB-SECTOR

**Child protection**

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS  | PROJECTS  |
|----------------|-----------------|---------------------|-----------|-----------|
| <b>1.8M</b>    | <b>1.2M</b>     | <b>\$34.4M</b>      | <b>45</b> | <b>45</b> |

**Overview**

The Child Protection AoR response in 2021 will focus on the provision of critical child protection and specialized services through an integrated approach to address the priority needs of targeted vulnerable girls and boys and their families in hard-to-reach, conflict-affected areas, and priority geographical areas. The Child Protection AoR plans to reach 1.19 million children and adults (764,495 in IDP camp/sites, 385,208 non-IDPs and 42,561 refugees and returnees) in 74 districts with child protection services. The community-based child protection response in IDP camps/sites and conflict-affected areas will be strengthened and joint programmes with Education, GBV, CCCM and other actors will be undertaken to mitigate and respond to key child protection risks. Operational coordination and joint capacity strengthening initiatives with child protection and GBV partners will be reinforced to address increasing cases of child survivors of GBV. Education and child protection partners will continue to work together on improving children's psychosocial wellbeing and implement capacity strengthening activities for teachers and school social workers.

**Targets and Response priorities**

Children and adolescents make up 66 per cent of the population in need in Somalia, and they continue to be exposed to protection threats of recruitment, abuse, neglect, abduction, exploitation and violence. Hence, 1.88 million children, including 10 per cent of children with disabilities<sup>51</sup>, are in need of immediate child protection services. The Child Protection AoR aims to coordinate provision of child protection services to 1.19 million girls and boys and their families out of the 1.88 million children in need. Specifically, partners will prioritize child protection services to 764,495 people in IDP

camp/sites, 385,208 in non IDPs and 42,561 refugees and returnees in 74 districts. The response will be prioritized for children facing critical protection concerns and children who are at risk of violence, abuse, neglect and exploitation. In comparison to the 2019 analysis, the estimated number of people in need increased by 14.7 per cent in 2020<sup>52</sup>. The worst-hit locations for cumulative severity of the protection of children are across 28 districts and seven regions, namely Banadir, Bay, Hiraan, Lower Juba, Lower Shabelle, Middle Juba and Mudug, with emergency levels of severity of needs (at severity 4). Forty-one districts have crisis level of severity 3, accounting for 55 per cent of the districts in Somalia. The aforementioned determination is based on the severity mapping along with partner presence; most locations are hard to reach, experiencing continued conflict, and/or are areas with high relevance for durable solutions.

**Response strategy and modalities**

The strategic objective of the 2021 Child Protection AoR response plan is to address and respond to multiple protection risks faced by children and adolescents in IDP and host community settings. The focus will be on:

- Improving the quality of protection services for boys and girls most at risk of exploitation, abuse, discrimination and survivors of violence including GBV, children with disabilities and those exhibiting severe signs of distress.
- Preventing and responding to grave violations of children's rights through advocacy and referrals for services such as medical and rehabilitation for injured children, and community reintegration services for children formerly associated with armed forces and groups for those at-risk.

- Providing case management including family tracing and reunification, alternative care by trained case/social workers for those facing high levels of protection risks, including survivors of violence, exploitation and abuse, with increased support to case management volunteers for a wider reach. The Child Protection AoR will continue to enhance referral pathways and networks through a multi-sectoral approach, particularly by strengthening web-based referral pathways<sup>53</sup> as well as coordination with GBV and child protection case workers and other actors for more holistic care. The child protection information management system (CPIMS+) will be promoted as an inter-agency case management tool.
- Upgrading MHPSS delivery to children with severe signs of distress, supporting caregivers and parents through psychosocial support and positive parenting sessions, developing standardized tools for comprehensive MHPSS, and enhancing the capacity of different stakeholders.
- Developing capacities of community volunteers on case management; community-based child protection mechanisms (CBCPM) to prevent and mitigate child protection risks; and the social service workforce in both IDP camps/sites and host communities. Strengthening the overall protective environment for children and adolescents (boys and girls) and facilitating change of social norms that condone violence, abuse and exploitation will also be a key focus.
- Supporting awareness-raising activities that target community members with a wide range of prevention messages on child protection risks through peer-to-peer activities led by CBCPMs, youth, community volunteers and safe child participation initiatives.
- Strengthening the institutional capacity of local actors to increase their efficiency and effectiveness in the child protection response. Advocacy for flexible and multi-year funding for local actors and support to local actors to take on leadership positions in the child protection coordination mechanisms.
- Strengthening child safeguarding measures and mandatory training on PSEA and code of conduct to ensure that all interventions are safe for children. In line with the Integrated Education – Child Protection Response Framework, the Child Protection AoR will work with the Education Cluster in the provision of MHPSS in schools and referral pathways to specialized child protection services. This will include strengthening the capacity of teachers to ensure safe environments in schools. The Child Protection AoR will support static and mobile responses to deliver child protection services and multisectoral approaches in order to expand the reach of services in hard-to-reach areas. An increased focus on the inclusion of children with disabilities will be ensured in all programming, in collaboration with the relevant actors.

### Cost of Response

The Child Protection AoR requires \$35 million to target 1.19 million children with immediate child protection needs, which will include case management, and family tracing and reunification for unaccompanied asylum-seeking children (UASC); mental health and psychosocial support; rehabilitation and reintegration programming for children formerly associated with armed forces and groups, and other children at risk of recruitment. Child protection services are human resource heavy and labour intensive/dependent on case workers, hence programmatic personnel costs are substantial compared to material costs. Child protection activities that involve construction costs include child-friendly spaces, interim care centres for UASC/CAAFAG, as well as resource-heavy programmes like the integration of former CAAFAG and family reunification of UASC. This budget is calculated based on targeted beneficiary caseload per activity and outcome. Unit cost per child is calculated for activities considering all input costs for particular interventions and then divided by the target group.



## Monitoring

The Child Protection AoR will conduct periodic situational and response monitoring through assessments, field monitoring missions and partner reporting. Also, the AoR will monitor achievements through an online dashboard using the 5W reporting system. Gaps and bottlenecks will be analysed and discussed with part-

ners throughout the year and adjustments made in the response strategies or implementation modalities. The data analysis from the CPIMS will assist in understanding the types of reported child protection cases, in the identification of target groups for various child protection interventions, types of services provided and in identification of corresponding gaps in child protection service provision.

## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | INDICATOR  | IN NEED | TARGETED |
|---------------------|--------------------|---|--|---------|----------|
| <b>S01</b>          | SP3                | Boys and girls including adolescents, children with disabilities, facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress have access to well-coordinated and disability, gender-sensitive quality child protection services by 2021 | # of girls and boys, including adolescents, children with disabilities, benefiting from age, and gender sensitive structured mental health and psychosocial support services         | 545,500 | 359,000  |
|                     |                    |   | # of caregivers who receive psychosocial support, parenting messages, positive parenting and other kind support leading to improved relationships with the children under their care | 74,500  | 49,000   |
|                     |                    |   | # of identified girls and boys, including adolescents, children with disabilities at risk who receive individual case management services that meets their unique needs              | 56,000  | 40,000   |
|                     |                    |   | # of girls and boys released from armed forces and groups reintegrated with their families/communities and provided with adequate care and services                                  | 10,000  | 3,000    |
|                     |                    |   | # of identified separated girls and boys who are reunified with their primary caregivers or in appropriate alternative care  | 28,000  | 15,000   |
| <b>S02</b>          | SP1                | By 2021 vulnerable and at-risk girls and boys in IDP camps and in host communities have access to quality child protection prevention and response services   | # of children with disabilities, with access to community-based prevention and response MHPSS, child protection services.  | 187,000 | 50,000   |

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | INDICATOR  | IN NEED    | TARGETED  |
|---------------------|--------------------|---|--|------------|-----------|
| <b>S02</b>          | SP2                | To ensure IDP settlements are assessed for safety standards through safety audits, child safety walks and child led participatory mapping exercises | # of children reached with Monitoring and Reporting Mechanism (MRM)  | 1,089,500  | 940,000   |
|                     |                    |   | # of CP actors [social workers, community volunteers, Government officials, field coordinators] and non-child protection actors who have received CP training and demonstrate increased knowledge and skills in providing age- and gender- sensitive child protection services | 8,000      | 5,000     |
|                     |                    |   | 2. # of members of CMCPMs who are trained and actively identifying and referring cases of children at risk in their camps and communities  | 30,000     | 20,000    |
|                     |                    |   | # of people reached by community-led messaging on key child protection risks, social norms, harmful practices, MRE and related information on CP service and mitigation measures   | 1,089,500  | 744,000   |
|                     |                    |   | Information management system (CPIMS+) able to identify, follow up and track individual cases is in place and number of child protection actors trained in its use   | 1000       | 500       |
|                     |                    |   | # of IDP settlements that conducted safety audits, child safety walks and child led participatory mapping exercises, by partners of relevant clusters  | 2000 sites | 400 sites |
|                     |                    |   | # of IDP settlements that conducted safety audits, child safety walks and child led participatory mapping exercises, by partners of relevant clusters  | 2000 sites | 400 sites |

SUB-SECTOR

**Gender Based Violence**

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS  | PROJECTS  |
|----------------|-----------------|---------------------|-----------|-----------|
| <b>1.7M</b>    | <b>1M</b>       | <b>\$29M</b>        | <b>57</b> | <b>57</b> |

**Targets and Response priorities**

A total of 1,012,500 women, girls, boys and men, including persons with disabilities, will benefit from GBV specialized services, information and capacity enhancement initiatives. The cluster will emphasize GBV information and services for vulnerable female adolescents (14-18 years) in response to the increasing incidence of sexual violence among this group in 2020. Cluster activities will also target adult women (18 years and above) and those living with disabilities to mitigate impacts of GBV and contribute to equitable financial and geographical access to services. The cluster will also implement strategies to reduce biases in service provision by integrating strategies that take into consideration differential barriers of persons with disabilities and their experience of access services. In addition, the cluster will encourage improved specialized services for men and boy survivors of rape.

The GBV AoR will prioritize the provision of GBV services and information to adolescent girls, adult single women, married and co-habiting women survivors of GBV (including female genital mutilation) in Middle Shabelle, Lower Shabelle, Gedo, Snaag, Awdal, Baidoa, Bay, Mudug and Banadir. Vulnerable female-headed households, adult women and girls who are exposed to sexual exploitation and abuse will also be the focus of interventions on response and mitigation for GBV. The cluster will prioritize adolescent girls in response to the increased targeting of adolescents for rape, sexual abuse and exploitation. In addition, humanitarian actors and service providers will benefit from capacity enhancement initiatives on GBV prevention, response and mitigation. The GBV AoR will also prioritize initiatives that foster inter-cluster collaboration and mainstreaming of GBV concerns across key clusters such as Shelter/NFI, CCCM, WASH, Health and Food Security.

