

# HUMANITARIAN RESPONSE PLAN

## SOMALIA

HUMANITARIAN  
PROGRAMME CYCLE  
2022

ISSUED DECEMBER 2021



# About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

## PHOTO ON COVER

Somalia, Kismayo.  
Photo: OCHA Somalia.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system

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## Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

[www.humanitarianresponse.info/en/operations/somalia](http://www.humanitarianresponse.info/en/operations/somalia)



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.

[www.hum-insight.com](http://www.hum-insight.com)



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

[fts.unocha.org/countries/206/summary/2021](http://fts.unocha.org/countries/206/summary/2021)

# Table of Contents

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|           |   |
|-----------|---|
| <b>05</b> | <b>Foreword by the Humanitarian Coordinator</b>                     |
| <b>06</b> | <b>Foreword by MoHADM</b>   |
| <b>07</b> | <b>Response Plan Overview</b>                                       |
| 09        | Crisis Context and Impact   |
| 10        | Overview of Context of the Crisis                                   |
| 12        | People targeted   |
| 13        | HRP Key Figures   |
| 14        | Historic Funding Trends   |
| 15        | Timeline of Response Events in 2021                                 |
| <b>16</b> | <b>Part 1: Strategic Response Priorities</b>                        |
| 17        | 1.1 Strategic Response Priorities and Response Approach             |
| 26        | 1.2 Strategic Objectives, Specific Objectives and Response Approach |
| 33        | 1.3 Operational Capacity and Access                                 |
| 41        | 1.4 Use of Multi-Purpose Cash                                       |
| 43        | 1.5 Protection against Sexual Exploitation and Abuse                |
| 44        | 1.6 Costing Methodology   |
| <b>45</b> | <b>Part 2: Response Monitoring</b>                                  |
| 46        | 2.1 Monitoring Approach   |
| 47        | 2.2 Accountability to Affected Populations                          |
| <b>49</b> | <b>Part 3: Cluster/Sector Objectives and Response</b>               |
| 52        | 3.1 Camp Coordination and Camp Management (CCCM) Cluster            |
| 54        | 3.2 Education Cluster   |
| 56        | 3.3 Enabling Programmes   |
| 58        | 3.3 Food Security   |
| 60        | 3.4 Health Cluster  |
| 62        | 3.5 Logistics Cluster   |
| 64        | 3.6 Nutrition Cluster   |
| 66        | 3.7 Protection Cluster and AORs                                     |
| 75        | 3.8 Shelter Cluster   |
| 77        | 3.9 WASH Cluster  |
| <b>79</b> | <b>Part 4: Refugee Response Plan</b>                                |
| <b>82</b> | <b>Part 5: Annexes</b>  |
| 83        | 5.1 Participating Organizations                                     |
| 86        | 5.2 Drought Response Plan   |
| 100       | 5.3 HRP 2022 Sectoral Objectives and Planning Figures               |
| 109       | 5.4 How to Contribute   |
| 110       | 5.5 End Notes   |





MOGADISHU, SOMALIA  
Photo: OCHA Somalia



# Foreword by the Humanitarian Coordinator

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The humanitarian situation in Somalia has become one of the most acute crises in the world. Decades of conflict, recurrent climatic shocks, disease outbreaks, large-scale displacement, desert locust infestations, and increasing poverty have aggravated vulnerabilities and protection risks, especially among women and girls, who continue to bear the brunt of the crisis.

Somalia is on the frontline of climate change. On 23 November 2021, the Federal Government of Somalia declared a drought emergency, as the country experienced three consecutive failed rainy seasons. By the end of 2021, more than 3.2 million people face severe shortages of water, food, and pasture and nearly 169,000 have been displaced from their homes due to the drought. At the same time, large parts of Somalia are prone to severe riverine and flash flooding. The rains resulted in widespread flooding in several parts of the country, affecting over 400,000 people in 14 districts and displacing 101,300 people from their homes in mid-2021. Areas that received rainfall were limited and the rainfall season was erratic and too late for the planting season, exacerbating the already significant food security concerns.

Deteriorating drought conditions have resulted in increased humanitarian needs as the country risks a fourth consecutive failed rainy seasons through December 2021. The overall number of people in need of humanitarian assistance and protection has increased every year from 5.2 million people in 2020 to 5.9 million in 2021 and currently projected to rise to 7.7 million people in 2022. Without sustained humanitarian assistance, an estimated 3.8 million Somalis will continue to face acute food insecurity in January 2022, with the number projected to rise by more than 21 per cent to 4.6 million people by May 2022.

Conflict and insecurity remain widespread in most part of the country and were the main drivers of internal displacement in 2021. About 777,000 people have been forced to flee their homes between January and December 2021. Overall, an estimated 2.9 million people have been displaced internally by conflict and natural disasters, of whom 2.2 million require urgent humanitarian assistance and protection. Humanitarian access remains a challenge in many areas, hindering timely delivery of assistance and protection for people in need.

In early 2021, Somalia experienced a severe wave of COVID-19 infections. The pandemic continues to spread across the country and according to WHO an estimated 20 per cent of Somalia's population will suffer from its direct and indirect impacts. In addition to the COVID-19 pandemic, disease outbreaks, including Acute Watery Diarrhoea/Cholera have increased due to water shortages and lack of access to adequate hygiene and sanitation facilities, the majority being in IDP camps.

The combined impact of these recurring stress factors has deepened poverty levels, as people lack access to sustainable livelihoods. An estimated 71 per cent of all Somalis are reportedly living below the poverty line, particularly in rural areas.

Responding to these increased needs, humanitarian partners aim to assist 5.5 million people in 2022, including 1.6 million IDPs, refugees and returnees. The response will uphold commitments to the centrality of protection through protection mainstreaming, accountability to affected populations and monitoring of the protection environment.

Our priority in 2022 is to ensure life-saving assistance for the most vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse, violence, and exposure to explosive ordinances by the end of the year. To achieve this target, humanitarian partners will require US\$1.46 billion to reach 5.5 million people across all 74 districts of the country.

In 2021, donor contributions enabled the humanitarian community to meet the immediate and life-saving critical needs of an estimated 2.3 million people out of 5.5 million who needed assistance. I thank the donors. At the same time, I urge them to, yet again, generously support the 2022 HRP. With donor support, we can, together with the Federal Government, State authorities, the Somali diaspora and local communities ensure that the people of Somalia receive the critical assistance that they require, and most importantly, are able to withstand future shocks in a sustainable way. I encourage that funds be made available early to ensure early action.

**Mr. Adam Abdelmoula,**  
UN Deputy Special Representative  
of the Secretary-General, Resident and  
Humanitarian Coordinator for Somalia.

# Foreword by MoHADM

The humanitarian crisis in Somalia is getting worse, particularly for children, women, the elderly and disabled people who bear the brunt of the situation. The Federal Government is concerned that the number of people who need assistance and protection in Somalia is forecast to rise by 30 per cent from 5.9 million in 2021 to about 7.7 million in 2022.

Over the years, Somalia has suffered various shocks ranging from conflict, floods, drought, desert locust infestations, and the recent COVID-19 pandemic. Millions of people have been affected, livelihoods destroyed, and the country's economy destabilized. One direct impact is that food insecurity has deepened. An estimated 3.8 million Somalis will face acute food insecurity through January 2022 and the number projected to rise by more than 21 per cent to 4.6 million people from February to May 2022, if no humanitarian assistance is provided.

Years of hardship have eroded livelihoods in Somalia. In rural areas, where most of the 71 per cent of people who live in poverty live, access to basic services like health, water and food is a big challenge. Furthermore, conflict and insecurity remain widespread across the country and were the main drivers of internal displacement in 2021.

Critically, climate change is driving conflict in Somalia and the struggle for dwindling resources between clan divisions and inter-clan conflict has escalated. Following the declaration of drought in November, the Federal Government's Drought Relief Committee joined international humanitarian agencies to discuss drought response efforts. I note that the Somali business community and diaspora are key supporters of the drought response.

This was not the first time that drought had hit Somalia this year. In April, more than 80 per cent of Somalia again faced moderate to severe drought conditions. The rains that followed, however, were excessive and short. This affected the planting season triggered flooding, which affected 400,000 people in 14 districts, displacing 101,300 people from their homes.

The 2022 Humanitarian Response Plan has linkages to key government strategies, including to the National Development Plan 9 (NDP9) 2020-2024, which strengthens the focus of the Federal Government on service provision, particularly through investments in economic and social development. In the long run, the plan is to steer the country away from heavy dependence on humanitarian aid, towards long-term durable solutions.

The response plan is also linked to the National Durable Solutions Strategy (NDSS) 2020-2024 -an operational roadmap that sets out a collective vision, strategic objectives, and principles to guide the implementation of durable solutions programming and policies.

The partnership between the Federal Government, Member States and the humanitarian community remains. Out of 272 partners that were operational at the end of 2021, some 183 were national NGOs. This is commendable. National partners have been instrumental in delivering assistance to difficult-to-reach areas where some of the most vulnerable people live.

To meet increased humanitarian needs in 2022, the Federal Government is, in addition to mobilizing resources within its reach to provide emergency relief supplies and build community resilience, calling on the humanitarian community for continued support in meeting the emergency needs in Somalia. Together with our partners and donors, we expect to play a significant role in the 2022 humanitarian response.

**Ms. Khadija Diriye,**  
Federal Minister of Humanitarian Affairs  
and Disaster Management.



# Response Plan Overview

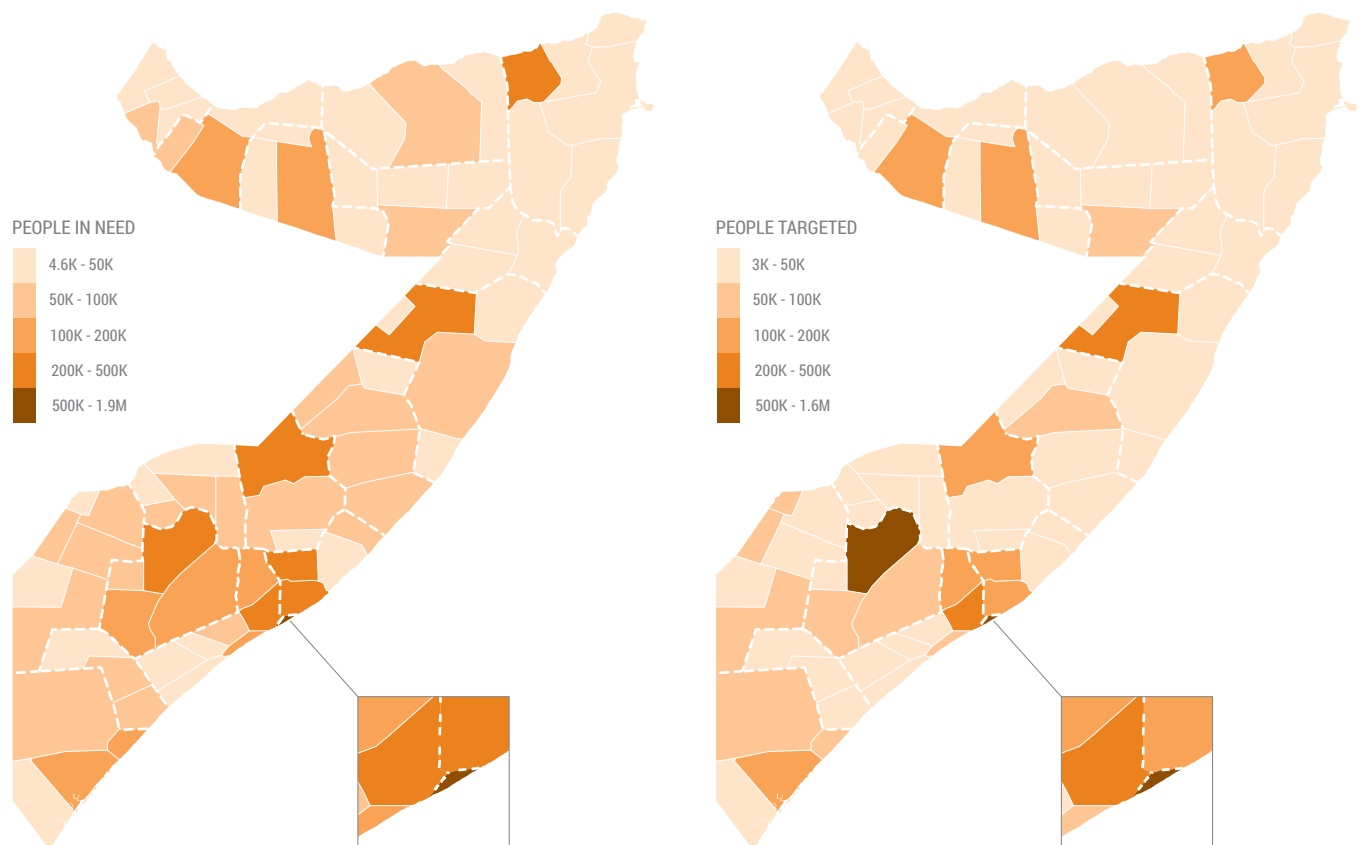
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|----------------|-----------------|---------------------|----------------------|
| <b>7.7M</b>    | <b>5.5M</b>     | <b>\$1.46B</b>      | <b>272</b>           |

**SO 1** Reduce loss of life for 5 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, violence, and exposure to explosive ordinances by the end of 2022

**SO 2** Sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 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 2022

**SO 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

People in need and people targeted by district



The 2022 Somalia Humanitarian Response Plan (HRP) requires US\$1.46 billion to reach 5.5 million people across all 74 districts of the country. The HRP is based on the robust inter-sectoral analysis of the 2022 Humanitarian Needs Overview (HNO), which identified 7.7 million people, including refugees and asylum seekers, in need of humanitarian assistance in the country. This constitutes a 1.8 million person increase from the 5.9 million people in need (PiN) identified in the 2021 HRP.<sup>1</sup>

The highly focused and prioritized humanitarian response will be driven by the three Strategic Objectives outlined above, with the Centrality of Protection at its core – as embodied in Strategic Objective 3. The HRP outlines how protection mainstreaming, localization, gender equality, Accountability to Affected Populations (AAP) and the Prevention of Sexual Exploitation and Abuse (PSEA) are integrated into specific cluster plans and will be strengthened across the response.

To ensure that the immediate lifesaving needs of affected populations are met in response to drought, conflict, and flooding, the 2022 HRP has integrated the Emergency Response and Preparedness (ERP) framework. The ERP outlines detailed State-level response and preparedness contingency plans to operationalize and optimize the speed

and volume of critical assistance delivered immediately after the trigger of three identified slow-onset or sudden-onset shocks: drought, conflict, or flooding. The HRP 2022 also incorporates the planned response to the extreme drought impacting the lives of millions of Somalis at the time of publishing in December 2021 (see 'Drought Response Plan' Annex).

In support of the humanitarian-development-peace nexus, the HRP is aligned with relevant resilience and durable solutions frameworks, with the aim to reduce humanitarian needs, risks, and vulnerabilities in the medium to longer term whilst building synergies and complementarities with development, early recovery, and resilience initiatives.

The 2022 HRP will also prioritize the development of an improved response monitoring framework that provides the Humanitarian Country Team (HCT) with regular evidence to ensure a timely, efficient, and fit-for-purpose response to the humanitarian needs.

## SOMALIA

Photo: UN/David Mutua





# Crisis Context and Impact

Decades of conflict, recurrent climatic shocks, disease outbreaks, large-scale evictions, desert locusts, and increasing poverty, are devastating the people of Somalia. The overall number of people in need has increased over the last three years from 5.2 million people in 2020 to 5.9 million in 2021 and 7.7 million in 2022.<sup>2</sup>

Somalia remains on the frontline of climate change and is the most severely drought-affected country in the Horn of Africa. The cumulative effects of the three consecutive below-average rainy seasons have resulted in a sharp forecasted increase in WASH, food, and health needs, especially in rural areas. The drought emergency, declared on 23 November, has affected at least 3.2 million people in 90 per cent of the country's districts and displaced some 169,000 people. Without a scale up of humanitarian assistance, some 3.8 million Somalis are estimated to face acute food insecurity through January, rising to 4.6 million people by May.

Critically, climate change is also increasingly understood as a major driver of conflict in Somalia as the struggle for dwindling resources exacerbates clan divisions and inter-clan conflict. Climate change disrupts rural livelihoods, resulting in rapid urbanization which in turn contributes to high rates of forced evictions. These evictions are among the most severe and prevalent protection threats in Somalia, representing both a cause and a multiplier of the internal displacement crisis.

Throughout 2021, the country saw heightened political tensions in the context of a delayed electoral process, as well as a continued military offensive against Al-Shabaab (AS) in central and southern Somalia. The resulting conflict and insecurity were the main driver of internal displacement in 2021, forcing almost 540,000 people to flee their homes by October 2021. In 2022, the conflict in Ethiopia is expected to have grave regional security implications that could further threaten prospects for peace and stability in Somalia. In total, 2.9 million people are estimated to be internally displaced throughout Somalia, one of the highest numbers of Internally Displaced Persons (IDPs) in the world.

The combined impact of these recurring stress factors has deepened and widened poverty in Somalia, particularly in rural areas and areas where access remains a challenge, with an estimated 71 per cent of the population living below the poverty line. Amidst chronic crises, Somalia also continues to exhibit some of the highest infant and child mortality, maternal mortality, and fertility rates in the world. COVID-19 has exacerbated these dynamics, with up to 20 per cent of Somalia's population (3.5 million people) expected to suffer from direct and indirect impacts of the pandemic.

Read more about humanitarian needs and drivers in the [Somalia 2022 Humanitarian Needs Overview](#)



# Overview of Context of the Crisis

## Drought in Somalia

as of December 2021



**3.2M**

TOTAL NUMBER OF PEOPLE AFFECTED BY DROUGHT

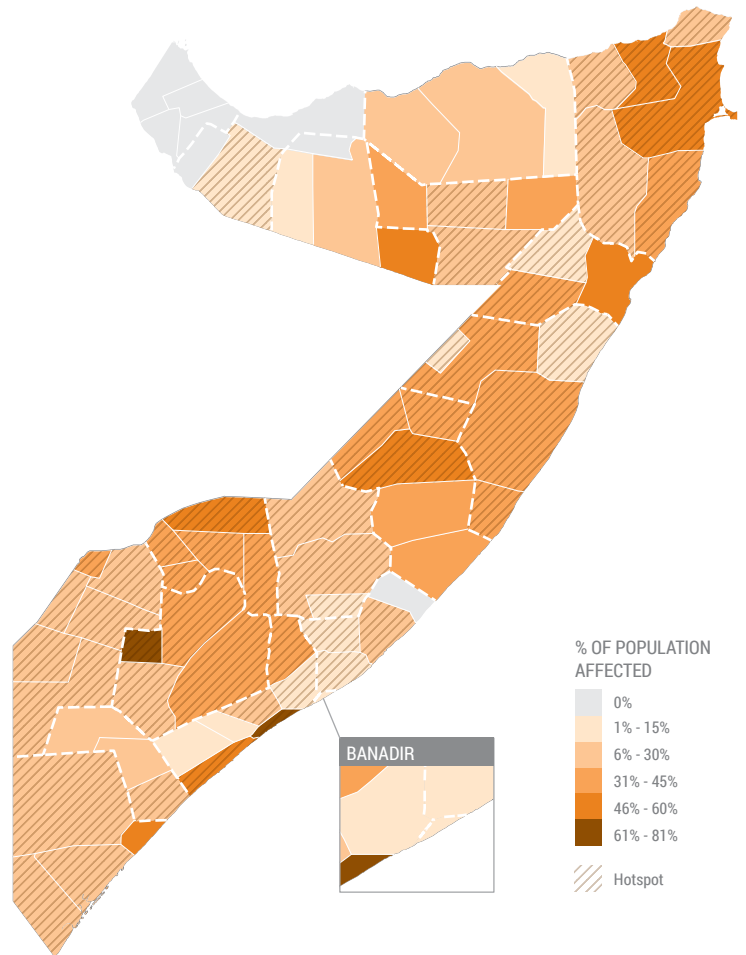


**169K**

TOTAL NUMBER OF PEOPLE DISPLACED BY DROUGHT

### Affected Population

| REGION          | # OF PEOPLE AFFECTED | % OF POPULATION AFFECTED | # OF PEOPLE DISPLACED |
|-----------------|----------------------|--------------------------|-----------------------|
| Galgaduud       | 302.1k               | 43%                      | 694                   |
| Bakool          | 179.5k               | 40%                      | 32,710                |
| Bay             | 377k                 | 38%                      | 4,844                 |
| Lower Shabelle  | 467.6k               | 34%                      | 7,100                 |
| Bari            | 233k                 | 34%                      | 31,729                |
| Lower Juba      | 362.7k               | 32%                      | 12,816                |
| Nugaal          | 145.1k               | 32%                      | 3,500                 |
| Sool            | 126.3k               | 30%                      | 2,701                 |
| Mudug           | 355.6k               | 27%                      | 9,096                 |
| Middle Juba     | 92.1k                | 25%                      | 16,370                |
| Gedo            | 163.5k               | 23%                      | 23,350                |
| Togdheer        | 144.3k               | 22%                      | 1,550                 |
| Sanaag          | 66k                  | 19%                      | 13,100                |
| Hiraan          | 78.4k                | 18%                      | 4,626                 |
| Middle Shabelle | 74.5k                | 10%                      | 3,263                 |
| Woqooyi Galbeed | 30k                  | 1%                       | 1,400                 |
| Banadir         | 50k                  | 1%                       | 161                   |