**Response strategy and modalities**

GBV AoR will implement a multi-sectoral strategy to improve GBV response and mitigation through coordination, integration of GBV in other clusters’ responses, service mobilization, capacity-building, awareness raising on GBV risks, prevention and advocacy. The primary modalities for delivering services will be through the scaling up of direct service provision to GBV survivors using integrated referral pathways via primary service sites which include GBV one-stop centres, women and girls’ safe spaces and GBV shelters. The activities will be designed and implemented using participatory approaches such as community consultation and mobilization, and beneficiary assessments. The GBV sub-cluster will include indicators related to disability inclusion to ensure that persons with disabilities participate and benefit from GBV prevention information and response services. Some of key activities include:

**Service provision**

- Improved and sustained provision of rape treatment, case management, specialized psycho-social services for women and girl survivors of GBV and legal aid support for GBV survivors.
- Support safe shelter operations for women and girls fleeing violence and create recreational and skills-building activities for women and girls’ safe spaces.
- Support cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls. This includes the sustained provision of material assistance for women and adolescent girls – dignity kits, reusable sanitary pads and solar lanterns.

- Support mobile and remote GBV service delivery to crisis-affected locations

### Coordination

- Improve support for gender, age, sex and disability disaggregated data to inform humanitarian response targeting and contribute to an update of inter-cluster referral pathways to cover remote/rural areas.
- Sustain cross-cluster efforts to integrate GBV concerns into planning, implementation and monitoring.
- Support advocacy to Government and other relevant authorities to include and sustain CMR and MHPSS as part of the essential services for humanitarian emergency in Somalia, and for a strong legal framework for the protection of women and girls.
- Support capacity enhancement initiatives for GBV service providers and national actors (including security personnel) to utilize survivor-centred approaches in the provision of GBV services and information.
- The GBV AoR Response strategy is aligned to the objectives of the Centrality of Protection Strategy

on “addressing critical protection concerns with increasing displacement towards IDP sites and collective-centres, including heightened protection risks/threats” and the objectives of the GBV sub-cluster strategy for improved service provision and GBV data for programming and coordination.

### Cost of Response

The GBV AoR requires about \$36 million to target 1 million vulnerable women and girls including those living with disabilities. GBV services are high on programmatic personal, material and infrastructure costs (including one-stop centres, shelters and safe spaces). Cost is calculated for activities according to inputs and target population.

### Monitoring

Monitoring will be undertaken via the monthly/quarterly collation of 5Ws for GBV dashboards, periodic on-site monitoring and routine cluster-led assessments. Gaps and challenges will be addressed during cluster routine meetings with the aim of re-defining implementation modalities to suit the context. The cluster will make a deliberate effort to measure progress towards indicators, especially how services are implemented to reach women and girls living with disabilities.

#### MOGADISHU, SOMALIA

Photo:UNSOm SOMALIA





## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVES | CLUSTER OBJECTIVES   | INDICATORS  | IN NEED    | TARGETED  |
|---------------------|---------------------|--|---|------------|-----------|
| <b>S01</b>          | SP3                 | Women and girls (including those with disabilities) in IDP camps and host communities have access to safe, timely, confidential, quality coordinated GBV specialized services through integrated referrals | # of women, girls, men and boys who have accessed and benefited from age appropriate and quality services including clinical management of rape and psychosocial support in GBV one stop centres and women and girls' safe spaces that meet the minimum standards |            | 60,750    |
|                     |                     |  | # of women and girls who have accessed and benefited from women and girls' safe spaces (attending one cycle of recreational /psychosocial sessions).  |            | 202,500   |
|                     |                     |  | % of vulnerable women and girls who access age appropriate and gender responsive legal aid and support for prosecution of GBV cases   |            | 10,125    |
|                     |                     |  | # of vulnerable women and adolescent girls including GBV survivors and those living with disabilities who receive dignity protection materials (dignity and hygiene kits, solar lanterns etc.)  |            | 202,500   |
| <b>S02</b>          | SP1                 | By 2021, humanitarian actors and GBV survivors access age and culturally responsive cross cluster integrated information; sex disaggregated data and services on GBV mitigation, prevention and response.  | # of national actors (Government officials, security personnel, NGOs) and cluster field coordinators with knowledge on implementing GBV mitigation, coordination and response strategies  |            | 10,125    |
|                     |                     |  | # of GBV survivors who receive cash/ voucher assistance and livelihoods training/grant support as mitigation for GBV  |            | 50,625    |
|                     | SP2                 | To ensure IDP settlements are assessed for safety standards through safety audits, child safety walks and child led participatory mapping exercises  | # of women, girls, boys and men (including those with disabilities) reached with key GBV information on service availability, prevention and mitigation of GBV  |            | 475,875   |
|                     |                     |  | # of IDP settlements that conducted safety audits, child safety walks and child led participatory mapping exercises, by partners of relevant clusters   | 2000 sites | 400 sites |

## SUB-SECTOR

**Housing, Land and Property**

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| <b>2.6M</b>    | <b>0.7M</b>     | <b>\$4M</b>         | <b>7</b> | <b>7</b> |

**Overview**

In Somalia, evictions continue to represent a constant risk for vulnerable communities, including displaced populations living in collective settlements and other urban poor in densely populated areas. Despite improvements in prevention<sup>54</sup>, between January and November 2020, more than 150,000 people were forcibly evicted from their homes. In addition to this, the shelter situation remains critical, coupled with limited public land available to establish new settlements. Many IDPs end up as squatters on public or private land and are at heightened risk of forced evictions. Most evictions are done without due process, including without prior notice. Authorities have failed to provide adequate notification and compensation to the communities facing eviction, nor have they provided viable relocation or local integration options required by international law, exposing the affected population and survivors to protection risks such as SGBV, among others.

Forced evictions remain among the most severe and prevalent protection threats in Somalia, representing both a cause and a multiplier of the displacement crisis. Congested cities with weak urban systems are struggling to cope as the complex interplay between natural hazards, climate shocks, conflict and insecurity continues to drive mass displacements across the country. Based on eviction vulnerability criteria, post-eviction assistance has been put in place for eligible households if evicted. Despite the significant reduction in forced evictions across all locations in Somalia, Mogadishu remains the most affected city, consistently reporting a spike in evictions. In Somalia, forced evictions continue to violate the right to housing and property which often leads to the violation of a broad range of fundamental rights and freedoms, creating a domino effect of human rights violations. All these

violations often expose already vulnerable displaced people to further protection risks.

**Targets and Response priorities**

The HLP AoR will assist 673,596 individuals (women, girls, boys and men, including persons with disabilities) through the provision of information services, awareness campaigns, legal aid services and evidence-based advocacy informed by research, studies, assessments and analyses. HLP activities will also target minority communities and marginalized individuals. The AoR targeting strategy will promote inclusion and equity by enabling a community to target populations that are disproportionately more likely to experience HLP violations. The HLP AoR will place emphasis on forced evictions, focusing on the provision of information, protection assistance and legal services for vulnerable individuals in response to the needs of those affected by forced evictions in 2020.

To respond to the public health threat presented by COVID-19, humanitarian actors, state, local Governments and other actors in Somalia have taken unprecedented or exceedingly rare actions to respond to the needs of Displacement Affected Communities (DACs) since March 2020, including border closures, restrictions on travel, stay-at-home orders, mask requirements and eviction moratoria. In the context of a pandemic, the eviction moratorium of April 2020, like quarantine, isolation and social distancing, was an effective measure utilized to prevent the spread of a communicable disease. The eviction moratoria facilitated and allowed states and local authorities to more easily implement directives in order to mitigate the community spread of COVID-19.

However, the AoR recognizes that IDPs may not know whether the moratorium or other state and local mora-

toriums apply to their property. The HLP AoR will prioritize education and communication addressing HLP concerns, current restrictions, applicability and time periods for proactive communication with landowners, tenants or land users and local authorities. The AoR will also engage with an inclusive group of stakeholders to plan an eviction prevention strategy and eviction prevention services, including resource mobilization for emergency support, legal assistance and mediation services and dispute resolution structure. The HLP AoR will continue to collect, review and analyse data such as eviction rates by location, drivers and perpetrators. The data will also capture the demographics of households under both unlawful and lawful (court-ordered) evictions.

In addition to working closely with the Durable Solutions Working Group, the HLP AoR will prioritize initiatives that foster inter-cluster and inter-AoR collaboration and mainstreaming of HLP concerns across key clusters such as Shelter/NFI, CCCM, WASH, Health, Food Security and Livelihoods.

### **Response strategy and modalities**

Strategies will be developed for HLP rights violations in general, including eviction prevention and response programmes. This will aim to identify HLP needs through community outreach, referrals and legal counselling. With regard to forced evictions, geographic concentrations or disparate impacts of evictions will be used to inform targeting and reach. The AoR shall advocate for the adherence to and extension of the moratorium. Further to this, the HLP AoR will improve screening through the vulnerability assessment to identify those individuals and families at high risk of HLP violations, specifically those at risk of forced evictions. This will enable the HLP AoR to efficiently mobilize and allocate resources to respond to these needs. Legal assistance will be offered to all IDPs at risk of or affected by HLP violations, and extremely vulnerable households will be prioritized for legal aid services and protection assistance, in response to HLP specific needs.

Communities will be consulted to determine how to prioritize eligible households who are at the highest risk and to incorporate this prioritization into local coordinated eviction response mechanisms such as the

Banadir eviction unit, Kismayo eviction task force and Baidoa eviction task force. Further to this, there will be financial assistance for eviction prevention to households who face significant structural barriers that make the loss of housing and property more likely.

### **Cost of response**

The HLP AoR requires \$3,657,160 million to assist 673,596 individuals (women, girls, boys and men, including persons with disabilities) through the provision of information services, awareness campaigns, legal aid services and evidence-based advocacy informed by research, studies, assessments and analyses. The budget and cost of implementation is calculated to encompass the total target of people in need of the aforementioned HLP support and assistance.

### **Monitoring**

Under the overall guidance of the Protection Cluster, planning, implementation, reporting and evaluation of the work of the HLP AoR shall be done collectively thereby ensuring transparency and accountability. The collective decision of the HLP AoR is final. The partners' programmes are monitored using different tools such as field visits, regular reports, formal and informal sharing of issues, and training and capacity-building.

## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVES | CLUSTER OBJECTIVES   | INDICATORS   | IN NEED   | TARGETED             |
|---------------------|---------------------|--|--|-----------|----------------------|
| S02                 | SP2                 | Displaced populations, including women and persons with disabilities, have increased knowledge of and ability to exercise and enjoy housing, land and property (HLP) rights. | # of individuals reached through HLP prevention and response services        | 2,545,516 | 441,087 individuals  |
|                     |                     |  | # of individuals receiving legal assistance services for HLP specific cases. | 200,000   | 37,509 individuals   |
| S03                 | SP2                 | Protection risks, human rights violations, gaps in available service and evictions, are identified and addressed through protection and eviction monitoring and analysis.    | # of individuals reached by eviction monitoring                              | 2,545,516 | 200,000 individuals  |
|                     |                     |  | # of eviction assessments conducted  | N/A       | 3 (one per quarter)  |
|                     |                     |  | # of eviction trends analyses conducted and disseminated                     | N/A       | 12 (monthly reports) |

### PUNTLAND, SOMALIA

Seventeen-year-old Ideeya Jimcaale at her home in a camp for internally displaced persons on the beach in Bossaso, Puntland, Somalia  
Photo: UNICEF/UN0260172/Karel Prinsloo





SUB-SECTOR

**Explosive Hazards**

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| <b>0.9M</b>    | <b>0.3M</b>     | <b>\$1.8M</b>       | <b>5</b> | <b>2</b> |

**Overview**

Prevalence of explosive ordnance including ERW and landmine accidents in Somalia is significant, predominantly injuring or killing the civilian population, children and displaced people among others. Over the period January to November 2020, 44 civilians were killed or injured, of whom 82 per cent were children reportedly practicing risk-taking behaviours due to a lack of awareness compounded by curiosity. The use of IEDs by armed groups also continues to affect civilians more significantly. Over the same period, 432 civilians, among others, were collaterally injured or killed by IED incidents, almost 10 times higher than the ERW and mine accidents. Thus, the need to assist the survivors and associated victims of the explosive ordnance in Somalia is paramount which needs urgent attention in response to the Action Plan. In parallel, clearance of explosive ordnance as well as the awareness messaging to instigate behaviour change should be underscored thereby increasing safety and security of the civilian population, across all liberated areas “leaving no region behind”. There is also a continuous requirement for advocacy and capacity-building of the Somalia Explosives Management Authority (SEMA) to facilitate a sustained national capability to manage and coordinate mine action responses effectively.

**Targets and Response priorities**

IDPs, refugee returnees, host community members and other at-risk communities travel with limited knowledge regarding contaminated areas and explosive remnants of war in Somalia. On average, children account for more than 70 per cent of the victims of explosive ordnance accidents. The lack of knowledge puts civilian communities at an increased risk of death and injury. Civilians who may be conscious of the risks still lack the knowhow to adequately respond to the threat and will find that their access to necessary services is limited.

Past and ongoing surveys aim to appreciate the complexity of the problem and define the scale of contamination. Currently, there are 127 confirmed hazardous areas, spanning more than 59km<sup>2</sup> of land. The majority of these sites are located along the border with Ethiopia in Southwest, Hirshabelle, Galmudug and Puntland States, affecting more than 36 villages. The inhabitants of the villages include IDPs, refugee returnees and host community members.

**Response strategy and modalities**

Clearance, or removal and safe destruction, of explosive ordnance, is carried out by specialized personnel deployed in the field, specifically in areas with confirmed or suspected hazards, in support of community requests. The areas cleared can be schools, IDP camps, roads, water points and grazing land used by communities for productive purposes. Prior to clearance, two types of surveys are carried out to confirm the hazard location, its extent and the magnitude. Humanitarian Mine Action personnel do not clear IEDs that are used by anti-Government armed elements. Nevertheless, Somali Police Force (SPF) explosive ordnance disposal (EOD) teams exist in every Federal Member State, trained and equipped by UNMAS, to deal with this type of explosive threat. The Humanitarian Mine Action teams coordinate with the SPF EOD teams to respond to IED call outs from civilians.

Risk education is designed to help the affected communities – children, IDPs, refugee returnees, host community members – to identify and avoid the dangers posed by explosive ordnance, through encouraging and instilling behaviour change. Due to the high risk faced by children, risk education teams target schools and madrassas as well as IDP camps and rural communities. Risk education beneficiaries have been known to avoid explosive items and inform those living near them to do likewise. Similarly, they are more likely to warn

those in contaminated urban centres not to travel on unsafe roads, highlighting the signs of dangerous areas and the available clearance service in the area.

Victim assistance is one of the five pillars of mine action, which encompasses a broad range of support to people affected by landmines and explosives ordnance. This includes, but is not limited to, emergency medical care, rehabilitation, psychosocial support and the socio-economic inclusion of survivors and families who have either lost relatives, or have suffered long-term injuries, as a result of an explosive ordnance accident or incident. Seeing as children are disproportionately affected by explosive ordnance accidents, an inter-cluster collective outcomes approach is required, as the needs transcend the mandate of any one cluster or AoR. Case management and referral pathways for mine action victim assistance establishes the required links to essential services to help victims, their family and/or caregivers as they seek to access the various protection, health and educational service providers.

Explosive Hazards AoR activities will be coordinated with SEMA, domiciled in the Ministry of Internal Security of the Federal Government of Somalia. SEMA has regional offices in the five Federal Member States, which coordinate and oversee AoR field operations. The field activities will be coordinated with Somali Police Force and AMISOM EOD teams, where IEDs are reported or encountered. It is noteworthy that the humanitarian field operators comprise civilian personnel, and are neither allowed, nor equipped, to address IED threats/objects. Explosive Hazards AoR projects are coordinated with

the Protection Cluster, HCT and UNSOM at the strategic and inter-agency levels. In the various project locations, partners will work closely with the affected communities, including IDPs and returnees, and will closely involve the respective local authorities, and where applicable, the local mine action NGOs.

### Cost of response

Explosive Hazards AoR activities require technical expertise in the area of explosive hazards. The humanitarian needs for explosive hazards services is far greater than the HRP target of reaching 300,000 beneficiaries in 2021. However, this target was selected given there are few international and national NGO partners in Somalia with the authority to conduct this type of work. The total funding request from AoR partners is \$1,782,470 of which two projects were approved in this year's HRP.

### Monitoring

SEMA provides external oversight and accreditation of humanitarian mine action activities in Somalia. It will carry out regular quality assurance of the mine action projects to ensure that activities are in line with international mine action standards, national standards and standard operating procedures of the implementing agencies. SEMA will monitor projects through regular field visits and reporting. Internal quality assurance and monitoring will be implemented by Explosive Hazards AoR organizations according to the project plans using different tools. Partners are required to report activities on a monthly basis.

### SOMALIA

Photo: THE HALO TRUST/SOMALIA



### Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVES | CLUSTER OBJECTIVES   | INDICATORS  | IN NEED | TARGETED           |
|---------------------|---------------------|--|---|---------|--------------------|
| S01                 | SP3                 | Address the acute protection needs of individuals, including persons with disabilities and older persons, facing life-threatening risks of abuse, violence, exploitation, injury, severe distress, by the end of 2021. | # of individuals, including persons with disabilities and older persons, with access to specialized MHPSS and (mine action) victim assistance services.         | 3,000   | 1,000 individuals  |
|                     |                     | Non-IDP communities, including persons with disabilities and older persons, receive quality and timely response services and benefit from risk reduction and prevention measures.                                      | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services. | 15,000  | 50,000 individuals |
|                     |                     | IDP communities, including persons with disabilities and older persons, receive quality and timely response services and benefit from risk reduction and prevention measures.  | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services. | 858,637 | 50,000 individuals |

**SOMALIA**

Photo: UNMAS/SOMALIA



## 3.9 Shelter



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 3M             | 2.6M            | \$58M        | 22       | 22       |

### Overview

The main drivers of shelter and NFI needs in Somalia are conflict, drought, flooding and evictions. The scale of shelter and NFI needs in 2021 is expected to increase in comparison to the needs in 2020 mainly due to the prolonged flooding season that damaged shelters and caused the loss of NFIs, displacements due to conflict, drought and forced eviction, and the population's inability to repair and construct shelter and buy basic non-food items due to the poor economic situation. An estimated 3.15 million people are in need of shelter and NFI assistance due to inadequate shelter conditions, overcrowding, economic hardship and lack of security of tenure. The shelter and NFI needs of IDPs are higher than that of host communities as a result of their displacement status, lack of long-term security of tenure and limited employment opportunities. Provision of emergency shelter and NFIs, and decongestion of IDP sites, will be a priority of the Shelter Cluster. In addition, those facing long-term issues related to security of tenure may also be provided with transitional shelter assistance.

### Targets and Response priorities

Shelter Cluster partners will target 2.5 million people (1.5 million IDPs and 1 million non-displaced). The overall target is comprised of 395,985 women, 390,060 men, 782,728 girls, 863,543 boys, 100,261 older persons and 217,730 persons with disabilities.

The cluster prioritization process is guided by the geographical distribution of populations against the

severity of needs, in accordance with cluster severity analyses and categorization. The cluster response will therefore be oriented towards those geographic areas where the greatest number of people generally face the most severe needs and recurrent climate shocks.

At a strategic level, cluster partners will prioritize humanitarian life-saving activities, particularly in IDP sites that include the provision of emergency shelter and NFIs. The decongestion of IDP sites, where feasible, is also a priority in order to reduce the risks of disease outbreaks (including COVID-19), fire, GBV-related incidents and flooding due to the absence of poor drainage systems.

The shelter and NFI needs of IDPs are directly related to the circumstances of their displacement, and the cluster will continue to recognize and address the distinct needs associated with recent, short-term, protracted and multiple displacements. All shelter and NFI assistance will be designed and provided based on the results of needs assessments and in consultation with the affected communities.

Transitional shelter will be provided through carefully targeted support to IDPs, refugee returnees and host communities. The cluster recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions of need. In 2021, durable shelter support will not be provided to the affected population due to the high cost of such interventions and, in some cases, the harm this can cause to the beneficiaries – for example, tensions can arise due to hosts living in comparatively sub-standard shelters, or the theft of durable shelters.