### DEMOGRAPHIC



**Poverty line:**  
72% of people live on less than \$1.9 per day

Source: World Bank



**Early Marriage:**  
35.5% of girls married before 18

Source: UNICEF

**Life expectancy:**  
56 years old

Source: World Bank



**Youth population:**  
>75%

Source: UNFPA

**Under-five mortality rate:**  
122 child deaths per 1,000 live births

Source: UNICEF



**Maternal mortality rate:**  
1 in 1,000 women (15-49 years old) dies of pregnancy-related complications

Source: World Bank



## ECONOMIC



**GDP per capita:**  
309.4 US\$ (2020)

Source: World bank



**Inflation:**  
4% (2020)

Source: African Development Bank



**Cash assistance:**  
10.7% of the population receive humanitarian cash assistance

Source: CWG

## BASIC SERVICES



**Access to health services:**  
2 health workers for every 100,000 people

Source: World bank



**Access to safe water:**  
1 in 5 people have insufficient access to water for daily drinking and domestic use

Source: UNICEF



**Access to education:**  
33% of children enrolled in primary school

Source: UNICEF

## INFRASTRUCTURE



**Access to electricity:**  
51% of population have no access to electricity



**Phone ownership:**  
51% of population own a phone (2018)

Source: World bank



**Road access:**  
90% of roads are in poor condition

Source: Logistics Cluster

## SECURITY



**Violent incidents (2021):**  
5,241 violent incidents reported

Source: PRMN Jan - Nov 2021



**Human rights incidents (2021):**  
6,410 human rights incidents reported

Source: PRMN Jan - Nov 2021



**Civilian casualties (2021):**  
5,997 casualties

Source: ACLED Jan - Nov 2021

# People Targeted

TOTAL POPULATION

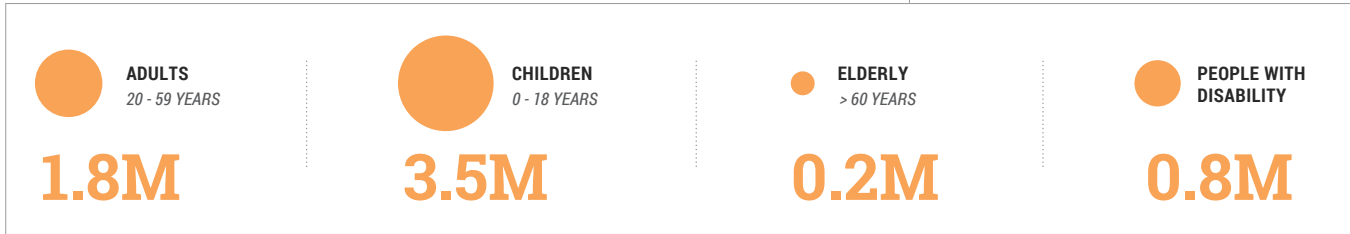
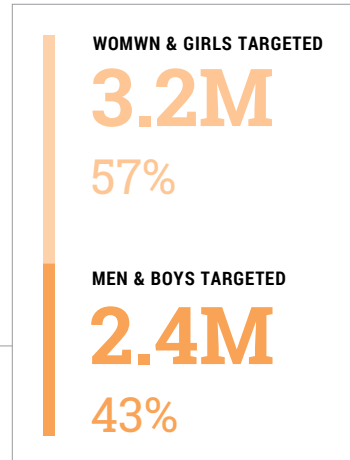
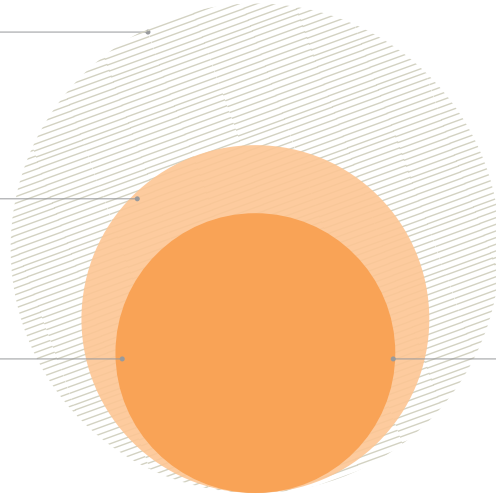
15.7M

PEOPLE IN NEED

7.7M

PEOPLE TARGETED

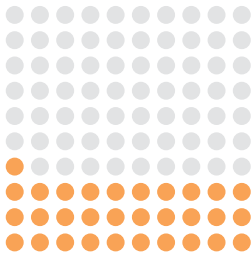
5.5M



## PEOPLE TARGETED BY SECTOR OUT OF TOTAL PEOPLE TARGETED

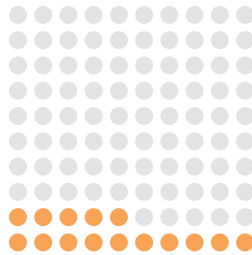
Camp Coordination and Camp Management (CCCM)

1.7M



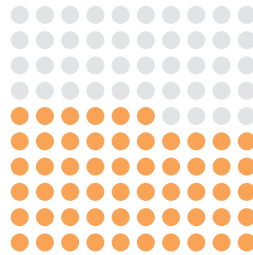
Education

830K



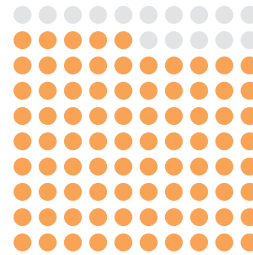
Food Security

3.1M



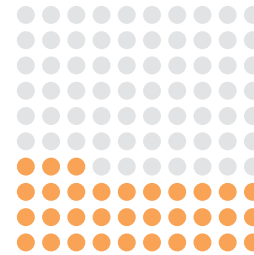
Health

4.7M



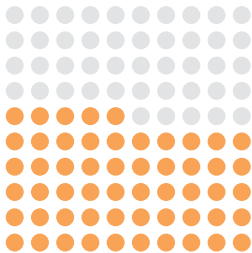
Nutrition

1.8M



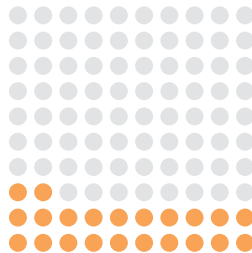
Protection

3M



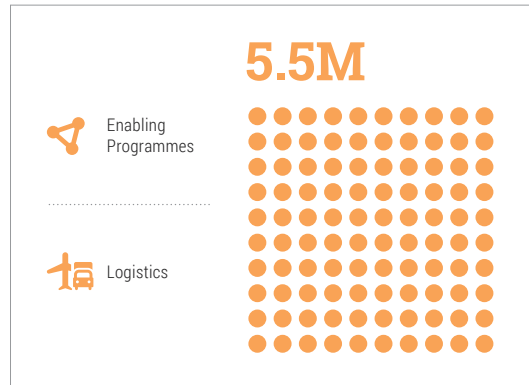
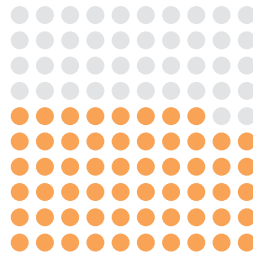
Shelter and Non-Food Items

1.2M



Water, Sanitation and Hygiene (WASH)

3.1M



# HRP Key Figures

## Humanitarian Response by Targeted Groups

| POPULATION GROUP                    | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGET |
|-------------------------------------|----------------|-----------------|----------------|
| Non-Internally displaced people     | 2.2M           | 1.3M            |                |
| Internally displaced people         | 5.5M           | 4.3M            |                |
| Refugees, Asylum Seekers, Returnees | 163K           | 163K            |                |

## Humanitarian Partners by Type

| TYPE       | NO. OF PARTNERS |
|------------|-----------------|
| NNGO       | 183             |
| INGO       | 61              |
| Other      | 12              |
| Government | 9               |
| UN         | 7               |

| SECTOR                                | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | NUMBER OF PROJECTS | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGET |
|---------------------------------------|---------------------|----------------------|--------------------|----------------|-----------------|----------------|
| Camp Coordination and Camp Management | 28.4M               | 36                   | 38                 | 2.2 M          | 1.8 M           |                |
| Education                             | 95.4M               | 32                   | 31                 | 3.1 M          | 0.8 M           |                |
| Enabling Programmes                   | 27.9M               | 8                    | 10                 | 7.7 M          | 5.5 M           |                |
| Food Security                         | 624.4M              | 75                   | 75                 | 3.5 M          | 3.1 M           |                |
| Health                                | 108.8M              | 49                   | 51                 | 6.5 M          | 4.7 M           |                |
| Logistics                             | 25.6M               | 1                    | 2                  | 7.7 M          | 5.5 M           |                |
| Nutrition                             | 178.8M              | 58                   | 58                 | 2.4 M          | 1.8 M           |                |
| Protection                            | 127.7M              | 75                   | 92                 | 4.0 M          | 3.0 M           |                |
| Refugee Response Plan                 | 68.9M               | 1                    | 1                  | 0.1 M          | 0.1 M           |                |
| Shelter and Non-Food Items            | 56.9M               | 21                   | 21                 | 3.6 M          | 1.2 M           |                |
| Water, Sanitation and Hygiene (WASH)  | 114.9M              | 77                   | 77                 | 6.4 M          | 3.1 M           |                |

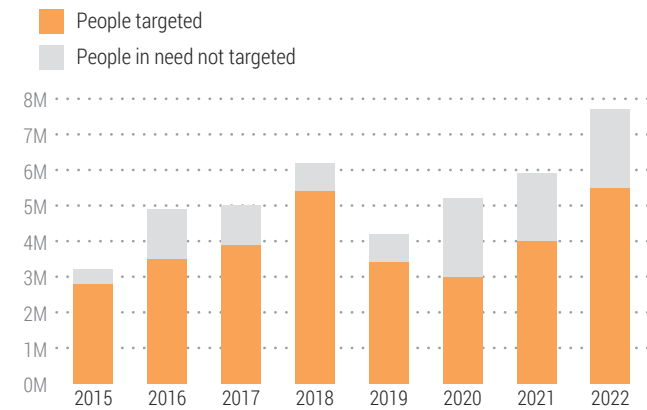


# Historic Funding Trends

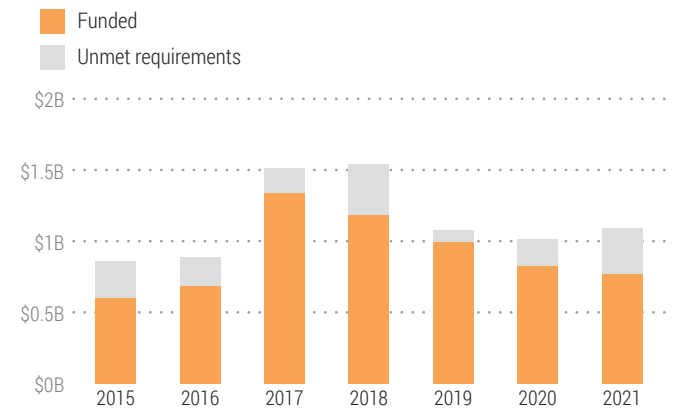
| YEAR OF APPEAL | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | FUNDING RECEIVED | % FUNDED |
|----------------|----------------|-----------------|---------------------|------------------|----------|
| 2015           | 3.2M           | 2.8M            | \$862.6M            | \$603.7M         | 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             | \$775.8M*        | 70%      |
| 2022           | 7.7M           | 5.5M            | \$1.46B             | N/A              | N/A      |

\* Financial Tracking Service (FTS) as of 17 December 2021

## NUMBER OF PEOPLE IN NEED VS TARGETED



## FINANCIAL REQUIREMENTS (US\$)



## Response in 2021 (as of November 2021)

| SECTOR                                | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGET | PEOPLE REACHED | % TARGET REACHED | REQUIREMENTS (US\$) | FUNDING RECEIVED | % OF FUNDING RECEIVED |
|---------------------------------------|----------------|-----------------|----------------|----------------|------------------|---------------------|------------------|-----------------------|
| Camp Coordination and Camp Management | 2.2 M          | 1.8 M           |                | 1.3M           | 72%              | \$30.9M             | \$3.1M           | 10%                   |
| Education                             | 3.1 M          | 0.8 M           |                | 55.8K          | 15%              | \$44.6M             | \$9M             | 20%                   |
| Enabling Programmes                   | 7.7 M          | 5.5 M           |                | N/A            | N/A              | \$24.5M             | \$10.6M          | 43%                   |
| Food Security                         | 3.5 M          | 3.1 M           |                | 2.4M           | 75%              | \$397M              | \$248.1M         | 63%                   |
| Health                                | 6.5 M          | 4.7 M           |                | 0.3M           | 11%              | \$91.7M             | \$43.8M          | 48%                   |
| Logistics                             | 7.7 M          | 5.5 M           |                | N/A            | N/A              | \$31.4M             | \$4.6M           | 15%                   |
| Nutrition                             | 2.4 M          | 1.8 M           |                | 78.9K          | 6%               | \$157.4M            | \$70.2M          | 45%                   |
| Protection                            | 4.0 M          | 3.0 M           |                | 0.25M          | 13%              | \$107M              | \$25.7M          | 24%                   |
| Refugee Response Plan                 | 0.1 M          | 0.1 M           |                | N/A            | N/A              | \$54.3M             | \$1.4M           | 3%                    |
| Shelter and Non-Food Items            | 3.6 M          | 1.2 M           |                | 44.6K          | 2%               | \$58M               | \$5.3M           | 9%                    |
| Water, Sanitation and Hygiene (WASH)  | 6.4 M          | 3.1 M           |                | 0.23M          | 9%               | \$96.3M             | \$27.5M          | 29%                   |



# Timeline of Response Events in 2021

## Response

Partners prepare to launch the 2021 HRP, requesting US\$1.09 bn to assist 4 million people out of 5.9 million who need humanitarian assistance and protection.

US\$13.3M allocated from SHF and \$7M from CERF for rapid response efforts for populations hardest hit by water shortage crisis, complemented by \$20M through the CERF Anticipatory Action Framework.

The Government and partners roll out COVID-19 vaccination; 121,743 people receive first Astra-Zeneca dose from 16 March to 28 April.

Partners respond to drought with over 350,000 people reached despite limited funding. OCHA and EU co-chair a virtual High-Level Roundtable on 26 April.

In response to floods, partners reach 82,000 people with lifesaving assistance: food, water and sanitation, hygiene, health, cash assistance and shelter.

Joint assessment and monitoring missions start using dedicated UNHAS capacity, visiting Gaalkacyo, Dhuusamarreeb, Hudur, Cabudwaaq and Berdale.

The SHF allocates \$26 million to scale up life-saving assistance for about 1.2 million people, focusing on areas with acute water shortages brought about by prolonged drought, as well as on flood-affected populations.

Somalia receives 108,000 doses of COVID-19 vaccines through the COVAX Facility

Humanitarians raise alarm over historically low HRP funding – only 44 per cent of the total ask.

Partners respond to displacements from Laas Caanood, Sool Region, and in Guri Ceel, Galmudug, where conflict forced more than 100,000 people to flee their homes.

CERF allocates \$8 million in response to drought and water shortages, and the SHF Advisory Board endorses reserve allocation of \$6 million.

OCHA launches a nation-wide rapid drought assessment in areas facing severe drought conditions

Government and FAO open National Desert Locust Monitoring and Control Centre located in Bari, Puntland. Infestation declining. Some 418k ha. sprayed using ground and aerial assets.



JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER



COVID-19 cases surge, pushing total reported to over 10,000 with over 400 related deaths

Armed clashes between security forces loyal to the opposition presidential candidates and pro-government forces lead to civilian casualties



Parts of the country face drought conditions and alarming water shortages



With more than 80 per cent of the country experiencing moderate to severe drought conditions, the Government in consultation with the UN declares a drought

63 civilians killed and 207,000 people displaced when elections-related violence erupts in Mogadishu



Gu' flooding affects 400,000 people, and over 100,000 people are displaced. Jowhar is the worst affected, with 66,000 people displaced, large swaths of farmland destroyed, and learning disrupted



The Desert Locust infestation declines with 332,860 ha. sprayed using ground and aerial assets.



FSNAU findings show that nearly 3.5 million people in Somalia are expected to face food consumption gaps or depletion of livelihood assets indicative of IPC Phase 3 or worse outcomes up to the end of 2021, in the absence of humanitarian assistance.



Partners scale up response to drought conditions in Jubaland where 200,000 people require urgent water assistance

Thousands of people are forcibly displaced from Laas Caanood in Sool region and Guri Ceel



The FGS declares a drought emergency and appeals for international assistance. At least 3.2m people across 66 districts face severe drought conditions; some 169,000 are displaced. The numbers continue increasing

FAO-SWALIM findings indicate drought conditions expected to worsen by first quarter of 2022 leading to a similar situation witnessed in 2017

## Context

SOMALIA  
Photo: OCHA Somalia





# Part 1: Strategic Response Priorities

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HARGIESA, SOMALIA

Photo: OCHA Somalia





## 1.1

# Strategic Response Priorities and Response Approach

## Humanitarian conditions and underlying factors targeted for response

Somalia is the most severely drought affected country in the Horn of Africa due to the cumulative effects of three consecutive below-average rainy seasons, severe water shortages, and rising food prices. This has led to increased displacements, in particular among rural pastoral communities in search of food, water and pasture. More than 3.2 million people in 66 of the country's 74 districts are affected by the drought and nearly 169,000 displaced across the country. All warning systems and indicators converge on the same conclusion: the situation is extreme and will likely further deteriorate. The latest assessment data suggests that crop production will be 50-70 per cent below the ten-year average. With the next rainy season projected to also be below-average, Somalia is expected to face the longest sequence of poor rains since 1981. At the same time, large parts of Somalia remain prone to severe riverine and flash flooding.

Together with the drought, conflict and insecurity are also likely to remain major drivers of humanitarian needs and internal displacement in Somalia throughout 2022. In addition to ongoing political tensions, conflict with Al-Shabaab and the regional security implications of the Ethiopia conflict, the potential security vacuum created by the reconfiguration of AMISOM and closure of Forward Operating Bases (FOBs) are likely to cause internal displacement and present obstacles to humanitarian access. Overall, it is expected that more than 277,000 people will be internally displaced due to conflict in 2022.

As a result of these and other projected crises, an estimated 7.7 million Somalis will require humanitarian assistance and protection in 2022. Without a scale up of humanitarian assis-

tance, some 3.8 million Somalis are estimated to face acute food insecurity in January, rising to 4.6 million people by May 2022. Some 1.2 million children under the age of five are likely to be acutely malnourished in 2022, and of those nearly 300,000 children are projected to be severely malnourished and may be at risk of dying without immediate treatment.<sup>3</sup> Severe drought conditions are also expected to cause water to become scarce and lead to pathogen accumulation in stagnant water. As people and cattle are pushed to increasingly use contaminated waters, disease outbreaks, including Acute Watery Diarrhoea/Cholera, are on the rise.

## Response scope and priority areas

The HRP 2022 aims to assist 5.5 million people, including IDPs, refugees and refugee returnees. The top priority is to ensure life-saving assistance for 5 million of the most vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, abuse, violence, and exposure to explosive ordinances by the end of the year. In addition, partners will attempt to sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 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. Finally, the humanitarian response in Somalia aims to uphold commitments to the centrality of protection through protection mainstreaming, accountability to affected populations and monitoring of the protection environment. Based on the 2022 HPC joint analysis process, a gender lens will be applied and cross-cutting vulnerable groups taken into consideration, including a renewed focus on people with minority clan affiliation, marginalized groups, and those residing in rural areas or areas with high access constraints.

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

### STRATEGIC OBJECTIVE 1

*Reduce loss of life for 5 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, violence, and exposure to explosive ordinances by the end of 2022*

### STRATEGIC OBJECTIVE 2


*Sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 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 2022*

### 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*

In developing these strategic objectives, the Humanitarian Coordinator (HC), OCHA and the clusters aimed to streamline the 2022 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 SO 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 in a life-threatening category of need.

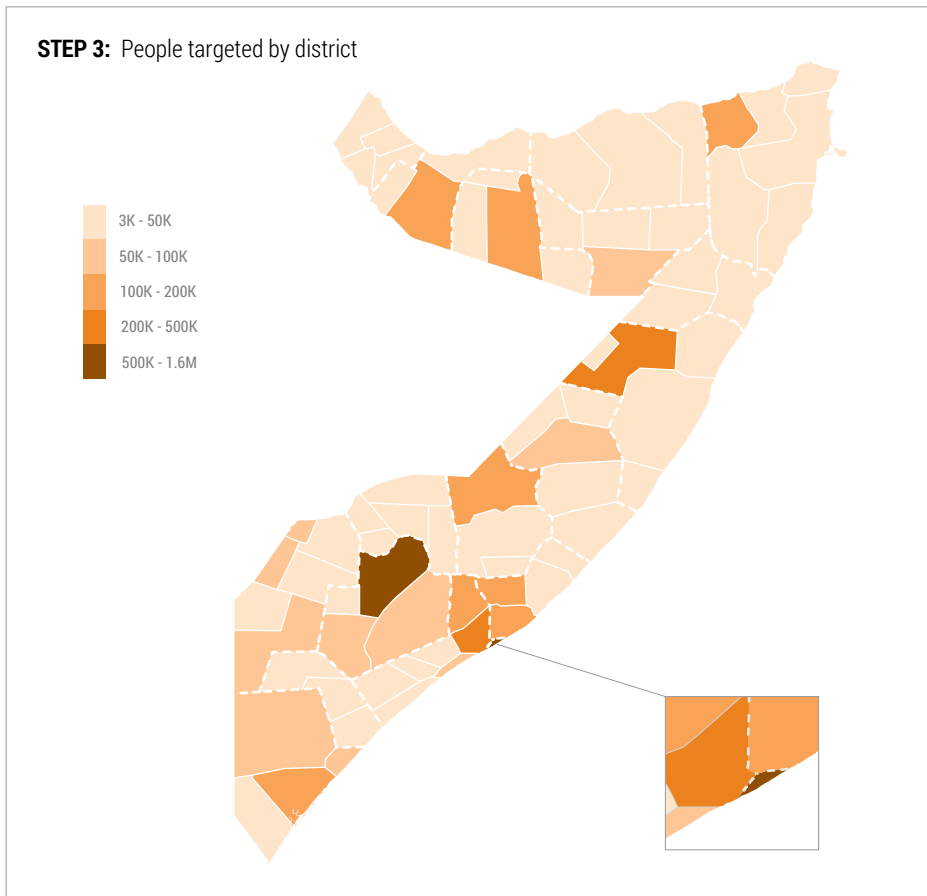
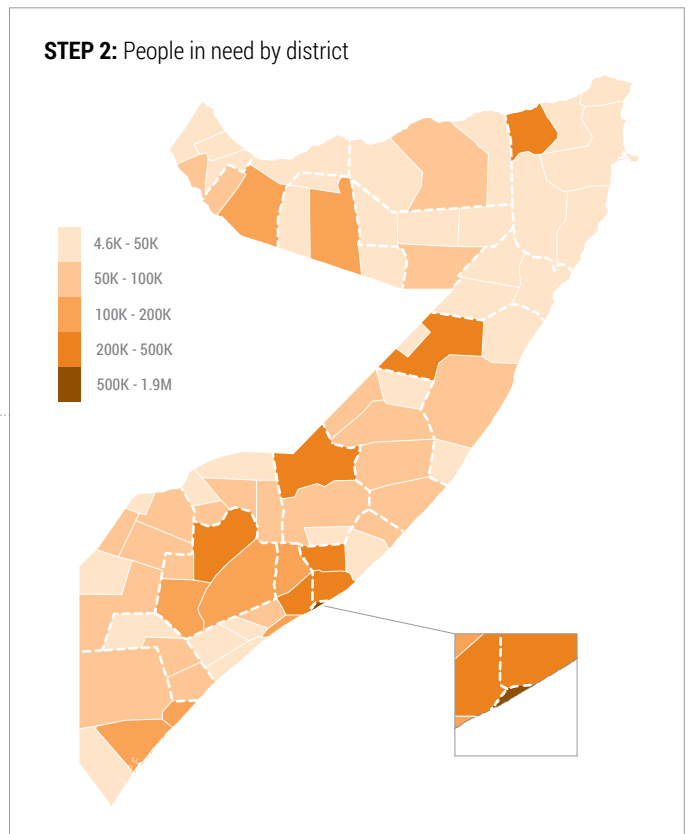
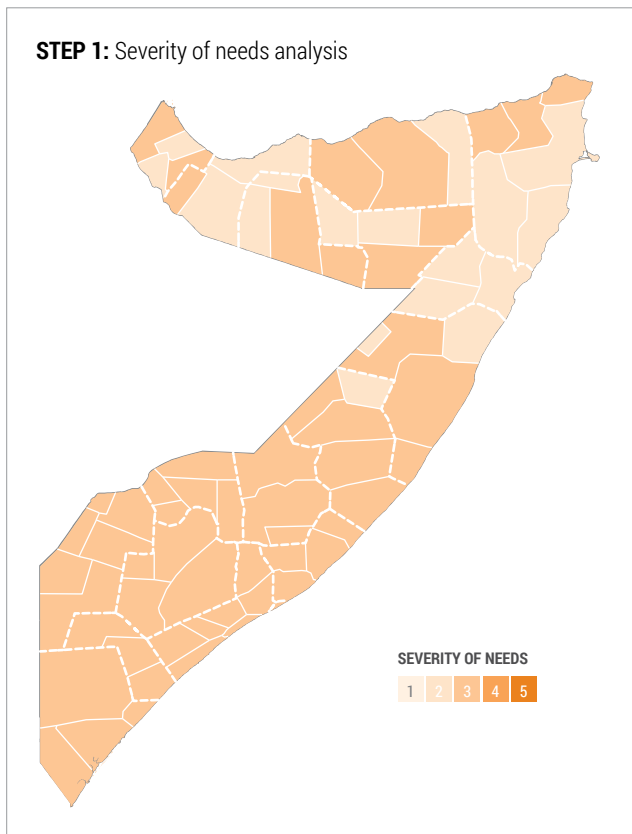
| STRATEGIC OBJECTIVE   | PEOPLE TARGETED   |
|---|---|
| S01 Reduce loss of life for 5 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse, violence, and exposure to explosive ordinances by the end of 2022 | <b>5M</b>    |
| S02 Sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 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 2022         | <b>5.5M</b>  |
| 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.  | <b>2.7M</b>  |