## Response strategy and modalities

Kit-based non-food items and shelter materials will be provided to the displaced and evicted, who have lost household items and shelter due to disasters, and to IDPs in protracted situation. The cluster will continue to focus on flexible item-based approaches in order to address specific and contextual needs. Measures to ensure that shelter and NFI assistance are accessible to persons with disabilities, older persons and other vulnerable individuals or groups will be a priority, and the cluster remains committed to adapting to barriers, risks and capacities. Mechanisms for prepositioning of emergency response stock will be strengthened to ensure timely response.

Decongestion will take place, where feasible, using adjacent land and reconfiguring sites through planning and in coordination with different stakeholders. The cluster activities also include provision of infrastructure and transitional shelter. All shelter interventions will consider the privacy and safety of women and girls through site planning where feasible, ensuring doors are lockable and partitioning the shelter. Shelter interventions will be designed in consultation with the affected population. Within the IDP sites, vulnerable households such as women-headed households, child-headed households, households including the elderly or persons with disabilities and marginalized communities will be prioritized.

The response modalities will include in-kind assistance and cash-based interventions where there is a functional market with quality materials available, and where there will not be a negative impact on people and/or markets, in line with guidance on cash-based interventions. In particular, when feasible, the cluster will continue to look for opportunities to scale-up transaction-based modalities. The Joint Market Monitoring (JMM), a joint initiative by the Shelter and WASH Clusters and REACH provides useful information such as availability and price of items that help partners decide the best modality of response.

Complementarity and integration with other clusters is especially important. In particular, the cluster will continue to work closely with the Protection Cluster

and the Federal Government of Somalia to strengthen the HLP approach, including tenure security and gender mainstreaming, as well as disability inclusion in both the response and its monitoring. All shelter activities will incorporate the appropriate HLP components, based on the cluster strategy and guidelines and in coordination with the Government. The cluster will also work with the CCCM Cluster and WASH Cluster to plan IDP sites and the provision of community infrastructure.

## Cost of response

The total financial requirement of the Shelter Cluster is \$58 million. The standard unit cost of emergency kit varies with geographic location. Similarly, for transitional shelter or community infrastructure, the unit cost can vary.

Over 80 per cent of the total amount accounts for the cost of items, transportation, labour, storage and distribution. The remainder accounts for support and overhead costs. The average per capita cost for shelter kits and NFIs is \$47 and \$20 respectively. The average per capita cost for transitional shelter is \$207. Per capita costs do not consider support costs. The support costs include the cost of personnel, office rent, office expenditure, transportation and other related costs.

## Monitoring

Cluster objectives, outputs, targets and indicators form the basis for monitoring. Partners will report all planned, ongoing and completed activities to the Shelter Cluster through a standard 4W matrix on a monthly basis. The cluster will track progress, including the response modality of the projects against targets for each activity at different geographical levels. The consolidated 4W matrix will be shared with partners, donors and the Government on monthly basis. This helps to avoid duplication and identify gaps, as partners are aware of all activities planned by other organizations.

Partners will establish an effective and functional complaint and feedback mechanism. Post-distribution monitoring (PDM) will be conducted using standardized forms for all shelter/NFI interventions. The cluster will collect monitoring reports shared by the partners,

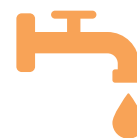
consolidate all findings, and share those findings with all partners. The PDM and post-construction monitoring (PCM) will help the cluster understand the preferences and concerns of beneficiaries, accounting for age,

gender and diversity, and will include specific questions to identify risks and barriers. They will also contribute to improving the quality of future interventions.

### Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR   | IN NEED | TARGETED   |
|---------------------|--------------------|---|--|---|---------|--|
| S02                 | SP1                | 1. Ensure that persons affected by conflict and natural disasters have protection from the weather and privacy through provision of shelter and NFIs. | 1. Provision of NFI kits through in kind/cash/voucher.                           | 1. Number of crisis-affected people reached with non-food items assistance.                                 | 3.15 M  | 2,351,792  |
|                     |                    |   | 2. Provision of emergency shelter through in kind/cash/voucher.                  |   |         | 2. Number of crisis-affected people provided with timely lifesaving and life-sustaining shelter support. |
|                     |                    |   | 3. Provision of transitional shelter through in kind/cash/voucher.               | 3. Number of crisis-affected people provided with infrastructure support.                                   |         | 452,376  |
|                     | SP2                | 2. Improve the quality of shelter and NFI assistance and ensure accountability through effective complaints and feedback mechanisms.                  | 4. Provision of infrastructure support through in kind/cash/voucher.             | 1. Shelter and NFI projects implemented by partners have complaints and feedback mechanisms established.    |         | 100%   |
|                     |                    |   | 5. Ensure long term security of tenure for shelter interventions where feasible. | 2. PDM and PCM are conducted, analysed and the findings are used to improve the quality of future projects. |         | 100%   |
|                     |                    |   | 6. Decongestion of IDP sites."   |   |         |  |

## 3.10 WASH



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 4.6M           | 2.5M            | \$96.3M      | 70       | 70       |

### Overview

More than 8.9 million people are affected by poor and deteriorating WASH conditions in Somalia, which have been further exacerbated by the ongoing COVID-19 pandemic affecting people’s health and livelihoods. The WASH Cluster estimates that 3.3 million people are in severe and extreme need of humanitarian WASH assistance and 1.1 million people are in catastrophic need of assistance.

WASH is one of the two main drivers of humanitarian needs across Somalia with important regional variations which highlight the increasingly central role of WASH relative to food security in driving the severity of humanitarian needs of both IDPs and non-IDPs.

The focus of the WASH response will be entirely on humanitarian needs, implemented by 70 key partners spread across the geographical regions of Somalia, as well as a continuing focus on the acute and chronic needs which have emerged from COVID-19.

### Targets and Response priorities

In 2021, the WASH Cluster will target 2.54 million people disaggregated as 1,649,107 children, 401,522 men, 371,656 women and 120,714 elderly persons. The targeted population includes displaced (1,003,037) and non-displaced (1,539,058) population groups with either no or limited access to WASH services falling under severity scales of severe (22 per cent), extreme (8 per cent) and catastrophic (10 per cent)<sup>55</sup>. Out of the 2.54 million people, 381,449 individuals will be specifically

targeted under disability inclusion. These individuals with different needs will benefit from the construction and rehabilitation of disability-friendly WASH facilities.

Somalia will remain affected by water scarcity and the recurrence of predictable disasters such as floods, AWD outbreaks and anticipated La Niña and drought, contributing to increased morbidity and displacement of populations. Access to safe WASH facilities will also remain an issue of concern, especially for children, woman and vulnerable groups, such as persons with disabilities. In 2021, there will be a strong emphasis on the use of cash transfers given the growing needs due to the COVID-19 situation. The WASH Cluster will train partners on the use of Market-Based Programmes and Cash Voucher Assistance in WASH responses.

The WASH Cluster will deliver life-saving assistance and improve the wellbeing of people to prevent excess morbidity and mortality related to water-borne diseases and outbreaks. This will target population groups with no access to sufficient potable water and sanitation services and no or limited access to soap and hand-washing facilities, falling under severity level 5 (catastrophic). At the same time, there will be an emphasis on continuation of basic WASH services in parallel to the life-saving response that will target availability of services for population groups with access to unimproved water and sanitation services falling into category 3 (severe) and 4 (extreme).

The WASH Cluster will also prioritize communities in hard-to-reach areas with limited access to WASH services, as well as those in cholera/AWD hotspots and

crowded IDP settlements, with particular focus on the COVID-19 situation, risk management, and infection prevention and control measures.

In 2021, partners will continue to improve the safety of WASH facility users, strengthen universal design to enhance accessibility and engage a diverse range of beneficiaries from the community, including women and persons with disabilities (or their representatives) in the design and location of WASH facilities.

### **Response strategy and modalities**

Safe water storage, water treatment and water trucking with the installation of temporary distribution systems are prioritized in the acute phase of emergency situations to mitigate the outbreak of diarrheal diseases. Partners will deliver continued assistance in AWD/cholera in flood and drought hotspot areas through the rehabilitation and/or the construction of water supply infrastructure. Gender-balanced and inclusive water committees will be established to ensure adequate operation and maintenance of these water supply facilities.

Emergency, accessible sanitation facilities will be constructed in IDP sites, especially in overcrowded settlements and those in AWD/cholera and flood-prone areas. In protracted IDP sites and in communities in need of sanitation, partners will install and/or rehabilitate improved sanitation infrastructure, including establishing desludging systems in crowded contexts. Partners will comply to the cluster's AAP framework by involving beneficiaries from all population groups, taking into account gender, social and disability considerations in the design and location of facilities, and ensuring access to complaint and feedback mechanisms. Partners will also conduct hygiene promotion activities with the distribution of hygiene kits and menstrual hygiene management items.

To reduce the risk of violence against facility users, partners will ensure water and sanitation are constructed close to dwellings and that toilets are lockable. A universal design will be adopted to ensure water and sanitation facilities are accessible to all, including persons with disabilities.

When feasible, partners will adopt an integrated response with other sectors. In collaboration with health partners, WASH services will be delivered in health facilities. WASH partners will also prioritize settlements and communities where access to water and sanitation is low and contributes to high malnutrition and diarrheal disease prevalence. Partners will ensure sustained water supply and provision of soap for hand washing to avert risks of COVID-19 in vulnerable settlements and communities. In collaboration with the Education Cluster, WASH partners will address infrastructure gaps in schools, provide soap and install hand washing stations in schools to support continuous learning and reduce risks of COVID-19 prevalence in schools. With protection partners, the cluster has identified priority WASH-related protection risks and corresponding mitigation measures.

In 2021, the cluster will scale-up the use of Market Programming and Cash and Voucher Assistance (MBP/CVA) as a complementary modality to in-kind assistance. In 2020, the WASH Cluster conducted a market assessment which confirmed the existence of responsive and integrated local markets accessible to affected population, especially in urban centres. The findings will inform MBP/CVA in 2021. In areas where market data is not available, an assessment to confirm the availability of WASH goods and services is recommended. The WASH Cluster recognizes the challenges of lacking a sector specific CVA package. A WASH assistance package will become available for partners in early 2021. In the meantime, the Somalia multi-purpose cash transfer package (MPC<sup>56</sup>) is a good interim, even if it does not cover the values of WASH core items.

In 2021, the cluster will continue to implement its core function strategy, enhance its collaboration with Government counterparts, and strengthen its sub-national coordination platforms and Information Management framework. In addition to strengthening engagement with development actors, the WASH Cluster will continue to advocate for a sustainable solution to address chronic and protracted water crises in drought hotspot districts. In collaboration with line ministries, the cluster will foster collaboration among all WASH partners to contribute to the realization of UNCF priority areas of interventions, and ensure a nexus between



humanitarian interventions and the Government's long-term development goals in WASH.

### **Cost of response**

The WASH Cluster requires \$96.3 million in 2021 to meet the critical needs of affected populations. This represents a decrease of \$15 million compared to 2020. The decrease is partially due to a reduction of people in need from 2020 observed in some of the prioritized locations, who were previously targeted with more resilience-focused solutions.

The cost per beneficiary takes into account the needs exacerbated by the COVID-19 outbreak while focusing on ensuring a basic level of service, prioritized on the basis of severity levels within the 64 districts assessed across Somalia. There are 10 districts with no accessibility to partners and are therefore unable to be targeted in 2021. Additionally, drivers of the costing per beneficiary include preparedness measures to respond to anticipated needs as a result of annual floods and drought as a result of the potential impact of La Niña, insecurity and access constraints, heavy infrastructure (repair and rehabilitation) costs in locations identified with highest needs, and increased quality in project outputs/outcomes in compliance with cluster guidance and the accountability framework.

The total cluster financial needs were estimated after reviewing partners' projects against set criteria, including compliance to the cluster strategy and guidance note, budget feasibility and timeliness. Other WASH-specific criteria included quality of WASH infrastructure design, disability inclusion and protection mainstreaming.

### **Monitoring**

The first cluster objective is primarily related to the life-saving response for affected populations having no access to WASH services. These services contribute to reducing malnutrition and preventable diseases related to morbidity and mortality and risk of outbreaks. The second cluster objective focuses on continuity of basic services for population groups to enable access to improved water and sanitation services. This includes

responses in schools and healthcare facilities as well as communal settings.

The third cluster objective links to the WASH Safety Index subsequently contributing to the Protection Objective in promoting beneficiary participation in WASH services locations, reducing distances and risk of violence when accessing services, and identifying and removing barriers to access, especially for women, children, persons with disabilities and older people.

In 2021, the WASH Cluster will establish a Technical Working Group on monitoring while keeping in mind the limited mobility due to COVID-19 in order to promote a sectoral approach towards ensuring quality standards and identifying poorly designed outputs and non-compliance to cluster minimum requirements. This will be supported by spot checks by the WASH Cluster team (both national and sub-national) and where necessary the use of a third-party monitoring mechanism.

## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | WASH CLUSTER SPECIFIC OBJECTIVES  | INDICATOR   | IN NEED   | TARGETED  |
|---------------------|--------------------|---|---|---|---|
| <b>S01</b>          | SP2                | Deliver life-saving WASH assistance to reduce acute needs among most vulnerable settlements and communities (including men, women, boys and girls) in a dignified manner. | Number of people reached with emergency water services in vulnerable settlements and communities.   | 1.6M  | 1000000<br>(100% severity<br>5 caseload)                  |
|                     |                    |   | Number of people reached with appropriately designed and managed emergency sanitation services in vulnerable settlements and communities.   | 1.3M  |   |
|                     |                    |   | Number of people reached with critical hygiene items and key hygiene messages in vulnerable settlements and communities with specific focus on disease transmission and prevention. (jointly for S01 and S01 due to duplication)" | 4.1M  | 2,547,008   |
| <b>S02</b>          | SP1, SP2           | Continue to restore access to safe and equitable basic WASH services in targeted locations (including non-IDP men, women, boys and girls) in a dignified manner           | Number of people reached with continued, equitable, safe, sufficient and appropriate basic water supply in targeted both IDPs and non-IDP locations for potable and domestic use.   | 4.2M  | 1,547,008<br>(Severity level<br>3 and 4)                  |
|                     |                    |   | Number of people accessing equitable, safe, appropriately designed and managed basic sanitation services in the targeted IDPs and non-IDP locations (including schools and Health care facilities)                                | 4.1M  |   |
| <b>S03</b>          | SP1                | Maintain safety, equity and accessibility of the vulnerable groups (including women, boys, girls, elderly and people with disabilities) when accessing WASH services      | Number of people reached with gender segregated and ageing and disability friendly WASH facilities  | 55,822<br>(Derived from WASH safety Index severity level 3 and 4) | (55,822)<br>(Duplicating)<br>(Severity level 3 and 4 WSI) |

# 3.11 Refugees



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS | PARTNERS | PROJECTS |
|----------------|-----------------|--------------|----------|----------|
| 46K            | 46K             | \$54M        | 1        | 1        |

## Overview

By the end of 2020, Somalia hosted 24,073 refugees and asylum seekers, as well as 91,831 assisted refugee returnees. Refugees, asylum seekers and returnees mostly live in urban or peri-urban poor areas amongst the host community.

Vital to enhancing the protection environment for refugees and asylum seekers is the Government’s endorsement of the draft Refugee Act, which, despite important progress, remained outstanding as at the end of 2020. While the protection environment for Yemenis in Somalia remains relatively favourable due to religious, cultural and historical ties with the host community, Eritrean and Ethiopian persons of concern face greater challenges in terms of access to work, freedom of movement and socio-economic integration.

The underlying complexities of insecurity, conflict and climate shocks (such as drought and floods) have an adverse impact on the protection environment of refugees and asylum seekers. The existing needs and vulnerabilities have been exacerbated by COVID-19, especially for women and children who represent 77 per cent of the total refugee and asylum seeker population. In addition to challenges related to safety, security and development, specific issues such as the unavailability of land/title deeds, dearth of basic services and limited livelihood opportunities create significant obstacles to achieving durable solutions for refugees and asylum seekers.

Meanwhile, UNHCR, the Government and partners continue to facilitate safe and voluntary returns of Somali refugees (mainly residing in Kenya and Yemen) to Somalia. Given existing pressures on limited basic services, many returnees choose not to return to their areas of origin.

## Targets and Response priorities

In 2021, UNHCR and partners will continue to focus their intervention on providing protection and assistance, while working towards attainment of durable solutions for refugees, asylum-seekers and returnees. The multi-partner efforts will as much as possible be aligned with the efforts undertaken by the Somali Government. Interventions will focus on 28,002 refugees and asylum seekers, and 109,989 refugee returnees (of which 18,050 are expected to be assisted with return to Somalia in the course of 2021) that are estimated to be in need of a variety of protection, assistance and solutions support. To the extent possible, sectoral responses for vulnerable returnees have also been factored into the various cluster responses. Working in partnership for the achievement of sustainable protection and solutions outcomes for all persons of concern will also be key.

Efforts will also be focused on working with the Government of Somalia on the identification and protection of stateless people, as well as prevention and reduction of statelessness. It is anticipated that the Study on Statelessness will be carried out by the Government with support of UNHCR in 2021.

Working in partnership for the achievement of sustainable protection and solutions outcomes for all persons of concern will be key. Protection will be put at the centre of the multi-sectoral response, in line with the strategic priorities of the 2021 HRP. Considering pre-existing protection risks have been exacerbated by COVID-19, the intervention will be tailored to address and mitigate these risks, including but not limited to GBV, and lack of or restricted access to services and livelihoods opportunities.

### **Response strategy and modalities**

The key modalities will feature a combination of direct protection and assistance provision, in-kind support, cash-based interventions, livelihoods, self-reliance, community-based assistance and support to promote peaceful co-existence, as well as advocacy interventions and technical support to the Government of Somalia in building an asylum system in the country. UNHCR and partners will continue to support the Government throughout the process of legislation development and its implementation, in line with applicable international, regional and national frameworks, including the Global Compact on Refugees. A crucial component of an asylum system is the adoption of the draft Refugee Act, which as at the end of 2020, was pending parliamentary endorsement. The draft Refugees Act incorporates the broader Organization of African Unity refugee definition, comprehensively addresses the situation of refugees, and provides the criterion and procedures for determining status and the corresponding rights and obligations that arise from such status.

UNHCR and partners will also continue to provide technical support to the Government of Somalia in meeting its pledges made during the High Level Segment on Statelessness in October 2019, namely (i) to accede to the 1954 Convention Relating to the Status of Stateless Persons and the 1961 Convention Relating to the Reduction of Statelessness; and (ii) to conduct a study to better understand the situation of stateless groups and those at risk of statelessness, including an analysis of domestic laws.

All interventions will be guided by the Age, Gender and Diversity mainstreaming approach, ensuring that vulner-

able groups in the community are consulted and their capacities and needs are identified, from data gathering and analysis to programme design and implementation. In order to ensure peaceful co-existence with host communities, programming will be developed in an inclusive manner.

Prevention of and response to GBV is a key element of the protection response. This includes ensuring referral mechanisms are survivor-centred and confidential. In line with the Global Compact on Refugees, UNHCR and partners will further seek to link the humanitarian support with development activities and plans such as NDP9. The development of the National Strategy on Durable Solutions will be supported with the aim of mainstreaming protection as well as galvanizing joined-up solutions programming that enhance the humanitarian-development-peacebuilding nexus.

### **Cost of response**

The total 2021 financial requirement is \$54,340,360. UNHCR and partners will address the needs of 46,052 individuals by providing core relief items, education, primary healthcare, a monthly subsistence allowance and livelihoods support. UNHCR's activities will be implemented through partners and direct implementation where feasible, and where additional expertise is required/cost effective. Cash-based interventions will be the preferred mode of delivery, as appropriate. Cash-based assistance enables UNHCR and partners to be cost-efficient by reducing the need of setting-up expensive infrastructure in remote locations and by generating cost-savings in the supply chain of core relief items. In addition, cash-based assistance reduces the need for the re-sale of in-kind assistance and allows persons of concern to prioritize and address their most imminent needs.

### **Monitoring**

The refugee response will be regularly monitored on a continuous basis. The needs assessments of the targeted population will be conducted through age, gender and diversity analysis through regular field and monitoring visits as well as remote monitoring. Regular monitoring of the entire response programme will be conducted, and relevant indicators will be strictly tracked and reported as appropriate.