**SOMALIA**

Photo: WHO Somalia



# Targeting Process





# Response per Population Group

## Internally Displaced Persons (IDPs) #1

### NUMBER OF PEOPLE IN EACH SEVERITY PHASE

| MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC |
|---------|--------|--------|---------|--------------|
| 385     | 744K   | 2.2M   | 17K     | 0            |

PEOPLE IN NEED (PIN) **2.2M**

| PEOPLE TARGETED | TARGET BY WOMEN   MEN (%) | TARGET BY CHILDREN   ADULTS   ELDERLY (%) |
|-----------------|---------------------------|---|
| <b>1.27M</b>    | 16   16                   | 64   32   4                               |

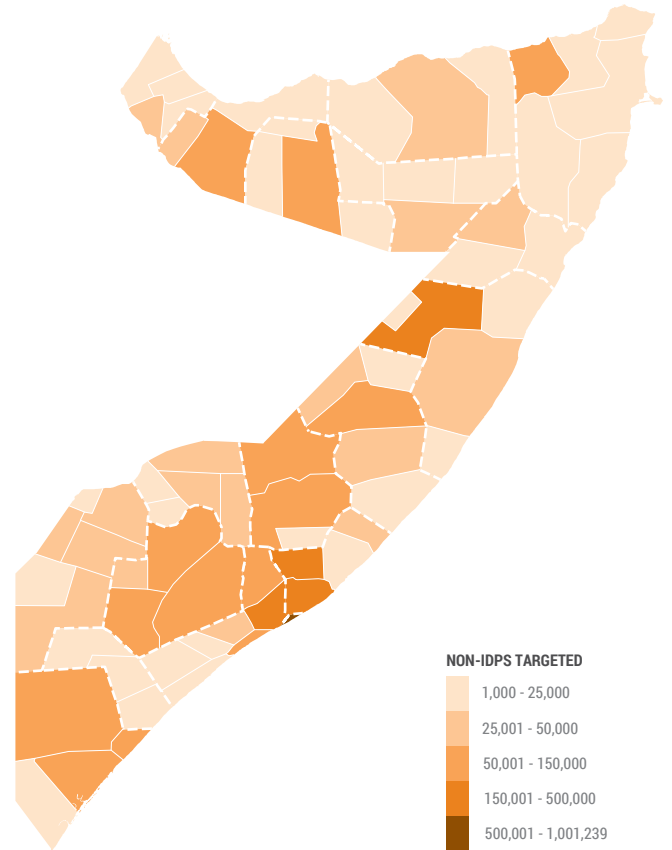
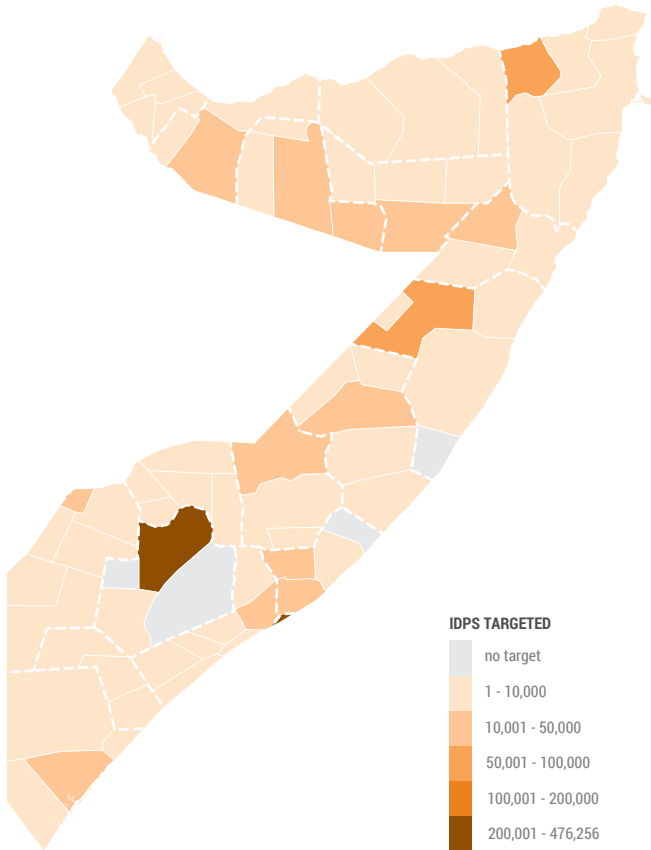
## Non-Internally Displaced Persons #2

### NUMBER OF PEOPLE IN EACH SEVERITY PHASE

| MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC |
|---------|--------|--------|---------|--------------|
| 18.4K   | 7.3M   | 5.5M   | 19.1K   | 0            |

PEOPLE IN NEED (PIN) **5.5M**

| PEOPLE TARGETED | TARGET BY WOMEN   MEN (%) | TARGET BY CHILDREN   ADULTS   ELDERLY (%) |
|-----------------|---------------------------|---|
| <b>4.27M</b>    | 16   16                   | 64   32   4                               |



## Refugees, Asylum Seekers and Returnees #3

| PEOPLE IN NEED (PIN) | REFUGEES & ASYLUM SEEKERS | REFUGEE RETURNEEES |
|----------------------|---------------------------|--------------------|
| <b>162.9K</b>        | <b>30.8K</b>              | <b>132.1K</b>      |

| PEOPLE TARGETED | REFUGEES & ASYLUM SEEKERS | REFUGEE RETURNEEES |
|-----------------|---------------------------|--------------------|
| <b>162.9K</b>   | <b>30.8K</b>              | <b>132.1K</b>      |

# HRP Linkages with Key Frameworks

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

In 2019, the Government of Somalia adopted the NDP 9, focusing on Inclusive Politics (Pillar 1), Security and Rule of Law (Pillar 2), Economic Development (Pillar 3) and Social Development (Pillar 4). The NDP strengthens government focus on service provision, particularly through investments in economic and social development. In March 2020, Somalia reached the decision point under the Heavily Indebted Poor Countries (HIPC) initiative, enabling debt relief process to commence, which could result in significant debt forgiveness and additional fiscal space for the implementation of NDP 9.

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

The UNCF represents the UN development system's collective contribution to the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. The Cooperation Framework mirrors the NDP9 pillars focusing on inclusive politics and reconciliation; security and the rule of law; economic development; and social development. The UNCF's social development pillar includes the UN development system's contribution to the four Collective Outcomes aiming at reducing needs, risks, and vulnerabilities.

## Humanitarian Response Plan (HRP) 2022:

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 2022 includes improved processes to combine multiple sectoral and cross-cutting data and inter-sectoral analysis in a predictable and systematic manner.

## National Durable Solutions Strategy (NDSS):

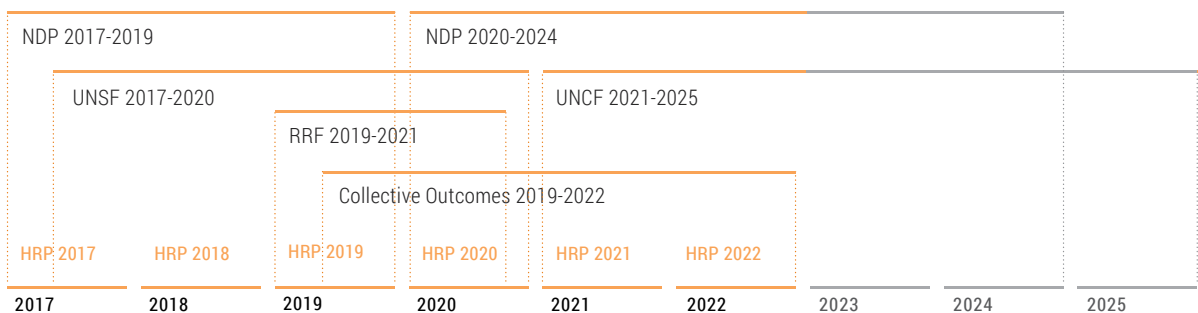
The National Durable Solutions Strategy (NDSS) 2020 – 2024 for Somalia acts as an operational roadmap that sets out a collective vision, strategic objectives, and principles to guide the implementation of durable solutions programming and policies in Somalia over a 5-year timeframe. The NDSS is expected to pave the way for the progressive realisation of an enabling environment in which Displacement Affected Communities (DACs) including IDPs, refugees, asylum seekers, refugee returnees and vulnerable host communities can gradually access durable solutions in an equitable and non-discriminatory manner.

## Collective Outcomes 2019-2022:

At the end of 2017, humanitarian and development partners agreed on four Collective Outcomes (see below) 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.

## Migrant Response Plan (MRP):

The regional Migrant Response Plan (MRP) for the Horn of Africa and Yemen 2021 – 2024 is a migrant-focused humanitarian and development response strategy for vulnerable migrants from the Horn of Africa, specifically Somalia, Djibouti, and Ethiopia, moving to and from Yemen and other Gulf countries. For the year 2022, the needs of the migrants and returnees in Somalia will be fully integrated into the MRP 2022 appeal which will be reflected in the Global Humanitarian Overview for 2022.



# Humanitarian-Development-Peace Nexus

The HRP contributes to the implementation of the Humanitarian-Development-Peace (HDP) nexus by providing first line response and emergency services to address people’s needs. The humanitarian response is complemented by increasing development programming and investment that provides more sustainable and predictable services to vulnerable populations to reduce need and risk.

In 2020, the UNCF defined four collective outcomes to set the strategic outlook and ambition for the implementation of the HDP nexus in Somalia. In addition, the Humanitarian and United Nations Country Teams have prioritized water and flood management, durable solutions, and anti-corruption for collaboration across humanitarian, development, and peace actors through dedicated working groups.

To foster operational complementarity between planned activities in the HRP and the UNCF, the HCT identified ‘touchpoints’ across different sectors which provide entry points to identify opportunities for strengthened operational complementarity, effective joined-up planning, leveraging the respective funding and programming of both plans.

To strengthen reporting on the humanitarian contribution to the HDP nexus, a draft monitoring matrix outlining dedicated contributions to collective outcomes was drafted which can be shared by OCHA upon request. Monitoring data for the 2021 humanitarian response shows significant contributions to basic service provision for people in need (Collective Outcome 1), including IDPs (Collective Outcome 4). This includes improving sites for more than 1.1 million IDPs and providing health services to more than 560,000 people. The WASH cluster provided continued and equitable water supply to more than 500,000 people by August 2021. Humanitarian

partners provided 2.3 million food insecure people with food assistance, including almost 1 million people with livelihood inputs (Collective Outcome 3). Measuring the overall contribution against collective outcomes by both humanitarian and development partners requires additional monitoring data from development partners.

The HRP also prioritises increased coordination with development actors for (i) durable solutions for internally displaced persons, (ii) water management to address one of the key drivers of need in floods and droughts, and (iii) the complementarity of social safety nets and humanitarian cash response to provide the most vulnerable with predictable and shock-responsive assistance (see MPCA Section).

## Implementing Durable Solutions

Providing durable solutions is a critical priority in Somalia to sustainably address the needs and vulnerabilities of 2.9 million IDPs. The nexus Durable Solutions taskforce, led by the Ministry of Planning, Investment and Economic Development (MOPIED), aims to support the implementation of the National Durable Solutions Strategy at the strategic level and provide high-level political momentum to accelerate and complement the operational work of the UN/NGO technical working group (TWG).

The Durable Solutions Technical Working group will adopt three priority workstreams for 2022: 1) increasing access to sustainable basic services, 2) promoting economic and financial inclusion, and 3) supporting housing, land, and property rights for displacement-affected communities.

## COLLECTIVE OUTCOMES





While the Humanitarian Response Plan prioritises emergency response activities, it does contribute to the provision of basic services to 2.3 million displaced persons. The 2021 response plan included service provision across different clusters, thereby contributing to two of the five strategic objectives of the National Durable Solutions Strategy. For example, through initiatives such as the site monitoring tool and site prioritization matrix, the CCCM cluster intends to provide evidence-based data regarding IDP sites that have the characteristics fit for durable solutions activities. In tandem, planned, and ongoing durable solutions programs will support the Housing Land and Property AoR priority of securing title deeds by IDPs for long-term sustainable housing through the strengthened application and enforcement of number of newly developed policies.<sup>4</sup>

### Supporting Land Purchases by Internally Displaced Communities in Baidoa

In Baidoa, Internally Displaced Persons (IDPs) are pooling resources to purchase land. This is a preventive measure aimed at minimising Housing, Land and Property (HLP) violations and consequently mitigating the negative impacts of forced evictions. The Norwegian Refugee Council (NRC) has recently identified 52 sites in which IDPs purchased land in the Hanano and ADC zones of Baidoa town. Through the Danwadaag Durable solutions consortium, NRC has provided integrated support to three targeted sites - a total of 278 households. Critical to the success of this approach is funding for infrastructure development to promote adequate housing for displacement affected communities.

resource-related community peacebuilding. An assessment of future flood response priorities is also underway. In particular, the Nexus TF is expanding operational work to fix riverbank breakage points on the Juba and Shabelle Rivers. Flood protection work is ongoing in Hirshabelle State (Belet Weyne and Jowhar) on the flood relief canal to fix embankments and raise levees (Hiraan and Middle Shabelle regions).

### Moving towards a more anticipatory response

Improved forecast-based modelling has allowed partners to predict with growing confidence the occurrence and humanitarian impact of climate shocks and communicable diseases. This data can contribute to facilitate the decision to trigger the release of pre-arranged finance for pre-agreed interventions that take place once it is known a shock will occur to mitigate their future impact. Anticipatory action (AA) is therefore not about preventing crises but acting as soon as it is known that a specific shock is coming, and typically before it strikes. By taking this anticipatory approach to respond – and relying on evidence of risk instead of suffering – the response in Somalia will be better able to protect and save lives, as well as increase the impact of the limited funds available.

Somalia has received CERF funding to roll out its AA framework to support faster collective action. After action reviews have indicated that AA is a well-suited approach in the Somali context given the high predictability and recurring nature of shocks like droughts and floods. In addition, beneficiaries, based on their livelihoods, have been able to predict and communicate their needs in advance of incoming shocks, confirming the demand and the opportunity to develop tailored AA approaches. In 2022, OCHA will continue to work with partners to support and improve the framework put in place – this will include the development of improved indicators, crowding in more financing, and improving the quality of the Somalia AA plan.

### Water/Flood Management Task Force

The Nexus Water and Flood Task Force (Nexus TF), established in 2020 and led by the Integrated Office and FAO, is working closely with the FGS on the implementation of the National Water Strategy. In May 2021, the FGS also appointed a National Water Task Force (National TF) with a chairperson reporting into the Ministry of Water and Energy. The Nexus TF has joined up with the National TF to form one coordination mechanism to bring together all the efforts under the direction of the Federal Government. The Nexus TF also supports the Hirshabelle and Jubaland State Authorities to work with stakeholders to prepare multi-sectoral FMS-level plans of action to localise the implementation of the National Water Strategy.

To date, the Nexus TF has developed a road map on flood responses and is working to improve humanitarian-development-peace coordination, including clarifying whether work is best reflected under the HRP or the Cooperation Framework. It is identifying best practices on river management and flood mitigation, waste and pollution management, and

## Centrality of Protection

The centrality of protection continues to be a commitment by all humanitarian actors. The Humanitarian Country Team's (HCT) Centrality of Protection Strategy, revised for 2022-23, requires a system wide commitment to address the most significant protection risks and violations faced by affected populations that impact the entire humanitarian system. This includes common positions, joint response, and sustained advocacy by the HCT throughout the humanitarian cycle. The strategy's three key priorities are:

- Enhancing ways to identify and address differential forms of exclusion, including those based on societal discrimination, power structures, vulnerability, age, and gender; and strengthening inclusion of and ensuring accountability by community-based and other non-traditional humanitarian responders, for more effective protection to affected populations through mainstreamed, principled, and quality assistance.
- Addressing critical protection concerns with persisting displacement towards IDP sites, including, heightened protection risks/threats that have emerged as a consequence of the multiple obstacles to ending internal displacement through appropriate solutions (local integration, return, and settlement elsewhere) affecting both displaced and host communities alike.
- Engaging with conflict-affected communities and parties (national and international) to the conflict, in order to minimize disproportionate and indiscriminate targeting of civilians and civilian assets vital for survival, including through enhanced delivery of assistance and support to community-based self-protection mechanisms.

As a contribution to the 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 improved protection of people and their rights.

## Persons with disabilities in Somalia

People with disabilities in Somalia face additional barriers and risks, and are often excluded from humanitarian assistance either due to exploitation, pre-existing discrimination, and stigma or due to a lack of adequate consideration. The 2022 HRP reflects the commitment by the humanitarian community to increase efforts to identify barriers, risks, and enablers for people with disabilities and concrete steps to strengthen the inclusion of people with different types of disability. Deliberate efforts are being made across clusters to strengthen the inclusion with disability, through improved data collection and capacity strengthening. All projects under the HRP have identified disability considerations and how to eliminate barriers faced by people with disabilities.

## Minority Clans and Marginalized Communities

An estimated 30 per cent of the population may be considered minorities under the 4.5 clan-based system<sup>5</sup>, though the exact number is unknown. Minority clan members and minority ethnic groups across the country experience structural and distinct forms of exclusion and discrimination with elevated needs that are different from the population at large. In urban areas, those in primarily minority IDP settlements have higher levels of food insecurity and are less likely to be receiving food or cash assistance. An emphasis on the inclusion of minority clan or ethnic groups in the humanitarian response is important as minority clan members have been found to identify different sources of problems for their communities and different security risks than the general population and are less likely to be consulted or to attend community meetings. Minority clan adults and children are also less likely to have attended any post-secondary education. Minority clans are more likely to be the victims of aid diversion or denial of assistance and face more difficulties in reporting such instances to authorities or aid providers than majority clan communities.<sup>6</sup>

## Gender and social inequalities

Existing gender and social inequalities are exacerbated by ongoing crises and the COVID-19 pandemic. Gender intersecting with other marginalized identities, including age, disability, and clan affiliation, threaten to undermine the humanitarian response if not deliberately considered at all stages, starting from the needs assessment. Women and girls are at particular risk of exclusion from accessing humanitarian aid and/or from humanitarian assistance that is responsive to their needs. The COVID-19 pandemic heightened gender-based protection risks, with increased incidence of negative coping strategies, female genital mutilation, gender-based violence and violence against children. This HRP commits to ensuring age, gender and social inclusion analysis is applied to support interventions that are responsive to the needs of the most marginalized. Improved data collection and SADD analysis are the essential bedrock to ensure humanitarian interventions are reflective of the gendered needs and opportunities, supporting both localization efforts as well as Accountability to Affected Populations. Gender equality and social inclusion are embedded within the Centrality of Protection Strategy and projects will embed specific activities and metrics to promote gender equality and prevent and respond to GBV. Projects under the HRP have utilised the Gender and Age Marker to strengthen the quality of the response.

## Localization

Somalia has a rich and varied landscape of national actors with decades of experience in humanitarian action. These actors are particularly important to improving the effectiveness and quality of the response, particularly as national actors are often the first responders in emergency situations and have built significant trust with crisis affected communities in harder to reach areas. Consequently, a commitment to localization is an important element of this plan. The Somalia NGO Consortium (SNC) leads interagency efforts around localization. Half of the clusters currently have, or are in the process of developing, a Localization Plan of Action with specific objectives on increasing funding, participation, and representation support levels for national actors. The remaining half are requesting support from the SNC and other organizations to develop a plan in 2022.<sup>7</sup>

Specialist local actors, particularly women led or women's rights organizations as well as minority rights organizations must be included in strategic decision-making forums at the cluster and Humanitarian Country Team levels. The Somalia Humanitarian Fund is an essential conduit for providing accessible funding to local actors – 68% of SHF funding was allocated to local NGOs in 2021 as of November 2021. Cluster level localization action plans will identify strategic objectives to increase national actors' participation, representation, and leadership capacity.

### KISMAYO, SOMALIA

Photo: OCHA Somalia





## 1.2

# Strategic Objectives, Specific Objectives and Response Approach

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MOGADISHU, SOMALIA

Photo: OCHA Somalia





## Strategic Objectives 1

**Reduce loss of life for 5 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, violence, and exposure to explosive ordinances by the end of 2022**

| PEOPLE TARGETED | % WOMEN | % CHILDREN |
|-----------------|---------|------------|
| 5M              | 16%     | 64%        |

### Rationale and intended outcome

Strategic Objective 1 reflects the urgent need for life-saving responses that provide time-critical assistance to address the prevalence of acute malnutrition, hunger, public health threats and outbreaks, and exposure to life-critical abuse, violence, and explosive ordinances by the end of 2022.

Humanitarian assistance under S01 will focus on reducing the loss of life for 5 million of the most severely vulnerable people. An estimated 1 million children under 5 and 185,000 pregnant and lactating women affected by acute malnutrition will be targeted for treatment of acute malnutrition in prioritized locations. Response partners will simultaneously aim to improve access to food for 3.1 million people facing severe acute food insecurity including 1.1 million IDPs in 64 districts. Considering the rise in water, sanitation, and health needs, a nation-wide integrated WASH and Health response will be pursued to reduce excess morbidity and mortality from preventable crisis-driven diseases and public health outbreaks. This integrated effort will focus on 3.1 million people that face the most severe health outcomes and lack of access to water and sanitation services. Part of its aim is to break the transmission cycle of communicable diseases such as diarrhoea to improve the food intake of malnourished children and contribute to the sustainability of health and nutrition objectives. In line with the Centrality of Protection Strategy, the response will also prioritize cross-cutting child protection, Gender-Based Violence (GBV), Mental Health Psycho-Social Support (MHPSS), and mine action services for half a million people.

Guided by the Emergency Response and Preparedness (ERP) framework, humanitarian partners will aim to ensure that critical relief and priority assistance measures under Strategic Objective 1 will be delivered within three weeks after the start of an emergency to prevent loss of life, as well as mitigate the impact of new shocks. Early warning and rapid assessment systems will be operational on a continual basis to inform a quick and collective response in the most affected areas, for the most affected population groups.

**Specific objectives and indicators**

| SPECIFIC OBJECTIVE   | OUTCOME INDICATOR   | CLUSTER   |
|--|---|---|
| <p>S01.1 Provide equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition for 1 million girls and boys under five years of age and 185K pregnant and lactating women affected by acute malnutrition in prioritized locations by the end of 2022</p>   | <p># of boys and girls 6-59 months with moderate acute malnutrition treated (MAM)<br/>                     # of boys and girls 6-59 months with severe acute malnutrition treated (SAM)<br/>                     # of pregnant and lactating women (PLW) with acute malnutrition treated</p>  | Nutrition   |
| <p>S01.2 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 3.1 million most vulnerable people; by the end of 2022</p>   | <p>% reduction in AWD/Cholera incidence rate as a result of preventive WASH response</p> <p>Case Fatality Ratio (CFR) for AWD/Cholera &lt;1% [from EWAR]<br/>                     % of children under 1 year received measles vaccine [from WHO VPI]<br/>                     # of people reached by RCCE (disease prevention, H/Nut, BCC, PSS) (by non-COVID / COVID-19)</p>   | <p>Health,<br/>WASH</p> <p>Health</p>                                     |
| SPECIFIC OBJECTIVE   | OUTCOME INDICATOR   | CLUSTER   |
| <p>S01.3 S03: Provide access to specialized age, gender and disability sensitive: MHPSS, child protection, GBV and mine action services for 500,000 persons, including boys, girls, civilian victims of indiscriminate attacks by armed actors, adolescents, persons with disabilities and older persons facing life-threatening risks of abuse, neglect, violence, exploitation, injury, death, and severe distress, by the end of 2022</p> | <p># of boys and girls 6-59 months with moderate acute malnutrition treated (MAM)<br/>                     # of boys and girls 6-59 months with severe acute malnutrition treated (SAM)<br/>                     # of pregnant and lactating women (PLW) with acute malnutrition treated</p> <p># 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 and GBV services<br/>                     # of victims of indiscriminate attack by armed actors responded to with specialized protection assistance, including (mine action) victim assistance services</p> <p># 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</p> <p># of victims of indiscriminate attack by armed actors responded to with specialized protection assistance, including victim assistance (mine action) services<br/>                     # of explosive remnants of war (ERW) destroyed and landmines cleared</p> | <p>Nutrition</p> <p>Protection</p> <p>Child Protection/ GBV</p> <p>EH</p> |
| <p>S01.4 S04: Improve access to food for 3.1 million people facing severe acute food insecurity including 1.1 million IDPs, in 64 districts by end of 2021</p>   | <p>% of population in IPC 3 and 4 by population group (rural, urban, IDPs) compared to baseline.</p>  | Food Security   |

## Strategic Objective 2

**people, Sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 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 2022**

S02

| PEOPLE TARGETED | % WOMEN | % CHILDREN |
|-----------------|---------|------------|
| 5.5M            | 16%     | 64%        |

**Rationale and intended outcome**

Under Strategic Objective 2, partners commit to provide essential humanitarian services to vulnerable communities in Somalia, including equitable access to life-saving health services and safe water services, as well as the provision of emergency shelters and non-food items, protective learning environments, and protection risk reduction services. Through the provision of these activities, efforts will be made to enhance household and community resilience by avoiding further deterioration of living conditions among already vulnerable households.

In total, 1.6 million IDPs and 3.9 million non-IDPs will be targeted with these activities. Given the anticipated severe drought conditions in early 2022, and the fact that needs in

rural areas are chronically higher than urban areas, particular attention will be paid to protect the livelihoods and related food sources for 840,000 farmers, pastoralists, agro-pastoralists and 160,000 IDPs in rural areas in 61 districts, through gender-sensitive emergency agriculture, livestock, and other livelihoods support.

Collaboration with planned durable solutions, social protection, and development programmes will be sought to ensure complementarity and the most efficient and equitable coverage of services among people in need. The comparative advantage of these actors will be leveraged to address the broad range of vulnerabilities that are present among the targeted population, allowing people to not only withstand but also recover from continual shocks.

**Specific objectives and indicators**

|       | SPECIFIC OBJECTIVE   | OUTCOME INDICATOR  | CLUSTER          |
|-------|--|--|------------------|
| S02.1 | Scale up and provide WASH, Education, Nutrition, Health, Shelter, NFIs and Protection integrated services to 3.9 million non-IDPs including persons with disability in 74 districts by the end of 2022 | # of outpatient consultations per person per year (Target: $\geq 1$ new visit / [targeted] person / year)<br># of functional basic health care facilities per population (Target: 1 unit/10,000 population)  | Health           |
|       |  | # of 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 2022, to prevent public health risks and minimize disease transmission      | WASH             |
|       |  | % of non-displaced school children and youth accessing quality basic education in an inclusive and protective environment  | Education        |
|       |  | # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, legal, child protection, GBV and victim assistance (mine action) services | 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   | Child Protection |

| SPECIFIC OBJECTIVE  | OUTCOME INDICATOR  | CLUSTER                           |
|---|--|-----------------------------------|
| S02.1   | # 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  | GBV                               |
|   | # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, legal, child protection, GBV and mine action services   | EH                                |
|   | # crisis-affected Non-IDPs are provided with timely life-saving and life-sustaining shelter support<br># crisis-affected Non-IDPs are provided with timely life-saving and life-sustaining shelter support   | Shelter                           |
| S02.2 Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, NFIs, and Protection and NFIs integrated services to 1.6 million IDPs including persons with disability by the end of 2022                          | # of outpatient consultations per person per year (Target: ≥ 1 new visit / [targeted] person / year)<br># of functional basic health care facilities per population (Target: 1 unit/10,000 population)   | Health                            |
|   | # of IDPs (including men, women, boys and girls) have improved access to basic WASH services by end of 2022, to prevent public health risks and minimize disease transmission  | WASH                              |
|   | # of IDP sites with information on availability of services<br># of individuals reporting they have access to complaint and feedback mechanisms  | CCCM                              |
|   | % of IDP settlements that meet safety standards as assessed in safety audits and child led participatory approaches by partners of relevant cluster  | CCCM, Protection, Protection AoRs |
|   | % of school children and youth in IDP settlements accessing quality basic education in an inclusive and protective environment   | Education                         |
|   | # of pregnant and lactating women (PLW) in IDP settlements receiving specialized nutritious foods<br># of girls and boys aged 06-23 months receiving specialized nutritious foods.   | Nutrition                         |
|   | # of individuals, including at-risk girls, boys, adolescents, persons with disabilities and older persons, with access to community-based prevention and response MHPSS, legal, child protection, GBV and victim assistance (mine action) services<br>% of IDP settlements that meet safety standards as assessed in safety audits and child led participatory approaches by partners of relevant cluster<br>% of IDP settlements surveyed through the DSA that do not report clan affiliation as a factor impeding access to basic services | 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   | Child 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  | GBV                               |
|   | # of IDPs are provided with timely life-saving and life-sustaining shelter support   | Shelter                           |
| S02.3 Protect livelihoods and related food sources for 840,000 farmers, pastoralists, agro-pastoralists and 160,000 IDPs in rural areas in 61 districts, through emergency agriculture, livestock, and other livelihoods supports | # of individuals reached through HLP prevention and response services  | HLP                               |
|   | % of population in IPC 3 and 4 in rural areas, by livelihood groups (pastoral, agropastoral, riverine, IDPs) compared to baseline  | Food Security                     |



## 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

S03

| PEOPLE TARGETED | % WOMEN | % CHILDREN |
|-----------------|---------|------------|
| 2.7M            | 16%     | 64%        |

### 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. 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 includes: 1) Strengthened Protection Mainstreaming, AAP and PSEA across all sectors of the humanitarian response; and 2) Strengthened systemwide data collection, analysis informing response and establishing a repository on protection risks/threats, that adheres to global safety and ethical standards.

### Specific objectives and indicators

|       | SPECIFIC OBJECTIVE  | OUTCOME INDICATOR  | CLUSTER      |
|-------|---|--|--------------|
| S03.1 | 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 2022.          | <ul style="list-style-type: none"> <li>% of HRP projects that completed a protection risk, gender age marker and disability inclusion analysis at the onset of the project cycle</li> <li># of feedback/complaints that were received and responded to disaggregated by age, sex, ability</li> <li>% of cluster partners that are reporting 3W data disaggregated by disability</li> <li>% of cluster partners that have incorporated the protection mainstreaming index questionnaire within their monitoring tools</li> <li># of cluster partners that have received training for/to establish PSEA and child safeguarding focal points</li> </ul> | All clusters |
| S03.2 | Increase the number of individuals reached by protection monitoring of human rights violations and protection training initiatives, with particular focus in districts with exposure to armed conflict, violence and individuals facing forced eviction | <ul style="list-style-type: none"> <li># of individuals reached by protection and eviction monitoring services</li> <li># of duty bearers and community members, with a particular focus on minority communities, provided with protection training and awareness of rights initiatives</li> </ul>   | All clusters |

## The Emergency and Preparedness Plan: **Operationalizing the HRP**

The Somalia Emergency Response and Preparedness Plan (ERP) has been integrated into the 2022 HRP. The ERP outlines detailed emergency preparedness and response plans to operationalize and optimize the speed and volume of critical assistance delivered immediately after the trigger of an identified sudden or slow-onset humanitarian crisis as a result of three key shocks: drought, conflict, and flooding at both the State and Federal level. In doing so, it constitutes a shock-responsive framework for the operationalization of the Strategic Objectives and Cluster response plans that are outlined in the 2022 HRP.



For the full ERP document,  
[click here](#)

## 1.3. Operational Capacity and Access

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MOGADISHU, SOMALIA

Photo: OCHA Somalia



# Operational capacity

A total of 171 organizations (101 national non-governmental organizations (NNGOs), 61 international NGOs (INGOs) and 9 UN organizations) will implement projects under the 2022 HRP. In 2021, 272 HRP partners operated across the country, of which some 67 per cent were national NGOs.

To ensure operational efficiency, OCHA will facilitate the smooth functioning of the humanitarian coordination architecture in Somalia at the strategic and operational levels. Direct support and advice on humanitarian coordination issues will be provided to the Cluster system and other mechanisms and platforms, including the HCT for which OCHA acts as Secretariat, the Country Humanitarian Forum (CHF) led by the Ministry of Humanitarian Affairs and Disaster Management (MoHADMD), as well as technical coordination forums like the Information Management and Assessment Working Group (IMAWG), the Access Working Group (AWG), and the Cluster Inclusion Focal Point Working Group (CIFPWG).

A subnational coordination architecture review was initiated in late 2020. The resulting architecture was endorsed by the HCT and rolled out in June 2021, including through the establishment of State inter-cluster coordination groups (SICCGs) that covers all states in Somalia. SICCGs have been established in Somaliland (Hargeisa), Puntland (Garowe), Galmudug (Dhusamareeb), Jubaland (Kismayo), HirShabelle (Beletweyne/Jowhar), Southwest State (Baidoa) and Banadir region (Mogadishu). These will continue to be strengthened to facilitate localised situational analysis, to identify gaps, and mobilise response, including improving seasonal planning, in line with the IASC Emergency Response Preparedness (ERP) approach.

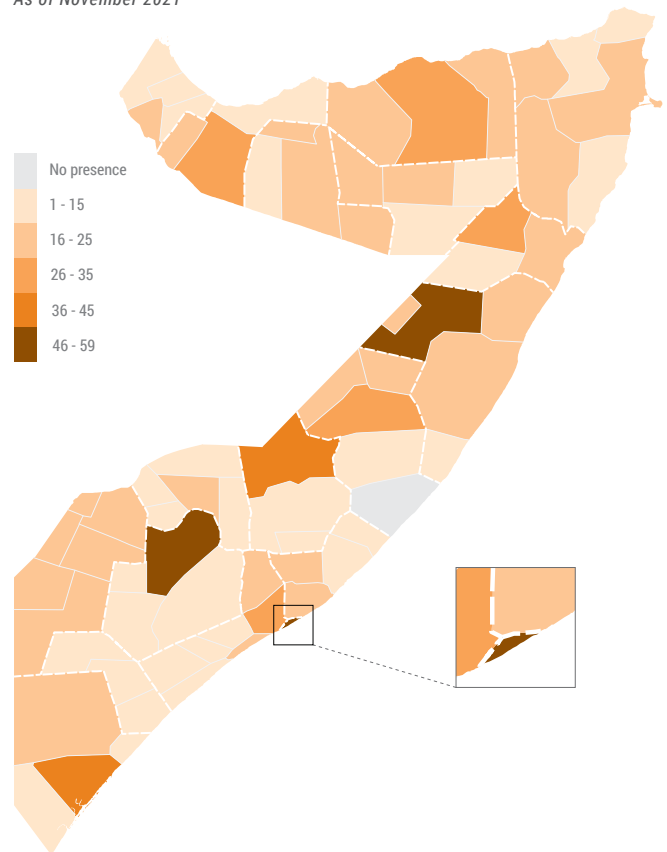
OCHA Somalia will continue to work with all relevant humanitarian partners and stakeholders to establish and maintain access to affected people by supporting a systematic and coordinated approach. Emphasis will again be made on producing a common analysis to provide evidence-based recommendations to opera-

tional partners on the ground, and to inform high-level advocacy and decision-making. Relationships with AMISOM and other armed actors will be further developed to support information sharing (as appropriate), deconfliction of Civil-Military Co-operation (CIMIC) and humanitarian activity and the enabling of independent, impartial, and neutral humanitarian action.

The Somalia Humanitarian Fund (SHF) is a multi-donor country-based pooled fund that was established in 2010 to support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs in Somalia. The SHF has been essential in enabling timely, coordinated, and effective humanitarian action due to its distinct comparative advantages – the unearmarked nature of the Fund; the established and functioning accountability systems; integration within the existing coordination systems and flexibility. The SHF supports the highest priority projects through the best positioned actors closest to the people in need, while ensuring strong accountability, more efficient aid management and flexibility. The SHF is funded by 10 donors, has 134 partners, and receives an average of \$47 million per year, an estimated 69 per cent (in 2021) of which is allocated to local NGOs.

## NUMBER OF ORGANIZATIONS BY DISTRICT

As of November 2021



**272**  
TOTAL NUMBER  
OF ORGANIZATIONS

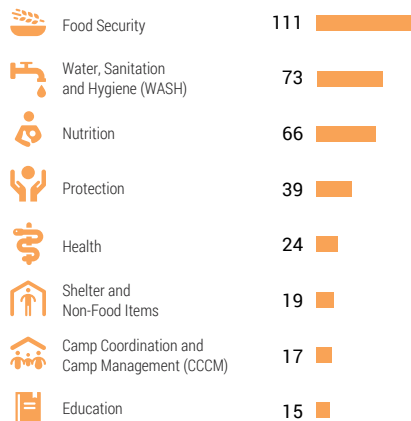
Operating in



**18**  
REGIONS

**73**  
DISTRICTS

## NUMBER OF ORGANIZATIONS BY CLUSTER



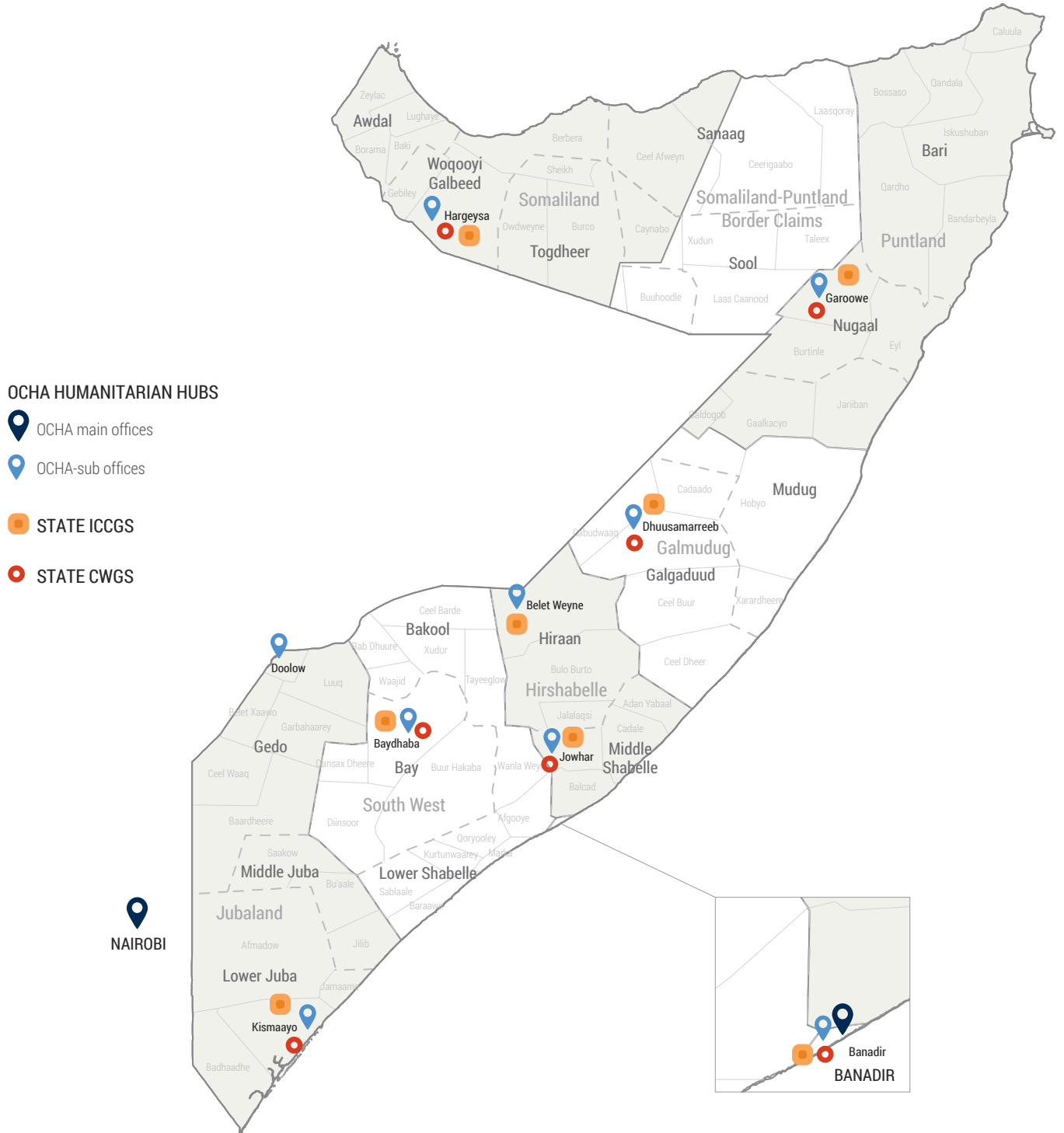


## Partners by District

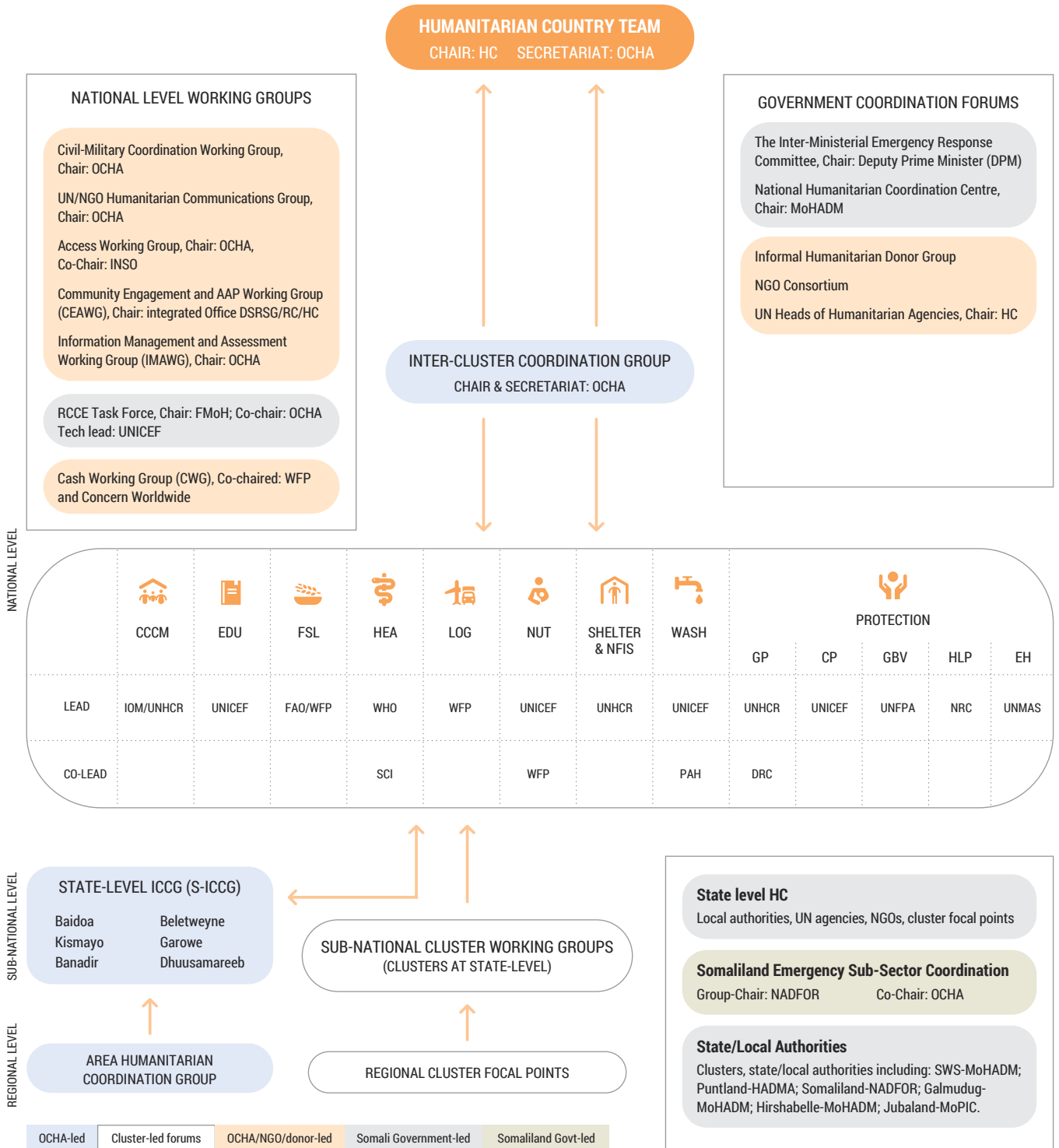
| DISTRICT      | PEOPLE TARGETED | PROJECTS |
|---------------|-----------------|----------|
| Adan Yabaal   | 27,766          | 3        |
| Afgooye       | 219,975         | 27       |
| Afmadow       | 52,660          | 21       |
| Baardheere    | 55,382          | 21       |
| Badhaadhe     | 14,535          | 11       |
| Baidoa        | 511,140         | 51       |
| Baki          | 10,704          | 8        |
| Balcad        | 150,628         | 18       |
| Banadir       | 1,560,080       | 58       |
| Bandarbeyla   | 3,017           | 13       |
| Baraawe       | 20,452          | 8        |
| Belet Weyne   | 163,803         | 43       |
| Belet Xaawo   | 55,678          | 23       |
| Berbera       | 2,992           | 9        |
| Borama        | 37,793          | 16       |
| Bossaso       | 171,559         | 24       |
| Bu'aale       | 24,017          | 4        |
| Bulo Burto    | 36,069          | 8        |
| Burco         | 107,150         | 21       |
| Burtinle      | 9,894           | 15       |
| Buuhoodle     | 24,366          | 20       |
| Buur Hakaba   | 56,826          | 10       |
| Cabudwaaq     | 47,757          | 23       |
| Cadaado       | 7,261           | 17       |
| Cadale        | 21,557          | 10       |
| Caluula       | 17,990          | 8        |
| Caynabo       | 12,247          | 20       |
| Ceel Afweyn   | 22,652          | 22       |
| Ceel Barde    | 30,053          | 10       |
| Ceel Buur     | 34,252          | 1        |
| Ceel Dheer    | 27,096          | 0        |
| Ceel Waaq     | 13,531          | 16       |
| Ceerigaabo    | 46,102          | 30       |
| Dhuusamarreeb | 69,672          | 28       |
| Diinsoor      | 71,206          | 9        |
| Doolow        | 63,232          | 22       |
| Eyl           | 22,655          | 18       |