## Objectives, Indicators and Targets

| STRATEGIC OBJECTIVE | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE                                      | SECTORAL RESPONSE APPROACH   | INDICATOR  | IN NEED | TARGETED |
|---------------------|--------------------|--|--|--|---------|----------|
| <b>S03</b>          | SP1, SP2           | Favorable Protection Environment and Durable Solutions | Support the development of refugee protection legislation, policy and procedures that are in line with international standards and capacity-building of relevant Government authorities  | Support the development of refugee protection legislation, policy and procedures that are in line with international standards and capacity-building of relevant Government authorities  | 28,002  | 28,002   |
| <b>S03</b>          | SP1, SP2           | Fair Protection Processes and Documentation            | Improved reception conditions, registration, identity and civil status documentation and refugee status determination.   | Improved reception conditions, registration, identity and civil status documentation and refugee status determination.   | 28,002  | 28,002   |
| <b>S02</b>          | SP1                | Security from Violence and Exploitation                | Enhanced multi-sectoral, rights-based, lifesaving protection assistance, including legal interventions to address legal and physical protection risks.   | Enhanced multi-sectoral, rights-based, lifesaving protection assistance, including legal interventions to address legal and physical protection risks.   | 46,052  | 46,052   |
| <b>S02<br/>S03"</b> | SP1<br>SP1, SP2"   | Basic Needs and Essential Services                     | Population has sufficient basic and domestic items and Somali refugees have made an informed decision to voluntary return to Somalia, UNHCR will continue to manage way stations/ reception centres in Somalia that act as points of entry for the returnee population, and where counselling and basic services are provided. | Population has sufficient basic and domestic items and Somali refugees have made an informed decision to voluntary return to Somalia, UNHCR will continue to manage way stations/ reception centres in Somalia that act as points of entry for the returnee population, and where counselling and basic services are provided. | 46,052  | 46,052   |
| <b>S02</b>          | SP1                | Community Empowerment and Self Reliance                | Community mobilization strengthened and expanded and promotion of access to and integration into national systems, in particular basic services are available, including health and education; enhancing self reliance through livelihoods and vocational training, entrepreneurship and access to financial services.         | Community mobilization strengthened and expanded and promotion of access to and integration into national systems, in particular basic services are available, including health and education; enhancing self-reliance through livelihoods and vocational training, entrepreneurship and access to financial services.         | 46,052  | 46,052   |

## Part 5: **Annexes**

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SOMALIA

Photo: Taxta/UNICEF SOMALIA



## 5.1 Participating Organizations

| ORGANIZATION   | REQUIREMENTS (US\$) | PROJECTS |
|--|---------------------|----------|
| A Welzijn Initiatief   | \$838,393           | 2        |
| Aamin Organization   | \$410,000           | 1        |
| ACT Alliance / Diakonie Katastrophenhilfe  | \$3,673,050         | 5        |
| ACT Alliance / Finn Church Aid, Gargaar Relief and Development Organization                                      | \$883,800           | 2        |
| ACT Alliance / Norwegian Church Aid  | \$2,420,000         | 3        |
| Action Against Disasters Somalia   | \$1,300,000         | 2        |
| Action Against Hunger  | \$8,002,954         | 4        |
| Action for Relief and Development  | \$232,600           | 1        |
| Active in Development Aid  | \$2,095,341         | 5        |
| Adventist Development and Relief Agency, Windle International  | \$1,200,000         | 2        |
| African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia                     | \$2,693,831         | 1        |
| African Relief and Development   | \$779,237           | 3        |
| African Volunteers for Relief and Development  | \$1,440,000         | 2        |
| Agency for Development and Environmental Care (formerly Somali Volunteer for Development and Environmental Care) | \$337,973           | 1        |
| Agency for Technical Cooperation and Development   | \$8,148,676         | 4        |
| Agricultural Development Organisation  | \$340,000           | 1        |
| Agriculture Communitie Development   | \$300,002           | 1        |
| Aid Vision   | \$1,868,395         | 5        |
| Al Ta'awun Social Service  | \$252,065           | 1        |
| Alta Juba Relief and Rehabilitation Organization   | \$494,943           | 1        |
| American Refugee Committee (Alight)  | \$7,074,713         | 7        |
| ASAL Youth Development Association   | \$122,000           | 4        |
| ASEP   | \$350,000           | 1        |
| AYUUB Organization   | \$4,224,280         | 7        |
| Burhakaba Town Section Committee   | \$420,400           | 2        |

| ORGANIZATION  | REQUIREMENTS (US\$) | PROJECTS |
|---|---------------------|----------|
| Candlelight for Health, Education and Environment         | \$500,000           | 1        |
| CARE International  | \$2,268,440         | 3        |
| CARE Somalia  | \$4,549,000         | 4        |
| Catholic Relief Services                                  | \$500,000           | 1        |
| Centre for Peace and Democracy                            | \$4,534,787         | 4        |
| Comitato Internazionale per lo Sviluppo dei Popoli        | \$3,532,122         | 4        |
| Community Development and Humanitarian Network            | \$2,599,375         | 7        |
| Community Empowerment and social Development Organization | \$493,500           | 1        |
| Community Empowerment and Wealthy Initiative              | \$390,000           | 4        |
| Concepts for Community Programmes                         | \$254,142           | 1        |
| Concern Worldwide   | \$4,039,755         | 2        |
| Cooperazione E Sviluppo - CESVI                           | \$3,770,258         | 4        |
| Cooperazione Internazionale - COOPI                       | \$2,463,901         | 2        |
| Danish Refugee Council                                    | \$17,160,498        | 8        |
| Degsuf Foundation   | \$1,288,708         | 6        |
| DEH Relief and Development Organization                   | \$1,282,093         | 6        |
| Dialog Forening   | \$1,987,760         | 4        |
| Direct Aid  | \$1,201,900         | 2        |
| Disability Protection Association                         | \$350,000           | 1        |
| Food & Agriculture Organization of the United Nations     | \$128,008,050       | 5        |
| Formal Education Network for Private Schools              | \$600,000           | 1        |
| Gedo Women Development Organization                       | \$655,510           | 2        |
| Golweyne Relief and Rehabilitation                        | \$204,588           | 1        |
| Great Hope Foundation                                     | \$477,160           | 4        |
| Gruppo per le Relazioni Transculturali                    | \$623,984           | 1        |
| HALO Trust  | \$684,948           | 1        |
| Health Education Agro-pastoral Liaison                    | \$218,600           | 1        |
| Hidig Relief And Development Organization                 | \$1,723,092         | 7        |
| Himilo Organization for Development                       | \$899,970           | 2        |
| Himilo Relief and Development Organization                | \$220,000           | 1        |
| Horn of Africa Peace Network                              | \$3,585,493         | 6        |



| ORGANIZATION  | REQUIREMENTS (US\$) | PROJECTS |
|---|---------------------|----------|
| Horn of Africa Relief and Development Agency                                  | \$400,000           | 1        |
| Human Appeal UK   | \$2,255,177         | 4        |
| Human Development Concern   | \$2,350,900         | 3        |
| Humanitarian Africa Relief Development Organization                           | \$192,000           | 1        |
| Humanitarian Integrity for Women Action on Advocacy for Peace and Human Right | \$750,000           | 2        |
| Humanitarian Relief and Development Council                                   | \$252,457           | 1        |
| IDIL Relief Rehabilitation and Development Organization                       | \$800,000           | 3        |
| Iimaan Relief and Development Organization                                    | \$1,444,481         | 4        |
| Integrated Service for Displaced Population                                   | \$318,129           | 1        |
| International Media Support   | \$496,000           | 1        |
| International Medical Corps   | \$1,350,000         | 3        |
| International Medical Corps UK  | \$535,000           | 1        |
| International NGO Safety Organisation   | \$2,389,079         | 1        |
| International Organization for Migration                                      | \$40,525,703        | 7        |
| International Rescue Committee  | \$4,283,541         | 5        |
| INTERSOM Relief and Development Organization                                  | \$1,676,810         | 3        |
| INTERSOS Humanitarian Aid Organization  | \$6,937,417         | 8        |
| Islamic Relief Worldwide  | \$3,069,629         | 5        |
| Juba Foundation   | \$2,916,045         | 7        |
| KAAH Relief and Development Organization                                      | \$2,108,598         | 5        |
| KAALO Aid and Development   | \$500,000           | 1        |
| Kaalo Nederland, Stichting  | \$950,000           | 2        |
| Kulmiye Development Organization  | \$350,000           | 1        |
| Livelihood Relief and Development Organization                                | \$130,000           | 1        |
| Manaal Relief Foundation  | \$735,500           | 4        |
| Mandher Relief and Development Organization                                   | \$798,250           | 2        |
| Map Action Development Foundation   | \$205,000           | 2        |
| Marginalized Communities Advocates Network                                    | \$260,609           | 1        |
| MEDAIR  | \$4,196,380         | 3        |
| Mercy Corps   | \$4,308,269         | 4        |
| Mercy-USA for Aid and Development   | \$6,063,129         | 6        |

| ORGANIZATION   | REQUIREMENTS (US\$) | PROJECTS |
|--|---------------------|----------|
| Midnimo Relief and Development Organization                      | \$330,000           | 1        |
| Mines Advisory Group   | \$1,097,522         | 1        |
| New Ways Organization  | \$3,267,731         | 6        |
| Nomadic Assistance for Peace and Development                     | \$1,349,062         | 3        |
| Northern Frontier Youth League                                   | \$2,761,550         | 4        |
| Norwegian Refugee Council  | \$22,060,000        | 7        |
| Ocean Training and Promotion                                     | \$1,200,000         | 2        |
| Office for the Coordination of Humanitarian Affairs              | \$11,281,073        | 2        |
| Oxfam Intermon   | \$2,668,840         | 1        |
| OXFAM Netherlands (NOVIB)  | \$1,300,000         | 1        |
| Peace and Development Action                                     | \$1,079,576         | 5        |
| Physicians Across Continents                                     | \$1,177,210         | 2        |
| Plan International   | \$1,920,000         | 2        |
| Polish Humanitarian Action                                       | \$899,141           | 1        |
| Puntland Minority Women Development Organisation                 | \$520,000           | 3        |
| Puntland Non-State Actors Association                            | \$160,185           | 1        |
| Puntland Youth and Social Development Association                | \$332,982           | 1        |
| Qatar Red Crescent Society                                       | \$3,051,188         | 4        |
| Relief International   | \$7,693,240         | 7        |
| Riverine Relief Program  | \$1,886,120         | 5        |
| Rural Education and Agriculture Development Organization         | \$2,640,680         | 8        |
| Samawada Rehabilitation and Development Organization             | \$399,115           | 1        |
| Save Somali Women and Children                                   | \$2,680,000         | 7        |
| Save the Children  | \$34,067,546        | 6        |
| Secours Islamique France   | \$1,164,235         | 1        |
| Serving Together for Social Development International Solidarity | \$3,560,304         | 5        |
| Skills Active Forward  | \$1,433,100         | 4        |
| Socio-Economic Development and Human Rights Organization         | \$647,000           | 2        |
| Solutions for Humanity International                             | \$2,248,819         | 7        |
| Somali Agro Action Community                                     | \$218,979           | 1        |
| Somali Community Concern   | \$1,000,000         | 3        |