| DISTRICT      | PEOPLE TARGETED | PROJECTS |
|---------------|-----------------|----------|
| Gaalkacyo     | 277,496         | 59       |
| Galdogob      | 18,038          | 21       |
| Garbahaarey   | 37,710          | 17       |
| Garowe        | 38,650          | 27       |
| Gebiley       | 39,918          | 18       |
| Hargeysa      | 136,672         | 34       |
| Hobyo         | 37,725          | 23       |
| Iskushuban    | 3,914           | 19       |
| Jalalaqsi     | 21,713          | 6        |
| Jamaame       | 79,593          | 3        |
| Jariiban      | 20,711          | 18       |
| Jilib         | 30,936          | 2        |
| Jowhar        | 181,323         | 25       |
| Kismayo       | 134,934         | 42       |
| Kurtunwaarey  | 18,731          | 4        |
| Laas Caanood  | 79,335          | 1        |
| Laasqoray     | 9,350           | 20       |
| Lughaye       | 11,353          | 9        |
| Luuq          | 39,220          | 18       |
| Marka         | 78,562          | 18       |
| Owdweyne      | 7,357           | 11       |
| Qandala       | 9,957           | 8        |
| Qansax Dheere | 35,031          | 7        |
| Qardho        | 8,069           | 25       |
| Qoryooley     | 45,934          | 8        |
| Rab Dhuure    | 18,259          | 7        |
| Saakow        | 22,142          | 4        |
| Sheikh        | 11,198          | 4        |
| Taleex        | 8,797           | 16       |
| Ufeyn         | 17,884          | 2        |
| Waaciye       | 37,780          | 2        |
| Waajid        | 29,497          | 10       |
| Wanla Weyn    | 107,685         | 18       |
| Xarardheere   | 9,866           | 3        |
| Xudun         | 6,661           | 18       |
| Xudur         | 39,061          | 20       |
| Zeylac        | 11,745          | 4        |

# Humanitarian Coordination Locations



# Humanitarian Architecture



# Humanitarian Access in 2022

MOGADISHU, SOMALIA

Photo: OCHA Somalia





Somalia continues to face many challenges associated with delivering humanitarian assistance. These include insecurity, bureaucratic and administrative constraints, and infrastructural and environmental challenges that lead to movement restrictions, disruption to imports and domestic supply chains and the availability of basic commodities. Insecurity continues to hamper the ability of humanitarians to reach people in need and sustain operations, impeding people's ability to access basic services and lifesaving assistance. Outside of major urban centres, accessibility to some districts, particularly in southern and central regions, remains limited owing in large part to insecurity along main supply routes. The multiplicity of local armed actors with varying command structures and geographical presence, rapidly changing national and regional forces and the presence of various bilateral support missions and AMISOM troops, alongside regional interventions, result in an operating environment where territorial control by loosely allied groups shifts regularly, and chains of command and control are not always clear. Establishing and maintaining relations with those who have influence over humanitarian access is challenging and uncertain. Equally important, clan competition for the control of resources associated with humanitarian activities obstructs the implementation of principled humanitarian work, occasionally leading to violence and suspension of programmes.

The presence of non-state armed groups across parts of Jubaland, South-West State, Hirshabelle, Galmudug and Puntland limits the ability of humanitarian partners to assess needs and deliver assistance in rural areas and restricts the ability of civilians to safely seek assistance. Over 500,000 people are estimated to live within territory controlled by Al-Shabaab and remain largely out of reach. Areas controlled by Al-Shabaab include those parts that are contested, and civilian movement is nearly impossible as a result of regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, South-West State and Puntland. Information on the humanitarian situation in those areas, as well as in areas controlled by the Islamic State faction in Somalia is difficult to verify. The most vulnerable populations are the least likely to reach the relative safety of neighbouring districts or regions where humanitarian actors are responding. Retaliatory violence, reports of harassment and extortion at checkpoints, restrictions on the movement of goods and people, forced taxation and child recruitment underline the severe challenges and difficulties faced by affected people in gaining access to safety and assistance.

Access to areas under the control of FGS and allied non-state armed groups remains largely possible, although hampered by ongoing insecurity, including the presence of improvised explosive devices along key supply routes. Security checkpoints, many of which are fee-bearing, hinder safe, timely and unimpeded access. Incidents continue to be reported at the authorized checkpoints along all major access roads in southern and central Somalia, with the following access roads most affected: Mogadishu-Afgooye-Baidoa, Mogadishu-Balcad-Jowhar and Belet

Weyne-Gaalkacyo. Extortion and other forms of violations are common occurrences at the numerous illegal checkpoints manned by both state and non-state armed actors. Operations to remove unauthorized checkpoints along other main access roads continue, however, armed actors adjust by creating non-static checkpoints.

The absence of a centralised and enabling regulatory framework continues to pose extensive bureaucratic and administrative impediments to operations. Aid organizations have continued to face demands such as arbitrary or duplicative taxation between the national and subnational level, the involvement of authorities in contracting suppliers and service providers, and interference in staff recruitment, including screening, interviewing, selection and vetting, and taxation on salary payments. These demands have led to disruptions, delays, intrusions into humanitarian facilities, arrests and deportation, the detention and expulsion of humanitarian workers, and the occasional temporary suspension of humanitarian programmes. Counter-terrorism measures imposed by some donors further constrain many partners' ability to respond to people in need in areas held by non-state armed actors, even once access is negotiated.

#### **Humanitarian access planning assumptions for 2022**

Access has become even more essential and challenging during the COVID-19 pandemic, when most programmes and activities require remote management with limited monitoring capability. It is expected that low-scale, low profile operations will continue, and that the operational environment will stay the same or deteriorate depending on the security environment, which will be characterized by the political landscape and regional dynamics. Humanitarian organizations in Somalia continue to strike a balance between their security concerns and ensuring effective and principled delivery of assistance. However, respect for international humanitarian law is paramount, and parties to the conflict must allow and facilitate access to those in need. Remote operations result in risk transfer to national staff, as well as national NGOs and civil society, who are most frequently frontline implementers.

#### **Humanitarian access mitigation measure in 2022**

Managing risks in Somalia remains challenging. Identifying safe access routes and obtaining assurances to enter remain important measures to mitigate the risk of major hindrances for humanitarian access, such as restriction of movement, the denial of access or interference in the delivery of aid. All stakeholders should renew their attention to the safety and security of national and local actors through implementing tailored risk mitigation measures, coordination, and information-sharing with and within the humanitarian community to enable better situational awareness and common approaches, as well as appropriate training. This will require enhanced humanitarian civil-military coordination with security forces, promotion of coherent and practical approaches to manage risk, and strengthened responsiveness of the humanitarian community.

The Access Working Group will continue to lead efforts to strengthen common analysis to identify priority issues for joint action. Location-specific access and response strategies will be developed based on analysis of localized context, conflict dynamics and security situations, adopting tailored approaches to address challenges in negotiations, access, and advocacy. This will be achieved through the development of evidence-based recommendations for prioritization, assessment, and support to operational partners on the

ground; engaging in negotiations with all parties to ensure the effective and principled delivery of assistance and protection; and providing an evidence base to support high level advocacy. 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.

## Humanitarian access incidents in 2021



**194**

INCIDENTS REPORTED  
(Jan - 10 December 2021)



**41%**

ABILITY TO REACH AFFECTED COMMUNITIES  
AND TO HUMANITARIAN ASSISTANCE



**43**

NUMBER OF  
DISTRICTS AFFECTED

**17**

NUMBER OF  
REGIONS AFFECTED

### # of districts affected by Type of Incident

**79**

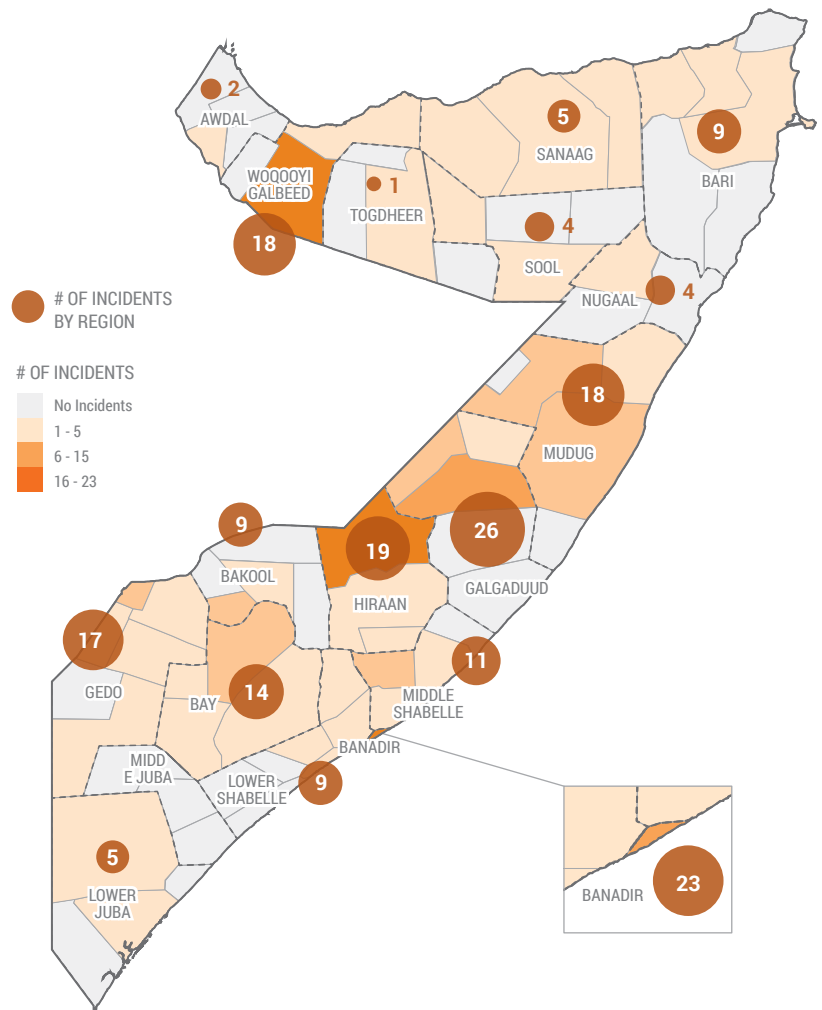
Ability to reach affected communities and to humanitarian assistance

**73**

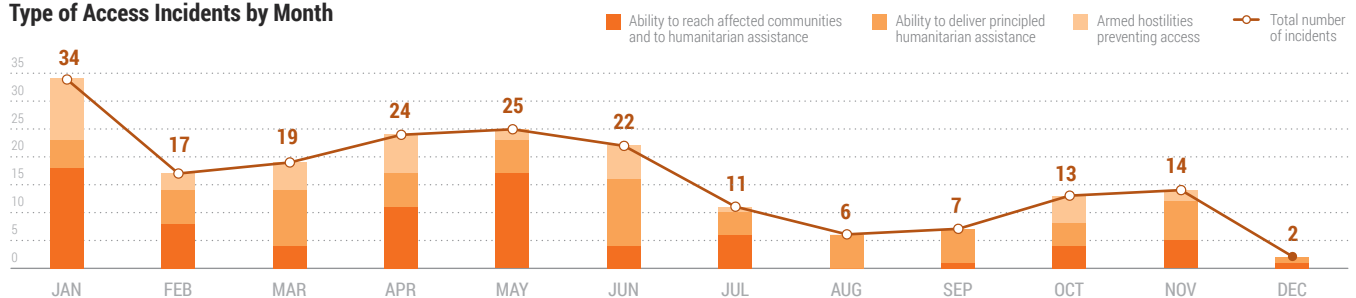
Ability to deliver principled humanitarian assistance

**42**

Armed hostilities preventing access



### Type of Access Incidents by Month



# 1.4 Use of Multi-Purpose Cash

## Consolidated Multi-Purpose Cash Assistance in Somalia

Humanitarian Cash and Voucher Assistance (CVA) in Somalia reached some 1.7 million individuals from January until September 2021 in comparison to 1.5 million in 2020, representing one of the most commonly used modalities for the provision of emergency assistance. By the end of September 2021, approximately US\$224 million were disbursed in Somalia through CVA by around 32 cash working group (CWG) partners. This includes cash for sectoral objectives by the different clusters, multi-purpose cash assistance (MPCA) and cash transferred for safety nets and shock response support. It has been effective in delivering timely, targeted and timebound assistance to shocks such as the desert locust and COVID-19 pandemic in 2020-21. Cash transfers also remain a preferred modality of providing humanitarian assistance, according to beneficiary reports from Post Distribution Monitoring of large-scale cash programmes.

In 2021 the unavailability of key commodities in the market, coupled with increased prices of available food commodities impacted cash programming in Somalia and led to an increase of the Minimum Expenditure Basket (MEB) cost – see figure below. In 2022, unpredictable price changes coupled with the other shocks and supply barriers mentioned above are expected

to continue to impact the market environment and CVA (WFP 2021). The CWG - using market data from different sources - will continue to provide monitoring updates looking at changes in the cost of the MEB, people’s ability to access markets, in addition to an overview of market performance. This will further inform transfer values and the choice of the most appropriate modality for humanitarian assistance by region.

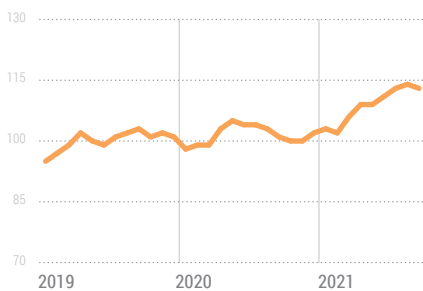
CWG partners will ensure target locations, the scale of assistance, and modality preferences are aligned with the HRP 2022 objectives. Recognizing that certain groups and individuals, including IDPs, minority groups and people with disabilities face additional barriers to access, as well as at heightened risk of protection risks, partners will collaborate with the CWG to build evidence-based criteria to ensure gender equity, inclusive cash programming and accountability to affected people (AAP).

To support the objectives of the Grand Bargain in increasing better coordination of CVA at subnational level, the Somalia CWG has operationalised six regional CWG hubs operating under the overall supervision of the national CWG. The CWG will also continue to map and track all CVA in Somalia including all sectoral cash, MPCA and safety nets programming.

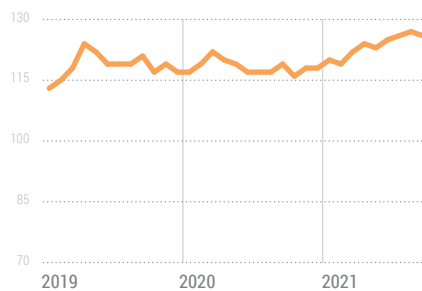
## Multi-Sector Survival Minimum Expenditure Basket (US\$)

(national trend 2019-2021)

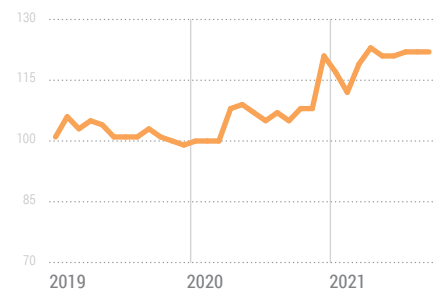
### SOMALIA



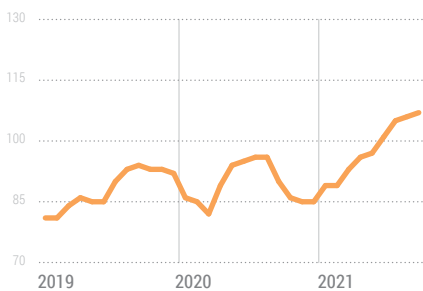
### NORTH-WESTERN



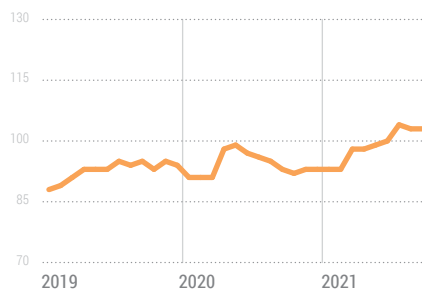
### NORTH-EASTERN



### SOUTHERN



### CENTRAL



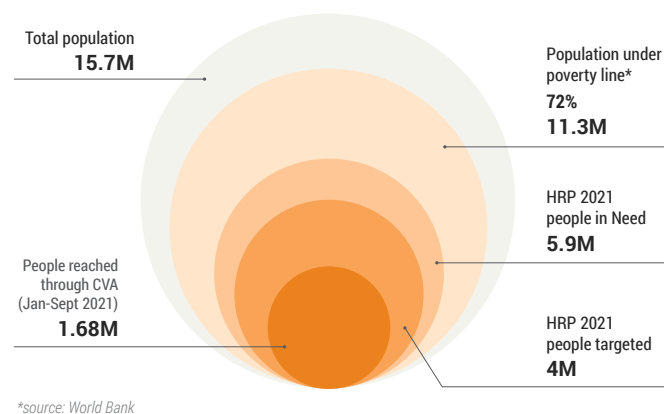
### Effective complementarity between humanitarian cash assistance and social safety net programmes

In line with the Grand Bargain commitments and the view to reduce humanitarian need, the expansion of social protection schemes in Somalia is a welcome development. In 2019, the Somalia Ministry of Labor and Social Affairs (MoLSA) approved a social protection policy, leading to the development of a social protection system for Somalia. The policy will contribute to the Social Development Roadmap and NDP 9 (2020-2024) with the overall objective of reducing poverty and vulnerability as well as improving social cohesion and inclusion.

Humanitarian CVA and national social assistance programmes should be complementary to maximize their impact on the most vulnerable and destitute households. A linkage between humanitarian cash assistance and government-led social transfer/safety net programmes needs to be people-centered and adhere to humanitarian and do no harm principles. Equitable and inclusive social transfer/safety net programmes are key to ensure the needs of the most vulnerable categories are met; however, gains made from regular, predictable transfer of cash provided on a long-term basis could be hampered with the onset of new shocks. Ensuring that social transfer/safety net programmes are adaptable and shock responsive is key to sustain their impact, safeguarding from the loss of productive assets which would hinder families' ability to recover and reducing the overall costs of the humanitarian response.<sup>8</sup>

As social safety nets expand, the CWG is working closely with the FGS, the World Bank, the EU, and other partners to ensure operational complementarity in geographic and household targeting, transfer value and delivery mechanism, while maintaining humanitarian principles for humanitarian CVA. The CWG identified key building blocks to further strengthen effective complementarity: i) Guiding principles and minimum standards for targeting, ii) Registration – design and agree on common fields for registration and a unified social registry, iii) Mapping and visualization of cash overlaying safety nets cash with humanitarian cash, iv) Delivery systems, v) Feedback and complaints mechanisms, vi) Transfer values, and vii) Coordination to ensure no duplication.

### People reached through Cash and Voucher Assistance in 2021



### CVA and Social Safety Net Assistance in 2021

|   | People reached in 2021 | % Population under poverty line | % total population |
|---|------------------------|---------------------------------|--------------------|
| <b>HUM CVA</b>  |                        |                                 |                    |
| Humanitarian cash and voucher assistance (Note: different transfer values and duration) | 1.7M                   | 15%                             | 11%                |
| <b>SAFETY NET</b>   |                        |                                 |                    |
| Baxnaano Program (US\$20 'regular')   | 1.2M                   | 10%                             | 8%                 |
| EU SAGAL Program (US\$20 'regular')   | 0.3M                   | 2%                              | 2%                 |
| <b>SCALED SAFETY NET</b>  |                        |                                 |                    |
| Baxnaano + Locust Phase 1 Topup Vertical Expansion (US\$20 permanent+40 for 6 months)*  | 0.2M                   | 2%                              | 1%                 |
| Baxnaano Locust Horizontal Expansion (US\$60) (6 months)                                | 0.4M                   | 4%                              | 3%                 |



## 1.5

## Protection against Sexual Exploitation and Abuse

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 SOPs, Code of Conduct, awareness raising, and commitment to ensure accountability for SEA.

In 2022, the PSEA Task Force will focus on the following tasks: a) Prioritize PSEA prevention through awareness raising, trainings, and briefings for UN personnel on the United Nations standards of conduct and IASC Six Core Principles relating to SEA; b) Facilitating the safe, accessible and confidential reporting of SEA allegations from the affected commu-

nity receiving assistance from UN, where the survivor's wishes, safety and well-being remain a priority in all matters; c) Constant awareness-raising and sharing information with the affected population on existing community based complaint mechanisms (CBCM) and referral pathway to existing services for SEA survivors; d) Strengthening accountability by creating and maintaining systems and mechanisms to promote PSEA by the UNCT/HCT and ensuring to take immediate action against perpetrators.

### GAROWE, SOMALIA

Photo: WHO Somalia



## 1.6 Costing Methodology

In March 2021, partners agreed to continue the use of a project-based methodology, summing the funding requirements by cluster of all projects submitted in the Project Module by humanitarian organizations participating in the HRP. 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 uploaded for each cluster once submission was completed. OCHA developed a "scorecard" with general vetting criteria and guidance, which was also used by clusters in their review.

In November 2021, 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 all of Somalia.

In 2022, OCHA will work with clusters and partners to determine whether a shift to activity-based costing is feasible, how it can best be tailored to the local response, and develop a road map to implement these changes.

### GAROWE, SOMALIA

Photo: WHO Somalia





# PART II: RESPONSE MONITORING

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SOMALIA

Photo: WHO Somalia



## 2.1. Monitoring Approach

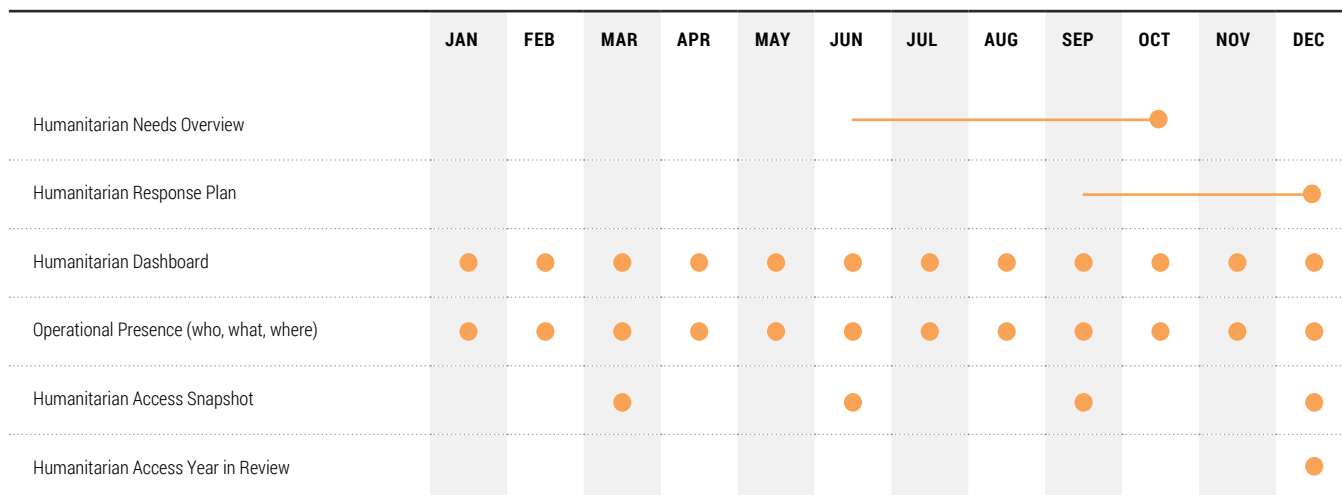
Under the guidance of the HCT, the inter-cluster coordination group (ICCG) is responsible for assessing progress towards reaching strategic objectives, specific objectives, cluster objectives and cluster activities. The primary level of monitoring is coordinated by OCHA at the cluster objective level, 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) and its Assessment Coordination Task Force (ACTF) is tasked with the implementation of monitoring assessments, including effective coordination and cooperation between clusters and OCHA.

OCHA will prioritize the development of stronger HPC monitoring approaches in 2022-2023 in order to ensure the response is tailored to both needs and emerging priorities. Somalia already has a robust output monitoring framework through the Response Planning and Monitoring Module (RPM). On a monthly basis, all Clusters upload their monthly 4W and partner output data onto the RPM, allowing OCHA to track the reach and accessibility of the response in relation to each Strategic and Cluster Objective. This includes the collection of- and reporting on sex, age, and disability disaggregated data. Each month, all relevant RPM data is published in the Humanitarian Dashboard, which is produced and disseminated by OCHA.

In addition to RPM output monitoring, the Assessment Coordination Task Force will work with Clusters and technical data providers to build on the existing risk and situation monitoring tools in Somalia to inform the wider humanitarian community on emerging trends and alert levels. A joint effort is already underway to further enhance the existing FSNAU Early Warning/Early Action Dashboard, and ensure shock-specific risk monitoring is communicated to the ICCG and HCT on a monthly basis. Monthly situation monitoring will be bolstered through the inclusion of other existing monitoring data, including WFP mVAM, IOM DTM, the UNHCR-led Protection and Return Monitoring Network (PRMN), the Protection Cluster-led Somalia Protection Monitoring System (SPMS), SWALIM, REACH Joint Market Monitoring Initiative, and other data sources that track relevant contextual indicators.

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 other rural and urban vulnerable populations. They provide an overall indication of the trends and are useful in triggering further detailed or rapid 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 internal displacement.

### Needs and response monitoring timeline





## 2.2

## Accountability to Affected Populations

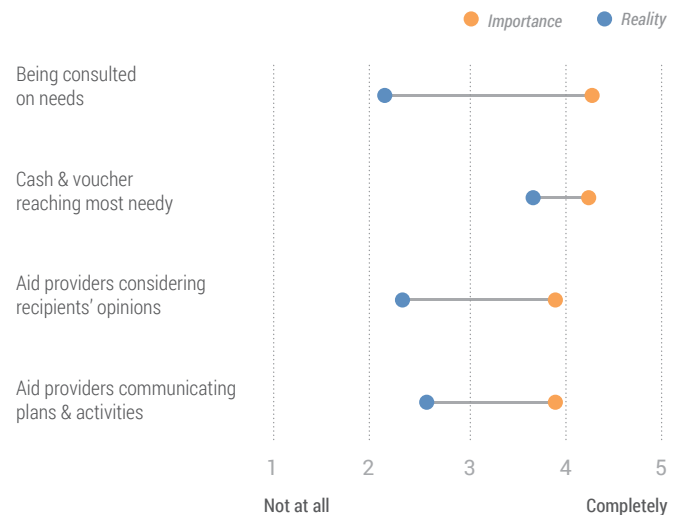
Despite ongoing efforts to centralise Accountability to Affected Populations (AAP) in agency response planning, there are still significant gaps in the way affected people perceive their inclusion in decision making around aid. Much of the discourse around collective AAP in Somalia is limited to complaints and feedback mechanisms (CFMs). However, according to the 2021 Joint Multi-Cluster Needs Assessment (JMCNA), only 16 percent of households know how to make a suggestion or complaint about the humanitarian assistance they receive.<sup>10</sup> This marks a significant deterioration of awareness of CFMs, down from 57 per cent in 2020.

Beyond access to CFMs, aid recipients also demand more consultation from aid actors than they currently receive. Based on the latest round of data collection by Ground Truth Solutions, a gap analysis<sup>11</sup> of cash and voucher recipients' expectations and perceptions highlights priority aspects of AAP for 2022 (see figure). The largest gap in terms of expectations and reality exists with respect to communities being consulted on their needs. A total of 80 per cent of respondents consider consultation to be important, while 60 per cent do not perceive this to be happening. A similar discrepancy exists in terms of participation: while 71 per cent of the cash and voucher recipients surveyed feel it is important that their opinions are considered by aid providers, only 25 per cent feel this is the case. Despite such gaps relating to consultation and participation, aid recipients are more optimistic about the distributional fairness of aid: 83 per cent feel it is important that cash and voucher assistance (CVA) is received by those who need it most in their community and 62 per cent believe this to be the case.

The gap analysis also illustrates that almost half of those surveyed are not convinced that aid providers are communicating their plans and activities well. While 45 per cent of CVA recipients feel informed about their assistance,<sup>12</sup> insufficient information was found to be the most significant barrier to accessing aid reported by households in the JMCNA.<sup>13</sup> Recipients that were consulted about their needs and those who feel listened to by aid providers are also more likely to feel plans and activities are communicated well. This will require continued engagement and communication with communities, beyond just improving awareness of CFMs.<sup>14</sup>

It is for these reasons that the humanitarian response in Somalia will attempt to develop a response-wide and collective strategy for AAP that prioritises listening and responding over one-way communication. In 2021, based on HCT feedback, there was a recognition to build on existing CFM efforts by WFP to further enhance this system and make

### Gap analysis expectations and reality based on mean scores\*



\*Source: Ground Truth Solutions 2021

it independent. 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 at the start of 2022. While mechanisms that can support enhancing accountability across the Humanitarian-Development-Peacebuilding nexus are being established, humanitarian agencies and OCHA will continue to support the immediate efforts to improve AAP.

# HPC 2022 on the Radio

As part of the 2022 Humanitarian programme Cycle (HPC) Process, OCHA with the support of Radio Ergo organized a series of five talk shows from September until December 2021 to sensitize the Somali public on the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

*Different speakers from OCHA and partners – such as Somalia NGO Consortium – who are well versed with the current HPC process were identified to participate in the talk shows. The following topics were part of the program:*



### The current humanitarian situation

overview of current needs and responses. This was aimed to introduce some of the key humanitarian issues in Somalia to make the listeners better understand the prevailing humanitarian issues such as flooding, drought, conflict, evictions among others, and their impacts on the population. This helped lay the ground to engage the listeners better in ideas around the response planning for 2022.



### Assessing needs

This topic focused on how needs are assessed, when and where needs assessment take place, who is involved in the needs assessment process, and how the findings are used to identify key gaps and challenges.



### Coordination

Focused on the role of coordination in ensuring effective allocation of resources to the affected areas by minimizing duplication and overlap, and who is involved in country-wide coordination – including the UN, NGOs, government, affected communities.



### Outcome and Challenges

Discussed the outcomes of the Humanitarian Response Plan highlighting how the people in need are supported, how the target beneficiaries are selected, and key challenges including funding gaps limiting the ability of the partners to effectively respond to the various needs across the country.

## Part 3:

# Cluster/Sector Objectives and Response

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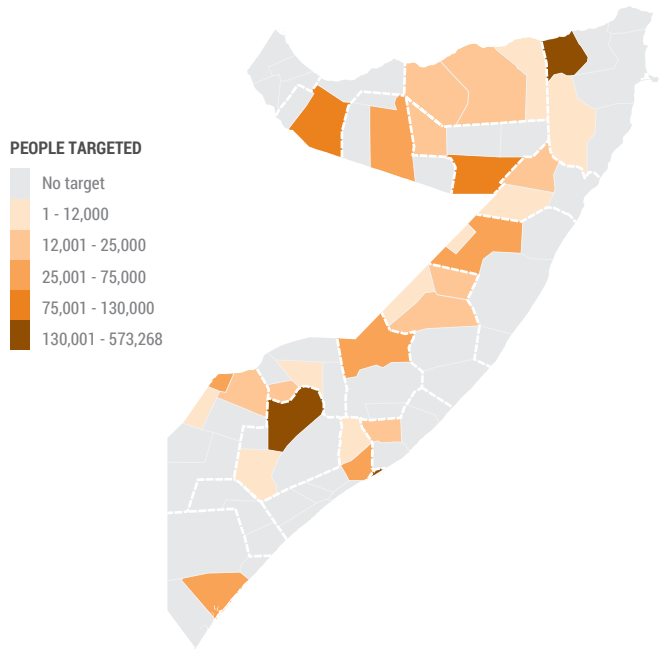
SOMALIA

Photo: WHO Somalia



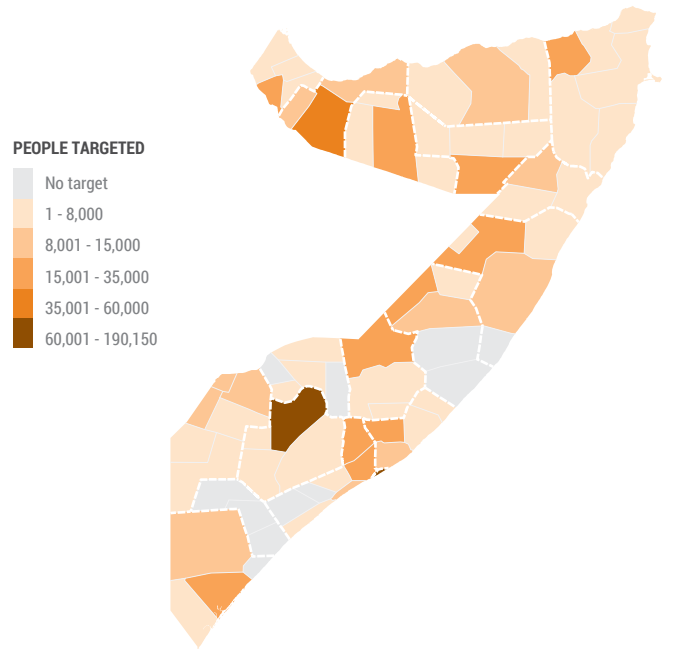
### 3.1 Camp Coordination and Camp Management (CCCM)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>2.2M</b>    | <b>1.8M</b>     | <b>\$28.4M</b>      |



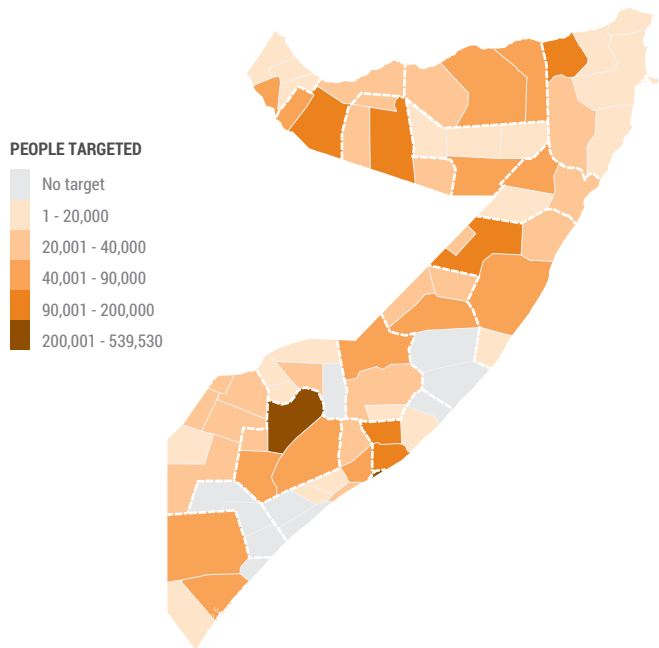
### 3.2 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.1M</b>    | <b>0.8M</b>     | <b>\$95.4M</b>      |



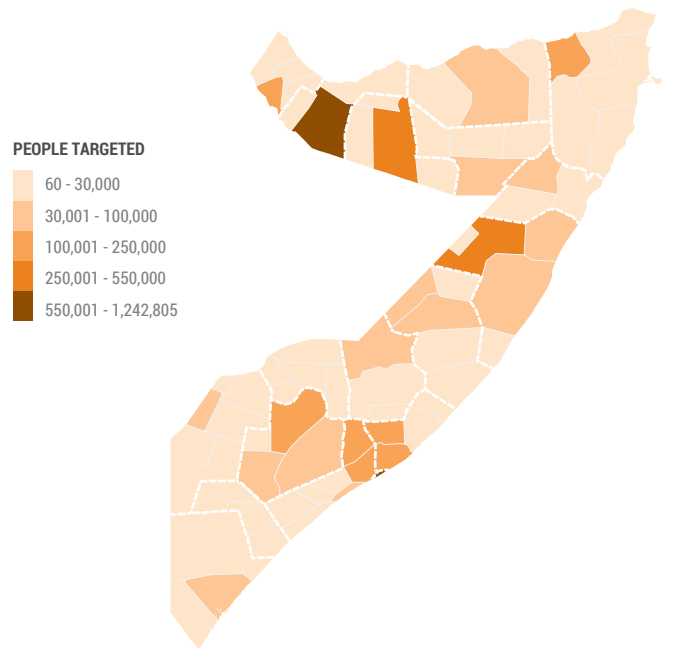
### 3.3 Food Security

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.5M</b>    | <b>3.1M</b>     | <b>\$624.4M</b>     |



### 3.4 Health

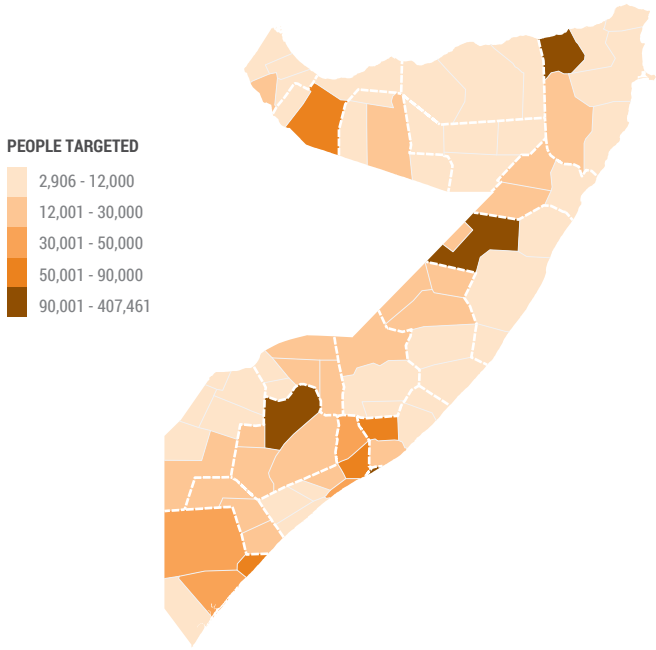
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>6.5M</b>    | <b>4.7M</b>     | <b>\$108.8M</b>     |





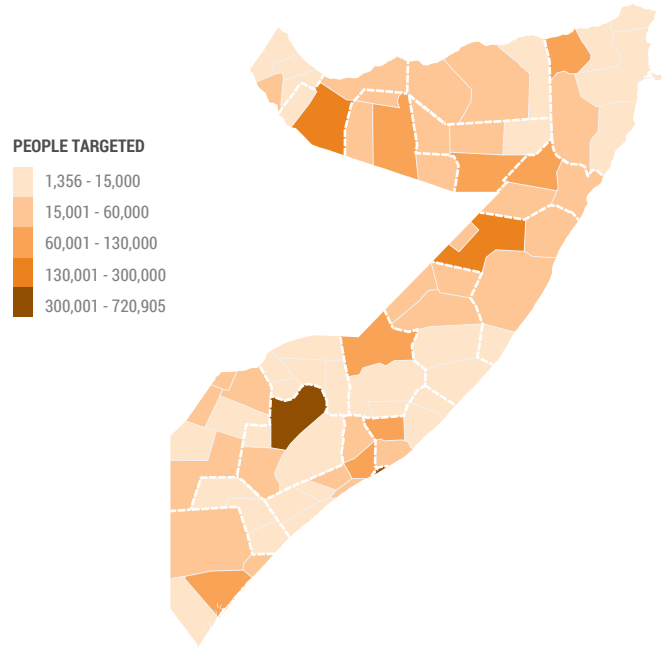
### 3.5 Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>2.4M</b>    | <b>1.8M</b>     | <b>\$178.8M</b>     |



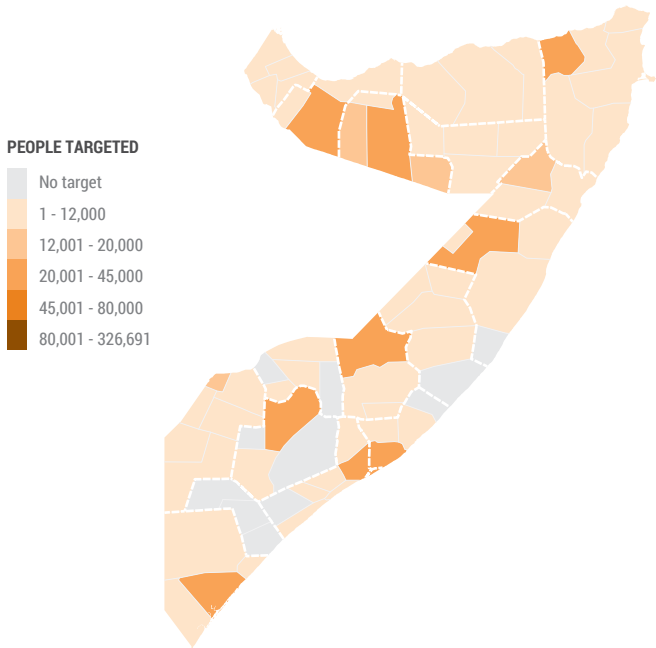
### 3.6 Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>4M</b>      | <b>3M</b>       | <b>\$127.7M</b>     |



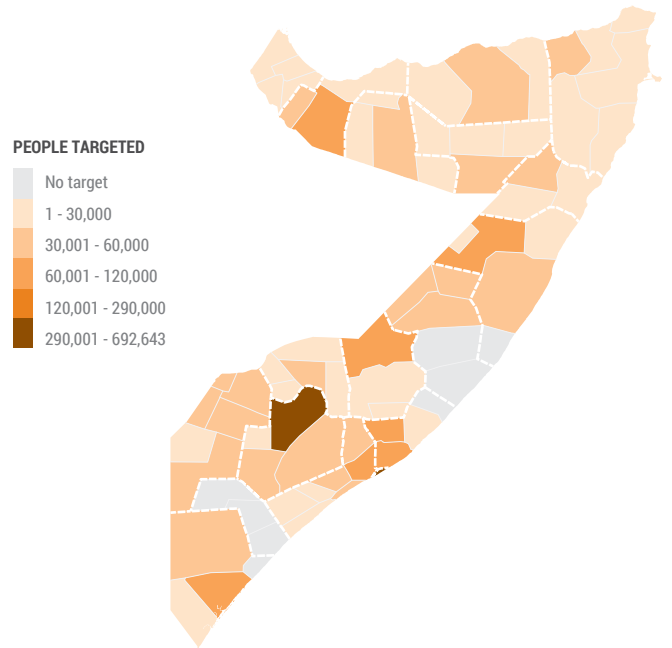
### 3.7 Shelter and Non Food Items (IFI)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>3.6M</b>    | <b>1.2M</b>     | <b>\$56.9M</b>      |



### 3.8 Water, Sanitation and Hygiene (WASH)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| <b>6.4M</b>    | <b>3.1M</b>     | <b>\$114.9M</b>     |





# 3.1 Camp Coordination and Camp Management (CCCM)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 2.2M           | 1.8M            | \$28.4M             | 36       | 37       |

### Overview

Due to sporadic violence, clashes insecurity and perennial climatic shocks the internal displacement trends in Somalia continues to rise. As a result, 2.9 million IDPs live in Somalia. A large percentage of this population resides in self-settled IDP sites in rural and peri-urban areas, the majority of which is private owned land. Further, a large percentage of IDP sites in Somalia are precariously located in either drought or flood prone areas. Due to the self-settlement and unplanned nature of the sites, living conditions are dire due to populations density, congestion and overcrowding in sites. The prevailing weak land tenure systems further exacerbate the stresses affecting IDPs, especially the vulnerable groups.