| ORGANIZATION  | REQUIREMENTS (US\$) | PROJECTS |
|---|---------------------|----------|
| Somali Development and Rehabilitation Organisation      | \$803,309           | 2        |
| Somali Human Rights Association                         | \$100,000           | 2        |
| Somali Organic Agriculture Development Organization     | \$691,900           | 1        |
| Somali Rehabilitation and Development Agency            | \$250,000           | 1        |
| Somali Vulnerable Actors                                | \$983,188           | 4        |
| Somali Women Empowerment and Development Organization   | \$300,000           | 1        |
| Somali Young Doctors Association                        | \$5,078,390         | 8        |
| Somali Youth Voluntary Group Association                | \$150,000           | 1        |
| Somalia Relive Centre                                   | \$465,238           | 2        |
| Somaliland Association for Youth Salvation              | \$135,410           | 1        |
| Somaliland Relief and Research                          | \$96,140            | 1        |
| Somaliland Youth Development and Voluntary Organization | \$1,129,400         | 3        |
| SOS Children's Villages                                 | \$3,606,850         | 5        |
| Sustainable Development and Peace Building Initiatives  | \$1,888,750         | 4        |
| Sustainable Livelihoods Relief Organization             | \$350,000           | 1        |
| Tadamun Social Society                                  | \$1,882,300         | 5        |
| Timely Integrated Development Services                  | \$205,000           | 2        |
| Towfiq Umbrella Organization                            | \$860,000           | 2        |
| Trocaire  | \$2,319,192         | 5        |
| United Nations Children's Fund                          | \$127,087,642       | 6        |
| United Nations High Commissioner for Refugees           | \$120,491,591       | 5        |
| United Nations Population Fund                          | \$8,404,662         | 2        |
| Vétérinaires sans Frontières (Germany)                  | \$1,874,375         | 1        |
| Vétérinaires sans Frontières (Switzerland)              | \$1,918,001         | 1        |
| Wadani Relief Organization                              | \$201,000           | 1        |
| Wajir South Development Association                     | \$1,557,807         | 3        |
| Wamo Relief and Rehabilitation Services                 | \$4,628,869         | 9        |
| Wardi Relief and Development Initiatives                | \$638,414           | 1        |
| Women Action for Advocacy and Progress Organization     | \$320,000           | 3        |
| Women and Children Child Care Organization              | \$2,140,227         | 5        |
| Women Initiative for Society Empowerment                | \$1,222,600         | 5        |

| <b>ORGANIZATION</b>               | <b>REQUIREMENTS (US\$)</b> | <b>PROJECTS</b> |
|-----------------------------------|----------------------------|-----------------|
| Women Pioneers for Peace and Life | \$2,968,741                | 3               |
| World Food Programme              | \$324,134,805              | 4               |
| World Health Organization         | \$9,120,000                | 1               |
| World Vision International        | \$7,083,939                | 4               |
| World Vision Somalia              | \$3,672,006                | 3               |
| Zamzam Foundation                 | \$2,748,538                | 6               |



## 5.2 Collective Outcomes

The UNCF 2021-2025 incorporates a revised set of four collective outcomes under the strategic priority on Social Development. These outcomes aim to address and reduce needs, risks and vulnerabilities based on the combined and coordinated efforts of humanitarian, development and peacebuilding actors across the UN system and beyond. They build on the collective outcomes identified and agreed as priorities by the UN and its partners in 2017.

Anchoring the collective outcomes in the UNCF provides the institutional grounding to ensure all partners work together for their realization. The operationalization of the UNCF will be informed by the humanitarian needs outlined in the annual HNO and HRP. The HCT endorsed the collective outcomes in September 2020, after which they were incorporated into the project module for the 2021 HRP. This will enable humanitarian partners to track their progress against these common goals.

*Outcome 1:* By 2025, more people in Somalia, especially the most vulnerable and marginalized, benefit

from equitable and affordable access to Government led and regulated quality basic social services at different state levels

*Outcome 2:* By 2025, the number of people impacted by climate change, natural disasters and environmental degradation is reduced

*Outcome 3:* By 2025, the proportion of vulnerable Somalis with scaled-up and sustained resilience against environmental and conflict-related shocks is increased, based on better management of life cycle risk, food security and better nutrition outcomes

*Outcome 4:* By 2025, the capacities of local, national and customary institutions and communities are strengthened to achieve durable solutions and increase the resilience, self-reliance and social cohesion of urban communities affected by displacement

### SOMALIA

Edmore Tondhlana/OCHA SOMALIA



## 5.3 Planning Figures by Cluster

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS   | PROJECTS   |
|----------------|-----------------|---------------------|------------|------------|
| <b>5.9M</b>    | <b>4M</b>       | <b>\$1.09B</b>      | <b>363</b> | <b>426</b> |

### SOMALIA

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## 5.4

# What if We Fail to Respond?

### Nutrition

#### ACUTELY MALNOURISHED CHILDREN WILL BE AT HIGH RISK OF MORBIDITY AND MORTALITY

Acute malnutrition is among the main causes of morbidity and mortality in children under 5 in Somalia and has consistently been well above the 15 per cent WHO emergency threshold. Around a million children will be at risk of acute malnutrition in Somalia in 2021. Timely prevention and treatment of acute malnutrition during emergencies is crucial: it not only reduces the burden on the overall health care delivery system but also strongly contributes to family welfare and child developmental outcomes. If we fail to respond, there will be direct deaths as a result of the malnutrition, as well as indirect deaths as a result of childhood illnesses, like diarrhoea and pneumonia, that malnourished children are too weak to survive.

### Health

#### LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO EXCESS DEATHS AND DISEASE OUTBREAKS

Without the provision of essential health service over 2.8 million people will continue to lack adequate and equitable health care, further contributing to one of the world's highest maternal and child mortality rates. Lacking vaccinations will leave hundreds of thousands of children susceptible to preventable illness and disease. GBV survivors will have no access to necessary healthcare. Mental health issues and disabilities will worsen people's wellbeing in the long-term.

### Food Security

#### NUMBER OF PEOPLE IN ACUTE FOOD INSECURITY WILL FURTHER INCREASE

Food insecurity is expected to worsen in 2021 across Somalia, driven by the effects of localized floods and below-average rainfall, a worsening Desert Locust infestation, and the economic impact of COVID-19. According to the Food Security and Nutrition Analysis Unit (FSNAU), over 2.65 million people across Somalia are expected to face crisis or emergency levels of food insecurity by mid-2021. However, humanitarian partners estimate that this number will likely continue to grow in the latter half of the year.

### Water, Sanitation, and Hygiene

#### INADEQUATE ACCESS TO WASH SERVICES WILL EXACERBATE SHOCKS FOR 4M PEOPLE

4.6 million Somalis will continue to face inadequate access to potable water and sanitation services, impacting the country's public health and the dignity of highly vulnerable and displaced communities. This will exacerbate the perennial outbreak of Acute Diarrheal Diseases (ADD), leading to malnutrition in the country and contributing to increasing the existing stunting rate of children below 5 years of age. Continued inadequate WASH services will also lead to heightened protection risks and incidents related to GBV as women and girls become more exposed as they gather water and use sanitation services.

### Protection

#### PROTECTION RISKS WILL INCREASE AND HUMANITARIAN INTERVENTIONS WILL BE UNDERMINED

The failure to address human rights violations and reduce risks for the most vulnerable in society will undermine the effectiveness of any humanitarian intervention. The most vulnerable, including women, adolescents, children, older persons, persons with disabilities,



persons with minority clan affiliations, people evicted, will suffer, and the risk of their exposure to sexual and other forms of gender-based violence, family separation, abuse, and other human rights violations, will be exacerbated.

## Shelter

### LACK OF SHELTER AND NON-FOOD ITEMS WILL AFFECT HEALTH, DIGNITY AND SAFETY OF WOMEN

If we fail to respond, the shelter needs of the targeted 549,412 people will not be met, causing people to continue living in overcrowded and unplanned settlements and shelters with no adequate privacy and protection from weather elements such as rain, sun, wind and heat. The lack of adequate shelter adversely affects the health, dignity and wellbeing of households and in particular, the security and safety of women and girls. Similarly, the basic non-food items need of nearly one million people will not be met, adversely affecting their health and dignity.

### Camp coordination, and camp management

#### DISPLACED PEOPLE WILL REMAIN IN SUB-STANDARD LIVING CONDITIONS

The living conditions of some 1,8 million displaced people will remain sub-standard as they continue to reside in camps or camp-like settings. The number of people already living in overcrowded IDP sites and dependent on humanitarian aid to meet their basic needs will increase in the coming year due to conflict and climactic shocks. As this displaced population continues to flow into urban areas, already limited basic services will be further strained. Access to humanitarian information by IDP communities will be limited and equitable access to humanitarian services will be unmet.

## Education

### AN ESTIMATED 1.1 MILLION CHILDREN WILL REMAIN WITHOUT EDUCATION

Approximately, 1.4M children projected to be in need of assistance will be exposed to protection concerns such as recruitment to armed groups, early marriage and negative impacts of the crisis. Likewise, an estimated 1.1M children who are in school will not be able to continue learning.

## Refugees, asylum seekers and refugee returnees

### PROTECTION, ASSISTANCE AND DURABLE SOLUTIONS FOR 46,000 PEOPLE WILL BE UNMET

The multisectoral and basic needs of refugees, asylum seekers and refugee returnees will not be met, exacerbating pre-existing vulnerabilities and potentially hindering peaceful co-existence among population groups. Moreover, failure to support the Government in building an effective asylum system through national legislation, policy and procedures in line with international standards, and related relevant capacity-building, would hinder the existing protection environment. The same concerns apply to the statelessness population as the response aims to support the Government in adhering to the pledges made during the High-Level Segment on Statelessness in October 2019.



## 5.5

# How to Contribute

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### **Support for activities within the Somalia Humanitarian Response Plan**

The Somalia HRP is developed in-country, based on solid analysis of response contexts and engagement with national and international humanitarian partners; direct financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in emergencies.