### Targets and Response Priorities

In 2022, the CCCM cluster will target sites across 32 districts where CCCM has physical partner presence. CCCM will network with partners present across districts building their capacity to expand CCCM interventions and coverage across Somalia. The cluster plans to target a total of 1,800,000 individuals including 19,500 refugee returnees living in over 2,400 IDP sites in Somalia.

In its response to affected populations, CCCM cluster and partners will conduct CCCM interventions in close collaboration with local authorities, affected communities of both hosts and IDPs applying rights- based, community-based and intersectoral approaches.

In 2022, CCCM has defined inclusion as a main theme in CCCM interventions and response. As such, activities including site decongestion, maintenance and site improvement will be implemented with an age, gender, and diversity (AGD) lens, ensuring community participation and inclusion of minority ethnic groups, women, boys, girls, youth, older people, people with disabilities, and other categories of community members. Safety audits will remain a focus of CCCM activities for inclusion to enhance protection especially of women and girls in sites. Further, the CCCM will work in an intersectoral approach to mitigate evictions, ensure services reach people most in need and linking the humanitarian and development nexus to durable solutions.

### Response Strategy and Modalities

To support IDPs across Somalia, the CCCM state level cluster leads will enhance the area-based approach with the overall technical coordination of the national cluster team. Both national and sub-national cluster levels will apply multi-sector and inter-sector approaches in leading the coordination of CCCM interventions and activities in sites. The cluster will provide service mapping and monitoring, identifying service gaps, capturing trends in service gaps, and providing informed data analysis for CCCM, inter-cluster and local authority responses to address the gaps and needs identified.

CCCM will build on diverse and inclusive community governance site structures made up of elected women and men on equal representation to enhance decision-making processes on issues affecting the community in IDP sites.

Furthermore, the CCCM cluster and partners will focus on site improvement and site decongestion activities to improve living conditions, promote proper standards in spacing to enhance safety, especially for women and girls, and enhance access to services for all populations living in IDP sites. The activities will be implemented through cash-based interventions, hence promoting economic well-being and livelihoods to site populations.

Localization activities will remain a key area of focus for CCCM interventions building capacities of local partners in CCCM activities and enhancing collaboration with local authorities in efforts to mitigate evictions. The CCCM Cluster evolve its Localization Framework and Action Plan in 2022 to follow through on localization deliverables as illustrated within these documents.

CCCM will collaborate with the Protection Cluster and its AoR to enhance inclusion, protection mainstreaming, referral and pathways. Using the accountability to affected population (AAP) approach CCCM will conduct community awareness and consultations as well as provide CFM monthly reports with trends and analysis.

### Cost of Response

The cluster will require a total of \$28.3 million in funding to provide essential CCCM support to a total of 1,758,522 beneficiaries in IDP sites. The response cost for CCCM utilizes an average cost per beneficiary of \$17 as analyzed through 2021 programming. Primary cost drivers for CCCM activities are site improvement and site decongestion activities which involve the procurement of toolkits and equipment in addition to payments for IDP beneficiary daily laborers. Furthermore, capacity building exercises and CCCM partner-led workshops such as camp management committee (CMC) trainings, safety audit presentations and CCCM training to local authorities feature as secondary cost drivers for CCCM operations.

### The Cost of Inaction

An absence of CCCM interventions would lead to the deterioration of site-level living conditions exacerbating negative coping mechanisms and contributing to an increase in secondary displacement.

2.9 million IDPs will lose access to site-level coordination, leading to increased site-level tensions and inequitable service delivery resulting in deteriorated site-level conditions, increasing difficulties in operationalizing nexus activities and contributing to heightened protection concerns at the site-level, such as incidents of GBV. Moreover, 604 IDP sites or an estimated 453,000 IDPs that face an elevated threat of eviction will not receive CCCM interventions geared at assisting HLP partners with eviction prevention support or negotiating long-term land use agreements.

### Nexus Linkages

CCCM is positioned as the foundation for nexus-related programming in IDP sites. Through continued work on incorporating tangible nexus-centred activities both within the UNCF (sixteen total activities) and the cluster strategy, the CCCM cluster intends to identify additional IDP site-level initiatives that can enhance collaboration with development partners. Activities such as site decongestion are currently being implemented by CCCM partners partnering with durable solutions actors by exploring ways to facilitate long-term tenure agreements and IDP integration. Additionally, IDP relocation projects allow for CCCM partners to anchor activities such as resettlement and site planning while coordinating with development actors for sustainable service provision. Lastly, CCCM data management will be more influential in showcasing IDP sites that should be prioritized for durable solutions or development activities utilizing an evidence base. There is a requirement for durable solutions and development partners to map IDP site-level response capacities and current IDP site-level interventions for greater CCCM support to be established.

### Monitoring

The cluster's sectoral response approach will be monitored through the utilization of tools and initiatives that are standardized amongst cluster partners. Cluster activities such as monthly service monitoring and service mapping, site-level complaints feedback mechanisms (CFMs) and annual safety audits will monitor and evaluate the performance of CCCM indicators. Furthermore, larger assessments such as the Detailed Site Assessment (DSA), bi-annual site verifications, annual rapid gender assessments, and annual satisfaction surveys will contribute to analyzing cluster performance while evaluating how CCCM partners may be able to strengthen their activity approaches in IDP sites. Tools like the site verification, satisfaction surveys and CFM have integrated the Washington Group Questions allowing for CCCM partners to report on beneficiary support that can be disaggregated based on age, gender, and ability with the cluster intending to work on beneficiary reporting methods for people from minority clan backgrounds.



## 3.2 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 3.1M           | 0.8M            | \$95.4M             | 32       | 31       |

### Overview

Conflict and environmental shocks have been the primary drivers of humanitarian response limiting access to education in Somalia. More than 3 million crisis affected children (including 1.4 million girls) need education assistance in 2022.<sup>15</sup> Of the 2.9 million internally displaced people in Somalia, 537,000 people were displaced in 2021, out of whom 420,000 forcibly displaced due to conflict.<sup>16</sup> An estimated 1 million are school-aged children with 237,200 (40%) newly displaced children.

The impact of COVID-19 has led to a reduction of children’s enrolment and retention in school, as demonstrated by the increased percentage of families with worsened financial constraints in 2021.<sup>17</sup> Despite ongoing efforts to strengthen government institutions, the Ministry of Education continues to have limited capacities and outreach to deliver basic education services for crisis affected children.

The response is to ensure that the most vulnerable crisis affected children have access to safe, protective, inclusive, and continuous learning opportunities.

### Targets and Response Priorities/Boundaries

The Education Cluster (EC) partners will target 833,477 (375,065 girls) out of the 3 million crisis affected school aged children with education in emergencies. Of these, 215,584 (97,013 girls) will be displaced and 617,893 (278,052 girls) non-displaced children. The response will prioritize crisis-affected children at high risk of dropping out, and out-of-school children in both rural and urban settlements. Among this caseload, the focus will be on the most vulnerable and marginalised school aged children including children with disabilities.

Teachers will be trained on pedagogical and psychosocial skills to improve quality of learning and well-being of the children. Education supplies will be prepositioned in hotspot locations to facilitate timely response to emergencies.

The response aims to complement the efforts of the Government to strengthen the capacity of the education system to respond to the impact of crisis. This includes streamlining the distance learning platform into the education system to complement the classroom learning approach to ensure children have access to distance learning.

### Response Strategy and Modalities

The response will focus on two strategic approaches: retention and increased access to education for emergency affected children. The response focuses on schools as an entry point for life saving assistance, integrating provision of food security, WASH, and protection services. In line with the Centrality of Protection Strategy, the response will enhance the protective role of education and integrate child protection activities at school level. Whenever feasible, the response will prioritise the most sustainable solutions through localised response by increasing engagement and influence of national partners including MoE on the service delivery.

Vulnerable children are at continued risk of dropping out of schools due to the impact of crisis, with girls facing a higher risk of dropping out and being exposed to early marriage and increased risk of violence. To mitigate the impact of these shocks, the response will focus on providing emergency teacher incentives to maintain teachers in schools during crisis and lower the cost of education, emergency school feeding, safe drinking water, and hygiene promotion.

Displaced children and hard to reach communities are particularly vulnerable and likely to be out of school. To increase access to education, temporary learning spaces with gender friendly and inclusive WASH facilities will be established, school furniture and teaching/learning materials provided, as well as teacher incentives and training for teachers and community education committees organized.

The cluster will continue promoting the use of Cash Voucher Assistance in education to increase enrolment and attendance for the most vulnerable children whose families are unable to meet education costs.





GAROWE, SOMALIA

Photo: OCHA Somalia

The Education response will continue to strengthen the capacity of partners and MoE in response planning and coordination as well as specific trainings such as child safeguarding and gender-based violence.

### Cost of Response

The Education Cluster is requesting USD 95,405,447 million to reach the 833,477 children targeted for Education in Emergencies assistance. Based on estimates from the last four years, the average cost per child for provision of education for a full academic year in Somalia is US\$120. The cost per child will differ depending on the level of hardware interventions, which is determined by the strategic approach used: either to retain children in school, or increase access to education for those out of school. The cost per child for the latter approach will be comparatively higher as it includes construction as well as provision of emergency school feeding and water in schools. The estimated cost per child for a full academic year will therefore be within the range of \$120-150.

### The Cost of Inaction

Lack of funding for education will put more than 3 million school-aged children at increased risk of not being able to access school and decreases the likelihood of enrolling out of school children, while increasing teacher attrition, school closures and dropouts.

Inadequate education services will have a profound negative impact on children's cognitive, social, and emotional development, thus impeding them to realizing their full potential and hope. The longer children are out of school, the higher likelihood of not returning to school. This will reverse the progress made so far to enrol children into schools.

### Nexus Linkages

The education cluster partners will continue working with development partners to bridge the gap between humanitarian and development education programs. These include collaborating on efforts to institutionalize long-term development of teachers, the establishment of permanent schools, and strengthening Ministry of Education systems. The cluster will also support government efforts such as Banadir Regional Authority-led initiatives to find long-term solutions to IDP education caseload by linking them to government schools funded by development actors such as GPE.

### Monitoring

The Education Cluster will work with partners using 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. Also, partners will use the national and state cluster coordination meetings to share updates of ongoing activities and areas of gaps that need immediate education intervention.



# 3.3 Enabling Programmes

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 7.7M           | 5.5M            | \$27.9M             | 8        | 10       |

### Overview

To ensure an efficient coordination system is in place among humanitarian partners, including support to the FGS and the HCT, the Enabling Programmes partners will continue to play a central role in enabling an effective and informed humanitarian response, and ensuring a coherent response to emergencies. Civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy will remain priorities. OCHA will also increase efforts to identify barriers, risks, and enablers for people with disabilities and takes concrete steps to strengthen the inclusion of people with different types of disability.

### Targets and Response Priorities/Boundaries

In 2022, the Enabling Programme Cluster will support clusters in their ability to target the 5.5 million people outlined in the HRP, including IDPs, non-IDPs, and refugees and returnees. Its partners will help identify areas with the highest concentration of people facing the most severe needs as a result of shock-induced displacement. To reach the most vulnerable people and those with the most severe needs, partners will locate and allow for needs prioritization across the following groups, acknowledging potential overlap: IDPs and rural/urban host populations/non-dis-placed, including pastoralists and agro-pastoralists; those with acute needs in life-threatening situations, particularly women, girls and people with disabilities, who are often exposed to gender-based violence (GBV), sexual violence, abduction, abuse and killings; people living in hard-to-reach areas; people whose livelihoods are particularly fragile; and people affected by shocks whose resilience have been undermined by crises. The new coordination architecture at sub-national level will be strengthened to facilitate localized situational analysis, to identify gaps, and to mobilize the response.

### Response Strategy and Modalities

To contribute to principled and effective humanitarian response in Somalia, OCHA 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 underserved areas through access and civil-military coordination approaches. 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.

OCHA will liaise with the Somalia NGO Consortium (SNC) who will support NGO coordination mechanisms to improve aid coordination and promote national NGO representation within the coordination structures across Somalia. Similarly, Puntland Non-State Actors Association (PUNSAA) provides a platform for civil society representatives and local non-Governmental organizations (LNGO) in Puntland State of Somalia to interact with international donors and the Government in an inclusive manner.

In terms of data collection and analysis, in 2022, FSNAU will continue to provide information and analysis on 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, while SWALIM will scale up the use of modernized early warning systems and climate information to save lives and enhance livelihoods in vulnerable communities. REACH will continue to support the clusters and humanitarian partners in Somalia to understand the severity of needs of the assessed population, including living standard gaps used, in cluster-specific, and inter-sectoral approaches. The IOM Displacement Tracking Matrix (DTM) will contribute to evidence-based decision making for humanitarian operations in Somalia through IOM's Displacement Tracking Matrix (DTM).

Radio Ergo will produce and air daily humanitarian programming, including life-saving and disaster risk reduction messaging to communities across Somalia, by using shortwave and FM broadcasts. The International NGO Safety Organization (INSO) Somalia will contribute to International and national NGOs operating safely and securely by ensuring that that NGOs operating in Somalia are receiving relevant and efficient support in terms of security through information and training.



GAROWE, SOMALIA

Photo: OCHA Somalia

### Cost of Response

The total financial requirement of the cluster is USD 27.9 million, which represent an increase of about USD 3.4 million when compared to 2021. The slight increase can be attributed to an increase in the number of partners from six (6) in 2020 to eight (8) in 2021 as well as the increase in the total number of people targeted in 2022 from 4 million (in 2021) to 5.5 million in 2022. A vetting committee met, reviewed, and vetted all the enabling programme cluster projects based on a scorecard developed by OCHA, including general vetting criteria and guidance.

### Nexus Linkages

OCHA supports clusters and partners to reach their objectives including the delivery of emergency response and resilience that that aligns with the humanitarian-development nexus. The cluster also provides coordination, information management services and policy advocacy support to facilitate the implementation of the humanitarian-development nexus. The information and analyses provided by FAO led FSNAU and SWALIM, IOM led DTM, REACH and other agencies that are part of the Enabling Programme Cluster facilitate and support effective evidence based decision-making in support of nexus interventions.

### Monitoring

Partners will report on the progress of their interventions, using as a reference the monitoring framework of Enabling Programmes, including indicators for each of the three cluster objectives that are linked to the Strategic as well as the specific objectives of the 2022 HRP.





# 3.4 Food Security

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 3.5M           | 3.1M            | \$624.4M            | 75       | 75       |

### Overview

According to the FSNAU-FEWS 2021 Post Gu assessment report, approximately 3.5 million Somalis face severe to extreme food consumption gaps, including 1.1 million IDPs through December 2021. The key drivers of acute food insecurity are displacements due to armed conflict and political tensions, long-standing environmental stress and climatic shocks, and persistent threat of desert locust on crops and pastures. Food insecurity is projected to worsen significantly if the 2021 Deyr and 2022 Gu rains perform poorly as forecasted. Millions of people are likely to experience widening food consumption gaps and erosion of coping capacity with possibility of Emergency (IPC Phase 4) outcomes up to June 2022.

### Targets and Response Priorities

The proportion of the population experiencing severe acute food security has increased by 5 percentage points compared to last year. The priority will be the most vulnerable and at-risk groups including IDPs, minority groups in hard-to-reach areas, poor female headed households, people with disabilities, older people, and households with malnourished children and pregnant and lactating women.

Lifesaving food assistance will target 3.1 million people in IPC phase 3 and 4 in all accessible areas including 1.1 million IDPs. Priority activities include both unconditional and conditional transfers to improve immediate access to food, to support rehabilitation and/or establishment of critical community infrastructure and to increase household income. Soil and water conservation efforts that aim at pasture regeneration and range-land rehabilitation will be considered.

Life sustaining livelihood support will aim to protect livelihoods and related income and food sources. Priority activities will target all people in IPC phase 3 and 4 in accessible rural areas and will include provision of seasonally appropriate agricultural inputs; emergency coastal-based livelihoods assistance; livelihood diversification e.g. kitchen gardens; and prevention and response to food chain threats like fall armyworm, Desert Locust, and transboundary animal disease. The cumulative target is 1.1 million people, including IDPs in all accessible rural areas.

### Response Strategy and Modalities

Food Security Cluster (FSC) partners will employ diverse response options such as in-kind assistance, cash-based transfers and provision of basic services to protect the livelihoods of the affected people, depending on severity and cause of acute food insecurity and status of market functionality in a given area. Market-based approaches will be highly encouraged.

Food security activities will prioritize the use of modalities –e.g., cash-based programmes - that expands access to minority and vulnerable group and ensure better protection including people with disabilities and older people. FSC continue to meaningfully engage with the Minority Rights Groups to ensure inclusion of vulnerable households of communities with minority affiliations.

FSC will continue to advocate with partners to provide assistance in hard-to-reach areas working in close coordination with the Access Working Group. Cash transfer values will be informed by the Cash Working Group and are expected to differ per region of intervention.

As part of its localization approach, the FSC has been undertaking capacity building and mentoring initiatives to local partners for better programming through tailored trainings. At least 30% of the cluster’s positions such as the Strategic Advisory Group and Strategic Review Committees are held by local NGOs, while the largest share of funding received through the Somalia Humanitarian Fund (SHF) is allocated to local NGOs.

Accountability to Affected Populations, other cross-cutting issues, and the implementation of the centrality of protection strategy remain key focus areas of food security programming. Community-based feedback mechanisms (CFMs) of FSC partners will be linked to the collective accountability initiative, referral systems, coordinated information provision and consultations.



### Cost of Response

The FSC continues to use a project-based costing model. The Cluster Strategic Review Committee vetted all projects included in the 2022 Humanitarian Response Plan against various criteria, including alignment with the FSC objectives, Centrality of Protection, Gender and Age Marker, Disability inclusion, realistic costing, and avoidance of potential overlaps in assistance. Whenever applicable, Food Security Cluster recommends the use of the Cash Working Group guidance on transfer values.

While FSC will scale-up cash-based transfers, the use of this modality will be rooted in in-depth market assessments and feasibility analyses with the aim of minimizing operational costs and improving the effectiveness, efficiency and timely and safe delivery of food, agriculture, and livelihood assistance in a dignified manner. It is however envisaged that the cost of delivering interventions is likely to take an upward trajectory in 2022 due to the increase in the prices of basic commodities as a result of reduced local supplies, below-average production and high transport costs caused by increased energy prices and access challenges, as well as unstable demand and supply dynamics.

### The Cost of Inaction

**Hunger kills, it stokes community tensions, fuels conflict and instability and forces families from their homes**

Lack of adequate lifesaving assistance now will lead to severe hunger, increased mortality, and compromise recent gains in some of the most vulnerable parts of the country. Over 3.5 million vulnerable people will face severe hunger and are likely to employ the most severe food coping mechanisms. Without the provision of life sustaining food and livelihoods assistance, 1.1 million people will not receive emergency livelihood support, undermining further resilience of vulnerable communities to future shocks. In a year marked by drought, presidential elections, and increasing regional instability, the humanitarian community cannot stand by until it is too late. Providing immediate food and livelihood assistance will not only prevent hunger but will also help to improve prospects for stability and peace.

### Nexus Linkages

The FSC is advocating for the Humanitarian Development Peace Nexus (HDPN) approach as a strategy to gradually transition affected caseloads away from humanitarian assistance towards self-reliance and, where relevant, development projects – as evidenced by the transition of the IPC2 caseload from the HRP to the UNCF in 2020. Through an integrated and layered approach, FSC promotes the absorption of target communities into social safety net programming and other partners' resilience programmes to build their capacity to cope from crises, by increasing their human capital and social networks. FSC also supports integrated programming with other sectors to facilitate an integrated response providing common messages for coordinated fundraising and resource allocation, and adopting coordinated context-based prevention, early action and response interventions.

### Monitoring

Response data including both planned and actual implementation will be collected and monitored on a monthly basis through the district-level "Who does What, Where, When and for Whom (5W)" dashboard. The data will be disaggregated by age, gender, and disability to facilitate impact monitoring, informed policymaking, and programme development.

The FSC partners will conduct routine monitoring through various methods to ascertain the food security situation of households, assess risk factors that contribute to food insecurity, highlight vulnerable geographical areas and groups. This information on vulnerability and the evolving situation will enable well-informed decision-making processes for programme design and targeting purposes.

# 3.5 Health



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 6.5M           | 4.7M            | \$108.8M            | 49       | 51       |

### Overview

The Health Cluster aims to reduce of excess morbidity and mortality due disease outbreak through integrated health service provision. The disrupted health sector is overburdened; remaining fragmented, under-resourced and ill-equipped to provide life-saving and preventative health services. Partners will contribute to improvement in physical and mental well-being of the affected population, including people living with disabilities and survivors of GBV/IPV, through patient-centred targeted and protective services. Services provided by partners (29 NNGOs, 16 INGOs and four UN agencies) will improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population.

### Targets and Response Priorities

Health Cluster partners seek to provide 4.7 million people with life-saving services and health protective action; reaching those most at risk due to poor physical health and mental wellbeing who as well face limited access to healthcare services. The displaced population (25% of the target), especially due to conflict or violence as well as natural disaster, are especially vulnerable to discrimination, neglect, illness, and injury. Women and young children are particularly at risk, especially during pregnancy and childbirth.

Life-saving and preventative interventions by the Health Cluster will target intersecting vulnerabilities: displacement and marginalization, resulting in barriers to primary health care services; malnutrition and concomitant illnesses; those with insufficient access to safe water and proper sanitation and hygiene services leading to diarrheal disease; gaps in immunization, exposing the population to outbreaks. Survivors of gender-based violence need both clinical care and psychosocial support.

Violence and traumatic injury claim many lives and result in permanent disabilities if not addressed. People with a disability are estimated to be at least 15% of the target and inclusion of their specific needs in all service provision will be addressed with appropriate adaptations to ensure access. Taking into account access restrictions this response plan targets 72% of the total identified people in need.

### Response Strategy and Modalities

Health Cluster partners are committed to providing equitable access to emergency and integrated essential health care services. Community engagement is key to reaching at risk and marginalized groups in order to improve health utilization rates and disease prevention actions. 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.

Integrated health and nutrition services continue as a preferred modality. An essential package of services is augmented by services such as: reproductive health services, adolescent care, 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 people with disabilities is a priority to ensure equal access. 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 outbreak 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 the effect COVID-19, specific actions are being taken to protect health care 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 response cost is estimated at 110.5 million USD. Costs are driven by the difficult operating environment; facing logistical barriers and insecurity to the delivery and maintenance of medical equipment, supplies and medications that need specific handling and environmental conditions.



#### MOGADISHU, SOMALIA

Photo: OCHA Somalia

Insecurity combined with an overall shortage of qualified medical providers increases recruiting and retention costs. In many areas, the most feasible modality is mobile services to reach nomadic populations living in sparsely populated areas; significantly increasing operating costs; requiring 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.

#### The Cost of Inaction

Lack of adequate health services will lead to preventable excess morbidity and mortalities due to disease outbreaks.

Without the provision of essential health service over 4.6 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 health-

care. Mental health issues and disabilities will worsen people's wellbeing in the long-term.

#### Nexus Linkages

Strengthening of primary care by implementing EPHS in humanitarian health programming, moving towards achieving universal health coverage. Provide support to partners on joint planning and implementation of sector programs.