<http://www.unocha.org/somalia/>

### **Contribute through the Somalia Humanitarian Fund (SHF)**

The Somalia Humanitarian Fund (SHF) is a multi-donor country-based pooled fund (CBPF) that ensures timely allocation and disbursement of donor resources to address the most urgent humanitarian needs and assist the most vulnerable people in Somalia. The SHF enables timely, coordinated and effective humanitarian response and it is distinguished by its focus and flexibility. The SHF funds are prioritized locally; they help save lives, strengthen humanitarian coordination and humanitarian system in Somalia. SHF grants are received by local, national and international NGOs, but also UN agencies and other partners.

Individuals can contribute to the SHF

[www.unocha.org/somalia/shf](http://www.unocha.org/somalia/shf)

### **Contribute through the Central Emergency Response Fund (CERF)**

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response globally. CERF provides immediate funding for lifesaving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are welcome year-round, from Governments, private companies, foundations, char-

ities and individuals. To ensure the CERF is able to sustain its support to humanitarian operations in 2021, donors are encouraged to make their contributions as early as possible.

<https://www.unocha.org/cerf>

## 5.6

# Acronyms

|               |  |
|---------------|--|
| <b>AAP</b>    | Accountability to Affected Population                    |
| <b>MoHADM</b> | Ministry of Humanitarian Affairs and Disaster Management |
| <b>AMISOM</b> | African Union Mission in Somalia                         |
| <b>AU</b>     | African Union  |
| <b>AWD</b>    | Acute Watery Diarrhea                                    |
| <b>CCCM</b>   | Camp Coordination and Camp Management                    |
| <b>CBI</b>    | Cash based interventions                                 |
| <b>CWG</b>    | Cash Working Group                                       |
| <b>CO</b>     | Collective Outcomes                                      |
| <b>CE</b>     | Communication Engagement                                 |
| <b>CwC</b>    | Communication with Communities                           |
| <b>CAPS</b>   | Community Action Plans                                   |
| <b>CBCM</b>   | Community-based complaint mechanism                      |
| <b>CoP</b>    | Centrality of Protection Strategy                        |
| <b>DSA</b>    | Detailed Site Assessment                                 |
| <b>DOCC</b>   | Disaster Operations Coordination Centre                  |
| <b>DSRSG</b>  | Deputy Special Representative of the Secretary General   |
| <b>DSI</b>    | Durable Solutions Initiative                             |
| <b>ERP</b>    | Emergency Response Preparedness                          |
| <b>EOD</b>    | Explosive Ordnance Disposal                              |
| <b>FGS</b>    | Federal Government of Somalia                            |
| <b>FSNAU</b>  | Food Security and Nutrition Analysis Unit                |
| <b>GAM</b>    | Global Acute Malnutrition                                |
| <b>GBV</b>    | Gender-Based Violence                                    |
| <b>GER</b>    | Gross Enrollment Rate                                    |
| <b>HCT</b>    | Humanitarian Country Team                                |
| <b>HLP</b>    | Housing, Land and Property                               |
| <b>HRP</b>    | Humanitarian Response Plan                               |
| <b>HNO</b>    | Humanitarian Needs Overview                              |
| <b>IASC</b>   | Inter-Agency Steering Committee                          |
| <b>ICCG</b>   | Inter-Cluster Coordination Group                         |
| <b>IDPs</b>   | Internally Displaced Persons                             |
| <b>IMWG</b>   | Information Management Working Group                     |
| <b>IERT</b>   | Integrated Emergency Response Teams                      |
| <b>INSO</b>   | International NGO Safety Organisation                    |
| <b>IPC</b>    | Integrated Phase Classification                          |
| <b>MEB</b>    | Minimum Expenditure Basket                               |
| <b>MPCA</b>   | Multi-Purpose Cash Assistance                            |

## 5.7 End Notes

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- 3 OCHA, Somalia Humanitarian Bulletin, October 2020.
- 4 OCHA, Rapid Drought Assessment – Somaliland, Puntland, Jubaland, Galmudug, January 2021.
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- 6 Federal Republic of Somalia, Ministry of Health, COVID-19 Dashboard, <http://moh.gov.so/en/covid19/> (accessed 29 December 2020).
- 7 ACLED, <https://acleddata.com/#/dashboard> (accessed 1 February 2021)
- 8 FEWSNET & FSNAU, Somalia Food Security Outlook October 2020 – May 2021, 15 November 2020.
- 9 FEWSNET & FSNAU, - Post Gu Technical Release, 30 September 2020. <https://www.fsnau.org/node/1819>.
- 10 United Nations Somalia, Somalia Country Common Analysis 2020, [https://somalia.un.org/sites/default/files/2020-09/UN%20Somalia%20Common%20Country%20Analysis%202020\\_3.pdf](https://somalia.un.org/sites/default/files/2020-09/UN%20Somalia%20Common%20Country%20Analysis%202020_3.pdf).
- 11 Directorate of National Statistics, Federal Government of Somalia, The Somali Health and Demographic Survey 2020. [https://somalia.unfpa.org/sites/default/files/pub-pdf/FINAL%20SHDS%20Report%202020\\_V7\\_0.pdf](https://somalia.unfpa.org/sites/default/files/pub-pdf/FINAL%20SHDS%20Report%202020_V7_0.pdf).
- 12 2017 WHO-UNICEF Joint Monitoring Programme.
- 13 IDMC, Somalia Data, September 2020.
- 14 REACH. December 2020. Joint Multi-Cluster Needs Assessment 2020 Somalia. <https://reach-info.org/som/jmcna2020/>.
- 15 Ibid.
- 16 Ibid.
- 17 Ibid.
- 18 UNICEF, Somalia – Health, <https://www.unicef.org/somalia/health>.
- 19 Ibid.
- 20 UNDESA (2018). Data from the 2018 triennial review.
- 21 Integrated Office of the DSRSCG/RC/HC, Towards Sustainable Urban Development in Somalia and IDP Durable Solutions at Scale, September 2019.
- 22 REACH. December 2020. Joint Multi-Cluster Needs Assessment 2020 Somalia. [online]. <https://reach-info.org/som/jmcna2020/>.
- 23 The Integrated Food Security Phase Classification (IPC) is a tool for improving food security analysis and decision making. It is a standardized scale that integrates food security, nutrition and livelihood information into a statement about the nature and severity of a crisis and implications for strategic response. IPC ratings are: 1) Minimal; 2) Stressed; 3) Crisis; 4) Emergency; and 5) Catastrophe/Famine.
- 24 UNICEF, Somalia Poverty Profile, June 2017 <https://www.unicef.org/esaro/2016-UNICEF-Somalia-Poverty-Profile.pdf>.
- 25 Development Initiatives, Towards an improved understanding of vulnerability and resilience in Somalia, June 2019 <https://devinit.org/resources/vulnerability-resilience-somalia/>.
- 26 FEWSNET & FSNAU, Somalia Food Security Outlook October 2020 – May 2021.
- 27 FEWSNET & FSNAU, Post-Deyr Technical Release 2020.
- 28 FSNAU-FEWSNET- Somalia Food Security Outlook October 2020 – May 2021.
- 29 For example, unaccompanied children; children who are separated or lost both parents and/or primary caregivers and are not cared for by an extended family (uncle, aunt, cousins, etc.); children living in child/older person/disabled/female headed households; children engaged in work and children engaged in the worst form of child labour.
- 30 CCCM Cluster, Detailed Site Assessment 2020.
- 31 REACH. December 2020. Joint Multi-Cluster Needs Assessment 2020 Somalia. [online]. <https://reach-info.org/som/jmcna2020/>.
- 32 Ibid.
- 33 Ibid.
- 34 Refer IASC Common and Fundamental Operational Data standards & ICRC Handbook on Data Protection in Humanitarian Action.
- 35 Ground Truth Solutions. December 2020. Perception survey of aid recipients in Somalia. [online]. Available from: [https://groundtruthsolutions.org/wp-content/uploads/2020/12/GTS\\_Somalia\\_Survey\\_Dec\\_2020.pdf](https://groundtruthsolutions.org/wp-content/uploads/2020/12/GTS_Somalia_Survey_Dec_2020.pdf) [Accessed on: 10 December 2020].
- 36 Ibid.
- 37 Ibid.
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- 41 Ibid.
- 42 MoECHE COVID-19 Education Sector Response Plan 2020.
- 43 Educational Characteristics of the Somali People Volume 3 UNFPA 2016.
- 44 This analysis was based on the last 4 years expenditure of children education costing's, (tuition fees, education materials etc.).
- 45 According to a statement issued on 8 October 2020 by the United States NOAA Climate Prediction Center, La Niña persisted during September and is likely to continue through the February 2021 (~85% chance) and into spring (~60% chance during February-April 2021).
- 46 Based on FSNAU-FEWS NET Post Gu 2020 seasonal assessment findings, 2.1 million people across Somalia are expected to face Crisis or worse (IPC Phase 3 or higher) outcomes and an additional 3 million people are expected to be Stressed (IPC Phase 2) through December without sustained humanitarian assistance.
- 47 The CWG uses the FSNAU MEB as the basis for calculating transfer value recommendations. As per decision of the CWG, transfer value recommendations will remain fixed for three months at a time, and only be subject to change if the MEB in the region changes by more than +/- 10%.
- 48 JMNCA, 2019/2020; WHO, 2010.
- 49 FSNAU-FEWS NET Post Gu Technical Release, Sept 2020.
- 50 FSNAU-FEWS NET Post Gu Technical Release, Sept 2020.
- 51 <http://training.unicef.org/disability/emergencies/index.html>.
- 52 CP AoR PiN 2020 was estimated at 1.6M and in 2021 it is projected to increase to 1.8M (the PiN calculation was structured around 5 pillars to measure the severity of humanitarian conditions for CP: magnitude of the problem, external factors, CP issues and risks, access to child protection services, and coping mechanisms).
- 53 <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Cluster%20Lead%20Agencies%20Joint%20Letter%20on%20Dual%20Responsibility.pdf>.
- 54 68,588 individuals were protected from forced evictions through preventive engagements by HLP actors. Source: NRC Eviction Dashboard; January – November 2020.
- 55 As defined in the Joint Inter-Sectoral Analysis Framework (JIAF) and identified by the JMCNA.
- 56 <https://www.humanitarianresponse.info/en/operations/somalia/cash-activities>.



**HUMANITARIAN  
RESPONSE PLAN**  
SOMALIA

ISSUED FEBRUARY 2020