The following are potential opportunities for advancing implementation of humanitarian-development-peace Nexus for health in Somalia: the strengthening existing health coordination mechanisms on different administrative levels; conducting joint, comprehensive health system assessments; defining health sector development objectives and identifying HDPNx for health collective outcomes; shifting towards multi-year planning and financing; bolstering monitoring and evaluation mechanisms; creating HDPN-related resource and financing records; and mainstreaming conflict analysis and peacebuilding prioritization.

#### 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 health care 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.



# 3.7 Logistics

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 7.7M           | 5.5M            | \$25.6M             | 1        | 2        |

## Overview

Due to a combination of insecurity, conflict, fragile infrastructure and seasonal flooding, Somalia remains a country with acute logistics challenges. The country’s road system is limited with several key routes presenting different levels of seasonal access impediments, while only four seaports provide access to high volumes of humanitarian supplies. Considering the lack of stable road infrastructure, continued insecurity and restrictions on border crossings, air transport remains the most viable option to deliver assistance to key locations across Somalia, although it is a highly capacity-intensive mode of transport.

Since activation in 2020, the Logistics Cluster rapidly increased efforts covering coordination, information management and common logistics services to support the humanitarian community. Moreover, to allow humanitarian workers access to key locations, the UN Humanitarian Air Service (UNHAS) provides safe, reliable, and effective inter-agency transport services. The Logistics Cluster enables humanitarian organisations to serve affected populations by facilitating comprehensive logistics services.

## Targets and Response Priorities

In 2022, the Logistics Cluster aims to support partners to implement their programmes and interventions through coordination, information management and the temporary augmentation of logistics capacity through the facilitation of common services that enable the delivery of life-saving interventions, when a systemic gap impedes an efficient logistics response.

Further to transportation requirements for both air, sea and road modes, partners have demonstrated the need for storage facilities which the cluster will provide, including specialized logistics capacity, such as those arising from temperature-sensitive logistics.

As part of its 2022 Information Management services, the Logistics Cluster will continue increasing timely and accurate information related to available resources and access challenges, ensuring logistics is factored into intersectoral decision-making, thus strengthening the humanitarian community business intelligence regarding supply chains.

Moreover, the Logistics Cluster will further encourage collaborative solutions arising from coordinated operational efforts based on preparedness, resource pooling and strengthening existing local logistics systems. Through its coordination cell, the Logistics Cluster aims to streamline and optimise the resources, reduce duplication of efforts, and scale up the capacity available.

The Logistics Cluster will prioritize its resources in 2022 to serve partners targeting the most affected populations. 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 operations to provide cost-effective air transportation, as well as prioritize timely medical and security evacuations for the humanitarian community.

## Response Strategy and Modalities

Leveraging the logistics expertise of WFP, the Logistics Cluster aims to support critical logistics activities with partners responding in Somalia. These services will be provided based on the level of requirements as requested by the humanitarian community in the three pillars of coordination, information management and common services.

Common services will be designed to leverage existing capabilities and logistics resources to overcome logistics gaps such as cargo transport, temporary storage, and handling. Coordination meetings will be held with partners as often as required 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 the 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 and preparedness activities. Best practices will be consolidated and disseminated to partners, so that organizations may make future informed and evidence-based logistics decisions and undertake joint advocacy efforts.

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.

### Cost of Response

The Logistics Cluster is seeking \$25,625,933 for its response in Somalia in 2022. The cluster endeavours to prioritize the most efficient and effective mode of transportation in order to support humanitarian partners to deliver relief items on time. The majority of resources are designated to logistics services – specifically air operations (for both cargo and passenger) 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 based on a flexible and effective strategy. The Logistics Cluster will design common services to prioritize the most efficient mode of transport and the use of assets that allows a logistics response with the best value for money. Nonetheless, based on past needs and as a last resort, the Logistics Cluster will also mobilize flexible arrangements, such as the use of helicopters to ensure key demand points are connected whenever required.

### The Cost of Inaction

Lack of Logistics services could lead to the delay and inability of humanitarian organizations to deliver humanitarian relief items.

Based on the needs of partners in humanitarian response operations in the last two years, a functional Logistics Cluster proved critical to the overall ability for partners to implement their programmes, whenever access was hampered due to conflict or flooding. The large geographical spread of potential humanitarian needs in hard-to-reach areas increases the requirement of air transport; increasing the cost and complexity of logistics requirements to respond to needs. Moreover, the fragile logistics infrastructure, high volatility and demand uncertainty increase the dependency of the operations on well-designed logistics strategies. Without

combined logistics efforts, the humanitarian community risks not reaching populations in need of life-saving support thus drastically increasing the deprivation cost.

### Nexus Linkages

The Logistics Cluster serves partners responding to sudden onset and/or protracted emergencies. By providing coordination, common logistics, and information management services, the Logistics Cluster will serve as a support structure to humanitarian organizations to reach their objectives, including the delivery of programmes focused on emergency response and resilience that aligns with the humanitarian-development nexus.

### 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.

# 3.8 Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 2.4M           | 1.8M            | \$178.8M            | 58       | 58       |

### Overview

In Somalia, the contributory factors of acute malnutrition are cross-sectoral and include inadequate access to quality health & nutrition services, fragile security environment, droughts, floods and COVID-19 related factors, food insecurity, sub-optimal feeding practices, high prevalence of diseases, insufficient sanitation conditions and hygiene practices. The situation is exacerbated by resulting internal displacement of vulnerable population groups and people with disabilities.

According to the latest FSNAU report, acute malnutrition remains widespread in Somalia at varying level of severity.<sup>18</sup> Therefore, in 2022 the emergency nutrition needs will remain high in the country, and in the absence of any humanitarian nutrition assistance, the situation is likely to deteriorate. Among the estimated 2.4 million people in need of nutrition support in 2022, 1.8 million will be targeted with nutrition interventions, including women and under-five children.

In 2022, the Nutrition Cluster will continue to provide life-saving treatment and preventive services in priority locations and concurrently implementing the mitigative and preventive measures to curtail the spread of COVID-19. As its primary strategy, the Cluster aims to ensure timely access to an integrated package of life-saving emergency nutrition services to acutely malnourished children under five and Pregnant & Lactating Women and Girls (PLW/Gs), and those at risk of becoming acutely malnourished.

### Targets and Response Priorities

The Nutrition Cluster aims to contribute to reducing the mortality and morbidity by improving the nutritional status of PLW/Gs and children under the age of five among IDPs, refugees and the host population, focusing on the first 1000 days of life. This will be achieved through the provision of life saving curative and preventive nutrition services to severely acute malnourished (SAM) and moderately acute malnourished (MAM) boys and girls through static and mobile nutrition clinics. In addition, micronutrients supplementation will also be a priority activity for both children and PLWs. Furthermore, the cluster partners will also focus on and implement Maternal & Infant/Young Child Nutrition (MIYCN) activities as part of the preventive activities.

In 2022, the Nutrition Cluster is targeting around 1.8 million people of which, 1,434,346 million are not displaced, 353,118 are IDPs and 11,567 are returnees and refugees. Specifically, partners will target 295,515 SAM children (Girls: 150,713, Boys: 144,802) and 739,829 (Girls: 377,313, Boys: 362,516) MAM children. Malnourished children with medical complications will be referred and treated in the SCs. In addition, around 184,432 PLWs with acute malnutrition will equally be targeted. In the districts that have been identified as having a GAM rate of 15% or more will also be targeted as part of the micronutrient supplementation activities. Hence, around 399,487 (Girls: 203,738 and Boys: 195,749) children of aged 6 to 23 months and 179,769 PLWs through the Maternal Child Health and Nutrition (MCHN) interventions and Blanket Supplementary Feeding Programme (BSFP).

### Response Strategy and Modalities

The Nutrition Cluster’s response strategy envisions the scale up of life-saving nutrition services to improve equitable access to high quality integrated, curative & preventive nutrition services through early identification, referral, and treatment of acutely malnourished boys and girls under the age of five years and pregnant and lactation women (PLW). These services will be provided both at the facility level and the community level by trained and skilled nutrition workers placed in health facilities and mobile nutrition clinics respectively. The nutrition service delivery outlets will be designed around the key program areas including Outpatient Therapeutic Program (OTPs), Therapeutic Supplementary Feeding Program (TSFP) and Stabilization Centers (SCs) while adhering to the revised IMAM guidelines and COVID – 19 mitigative measures. This complete and integrated service package with due consideration to the special needs of children with disabilities, will ensure a complete recovery of acutely malnourished children.

At the community level MIYCN activities by trained community workers will focus on improving feeding and care practices during the first 1,000 days of life focusing on early childhood development and maternal nutrition support during pregnancy and lactation and nutrition support for children under 2 years. BFSP will be implemented in areas where there are no MCHN services.

The Nutrition Cluster will ensure that all the partners adhere to a “Do no harm” approach to safeguard the affected populations from any protection and GBV-related risks. All partners will be required to follow the standards and guidance of AAP, thereby ensuring accountability during program implementation, assessments, and information-sharing.

### Cost of Response

The total cost of the nutrition cluster response for the HRP 2022 is 178 million USD. The cost of nutrition interventions is driven by the operational environment including the large scale of the nutrition response and access and insecurity challenges faced by implementing partners. A mixed approach of static and mobile service delivery outlets also influences the overall program cost, but addresses the equity aspects by reaching the hard-to-reach areas. Finally, for 2022 the cluster has used updated population figures, resulting in an increase of the acute malnutrition burden, and subsequently the overall cost.

### The Cost of Inaction

**In the absence of emergency nutrition services around 1 million children under the age of five will be significantly exposed to risk of mortality and morbidity.**

Without the provision of emergency lifesaving nutrition interventions in Somalia in 2022, around 1 million of acutely malnourished children under the age of five will be at risk of death, disease and disability thereby contributing to the overall burden of disease, overwhelm the health care system and vulnerable families will incur additional out of pocket costs. The HRP support will be critical in averting children's deaths, in saving precious lives and in reversing the vicious cycle of malnutrition.

### Nexus Linkages

The Nutrition Cluster aims to actively collaborate with and strengthen linkages with the “Scaling Up Nutrition” (SUN) platform in a reciprocal manner. The cluster will promote, participate, and actively engage with SUN and other key sectors to capitalize on multi-sector opportunities for better collaboration and convergence with the aim of building resilience of the communities. Additionally, the Nutrition Cluster will also engage with agencies on “risk-informed-programming” initiatives to be better prepared for any unforeseen events. The Nutrition Cluster will also undertake awareness-raising with the communities themselves, which will in the long-term help to prevent and minimize the risks of abuse, neglect, exploitation, and violence against children.

### Monitoring

The Nutrition Cluster will monitor the nutrition situation of the population in collaboration with the Food Security & Nutrition Analysis (FSNAU) unit, through SMART surveys and through the collection, compilation, analysis and sharing of the routine nutrition programme data. To enhance the quality of reporting and data, the Nutrition Cluster will conduct regular and needs-based capacity-building activities for the partners on 4Ws etc. Partners will share their data, using disaggregated data sets by age, sex, disability and IDP/non-IDP. Progress will be measured in line with SPHERE standards.



# 3.9 Protection Cluster and AORs

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS  | PROJECTS  |
|----------------|-----------------|---------------------|-----------|-----------|
| <b>4M</b>      | <b>3M</b>       | <b>\$127.7M</b>     | <b>75</b> | <b>92</b> |

## 3.9.1 General Protection

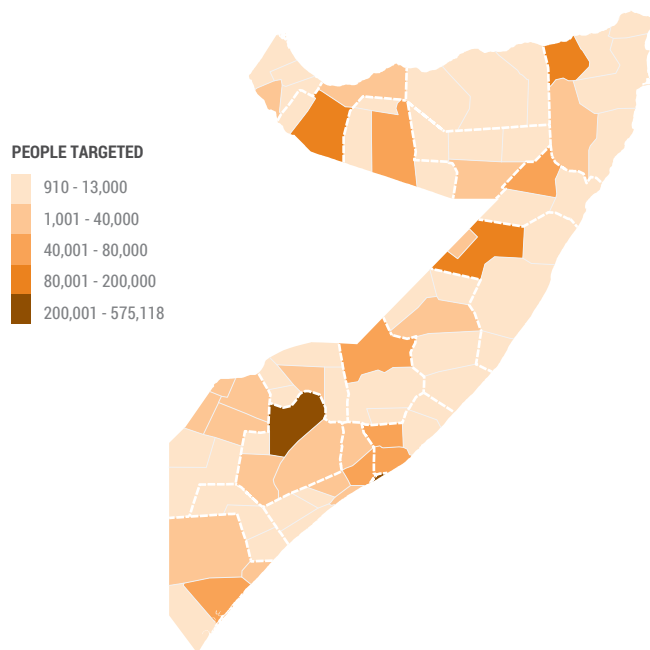
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS  | PROJECTS  |
|----------------|-----------------|---------------------|-----------|-----------|
| <b>2.7M</b>    | <b>2.1M</b>     | <b>\$40M</b>        | <b>19</b> | <b>19</b> |

### Overview

The Protection Cluster covers a thematic area of protection called 'General Protection' that focuses on protection monitoring, legal assistance, mental health and psychosocial support, protection of civilians, and protection mainstreaming. Additionally, general protection in Somalia has a particular focus on services for people with disabilities, older people, and people with minority clan affiliations. Overall, a lack of access to protection services is a common concern faced by both IDPs and the general population across Somalia. As a result, more than half of the districts have acute protection needs with 'emergency level' severity scores.

### Targets and Response Priorities

The overall target for the Protection Cluster and AoRs is over 3 million people. The targets for the HRP 2022 have been defined by district, based on two key factors: 1) the district protection severity score, and 2) the district accessibility. The median of the top three severity scores were selected and used to calculate the number of people in need (PiN) across 74 districts. The target percentages have been adapted to the specific severity scores used for general protection as well as to each area of responsibility (AOR), including child protection, gender-based violence, explosive hazards, and housing, land, and property. 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 priority groups based on their needs: over 1.6 million IDPs; over 1.3 million host community members; over 130,000 refugee returnees, with due attention given to vulnerabilities such as gender, age, disability, and clan/group affiliations.

### Response Strategy and Modalities

The Protection Cluster and partners will conduct assessments, protection and return monitoring to collect, verify and analyze information in order to identify violations of rights



and protection risks faced by IDPs, refugee returnees, and other crisis affected populations for the purpose of informing an effective response that does not exacerbate risks or reinforce patterns of violation. Community-based protection mechanisms include the identification and referral of people in need of protection services, such as women and children at-risk, people with disabilities, those with injuries and chronic illnesses, older people without caregivers, people in psychological distress, people with minority clan affiliations, and survivors of human rights violations.

A strong evidence base is essential to effective protection advocacy. The Protection Cluster has access to rich protection data sources collected through the interagency networks of the Protection and Return Monitoring Network (PRMN) and Somalia Protection Monitoring System (SPMS) tool. Each of these monitoring systems have a specific methodology and focus. The PRMN tracks displacement 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.

### Cost of Response

The total funding requirement for the Protection Cluster stands at \$127,734,385 based on the 81 approved projects by the Protection Cluster and AoRs. The funding request increased from last year due to a 47 per cent increase in the target of people to reach (over 3 million individuals). The 47 per cent increase in the target of people to reach is primarily attributed to a 26 per cent increase in the total population, as well as a 12 per cent increase (300,000 individuals) in the IDP population.

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 approximately \$43, 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.

### The Cost of Inaction

Without protection services, widespread human rights violations will continue unreported and with impunity, and survivors of human rights violations will not have the support and assistance of the humanitarian community.

Over 1 million of the most vulnerable in Somalia, including those impacted by conflict, insecurity, human rights violations, and natural disaster, will not benefit from protection monitoring services that provide a lifeline to humanitarian assistance.

### Nexus Linkages

Governments have the primary responsibility for protecting IDPs and creating conditions necessary to achieve durable solutions. Humanitarian organizations work to meet the immediate needs. Protection concerns cannot be addressed by one entity and therefore durable solutions require a coordinated and timely engagement of different actors, including human rights, humanitarian, development, and peacebuilding actors. The Protection Cluster in Somalia coordinates with the government and UN-led durable solutions working groups to ensure protection is considered across the nexus.

### Monitoring

Protection Cluster objectives fall within each of the three strategic objectives. The protection activities included in the Strategic Objective #1 include the provision of immediate live-saving specialized services to people in situations of heightened vulnerability, including victims and survivors of serious human rights violations and explosive hazards. The protection activities included in Strategic Objective #2 focus on living standards of affected people and on the provision of community-based prevention and response services. The protection activities included in Strategic Objective #3 include monitoring the protection environment through protection, return and eviction monitoring. In addition, Strategic Objective #3 has an overarching component to ensure accountability to affected populations and their participation in the design, implementation and monitoring of protection activities. Monitoring of progress against indicators will be disaggregated by sex, age, and disability, to ensure protection measures are reaching all those in need.

### 3.9.2 Child Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 2.4M           | 1.6M            | \$46.3M             | 42       | 44       |

#### Overview

Children and adolescents make up 66 per cent of the population in need in Somalia, and they continue to be exposed to grave protection threats, including recruitment, abuse, neglect, abduction, exploitation, and violence. Hence, 2.3 million children, including 10 per cent of children with disabilities<sup>19</sup>, have been identified as in need of child protection services

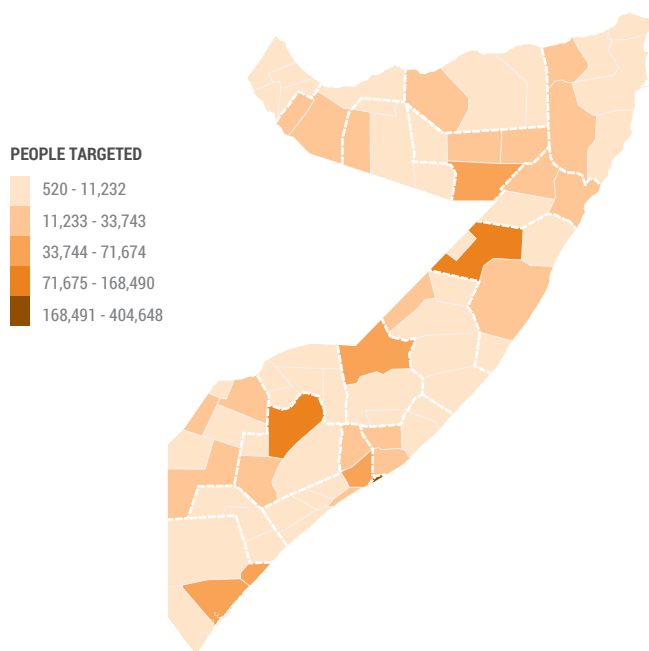
The Child Protection Area of Responsibility (CP AoR) plans to reach 1.6 million girls, boys, and caregivers in IDP, non-IDP sites and in hard-to-reach, conflict-affected areas across 74 districts with essential, life-saving child protection (CP) services. Various interventions will be integrated with other sectors, including Education, GBV, and others, to provide a more holistic response that better meets the interconnected needs of children. Joint capacity strengthening initiatives within child protection and across other sectors will also be emphasized for improved, more sustainable interventions.

#### Targets and Response Priorities/Boundaries

To best serve those most severely at risk, the CP AoR aims to coordinate provision of child protection services to 1.6 million girls and boys and their families out of the 2.3 million children in need. Specifically, child protection partners will prioritize age, disability, and gender sensitive services for the most vulnerable girls, boys and their caregivers effected by (or at risk of) violence, abuse, neglect, exploitation, family separation, and released from (or at risk of recruitment by) armed forces and groups. The targeting will draw from, IDP sites (785,108), non-IDP sites (883,277), refugees and returnees (20,561 in 74 districts. Geographical prioritization for child protection intervention is primarily based on the severity of the protection context at the district level. CP partners will target the worst-hit locations for cumulative severity (severity levels 4 and 3) of the protection of children are across 40 districts and 9 regions, namely Lower Juba, Awdal, Hiraan, Sanaag, Mudug, Bari, Lower Juba, Togdheer and Sool and among others in severity 3. Thirty-eight districts have a crisis level of severity 3, accounting for 51 per cent of the districts in Somalia. Furthermore, the CP partners will work with various stakeholders including schools and at community levels to facilitate children to be able to highlight issues facing children as target their peers in awareness raising to ensure child protection interventions are in sync with the voices and experiences of children in Somalia.

#### Response Strategy and Modalities

The child protection response will continue addressing and responding to multiple protection risks faced by children and adolescents in IDP and host communities. Trained case



workers will provide comprehensive case management, including family tracing and reunification and alternative care, for children affected by violence, abuse, neglect, exploitation, and family separation. CP partners will contribute to multi-sector, user-friendly web-based referral<sup>20</sup>. The formation of a national case management task force and utilization of the child protection information management system (CPIMS+) will support quality case management. Standardization of MHPSS delivery will be bolstered through capacity development, and structured psychosocial support targeting children and caregivers will continue .

Integration with other sectors to optimize positive CP outcomes will be prioritized. The joint response framework with CP and Education will continue with focus on MHPSS in schools and capacity strengthening of teachers to create nurturing environments and safely identify and refer children at risk.

Additionally, to promote sustained interventions and investment in local capacities, capacity strengthening efforts will increase with other sectoral staff, CP community volunteers, and the social service workforce, including social workers in the Department of Social Services. Community-based child protection groups will continue to be supported to mitigate CP risks and will routinely engage in feedback mechanisms to ensure accountability to affected populations. CP actors will support Community reintegration programming for children formerly associated with armed groups, primarily boys,

ensuring family-based care, MHPSS and access to medical and physical rehabilitation services. Finally, CP partners will facilitate changes in harmful social norms that condone violence, abuse, and exploitation to strengthen the overall protective environment for girls and boys. All partners will promote child participation and safeguarding using child-friendly feedback and reporting mechanisms and prioritize localization efforts.

### Cost of Response

The Child Protection AoR requires \$46.6 million to target 1.6 million children with immediate child protection needs, which will include case management and family tracing and reunification; 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, labour intensive, and dependent on case workers to ensure quality services in line with minimum standards. Hence programmatic personnel costs are substantial compared to material costs. Child protection activities that involve construction costs include child-friendly spaces and interim care centres for unaccompanied and separated children (UASC) and children associated with armed groups. Other resource-intense interventions involve community reintegration of former children associated with armed forces and armed groups (CAAFAG) and family reunification of UASC. This budget is calculated based on targeted beneficiary caseload per activity and outcome. The unit cost per child is calculated for activities considering all input costs for particular interventions and then divided by target group.

### The Cost of Inaction

Without focused child protection prevention, risk mitigation, and response interventions, over 1.6 million vulnerable children will face continued and increasing violence, exploitation, abuse, recruitment, and family separation.

Not only will children's safety worsen but their long-term development, mental health, and psychosocial wellbeing will be negatively impacted due to little or no access to trusted, specialized assistance that will intervene, help, and monitor each child's situation. Children will continue to be recruited and used by armed groups, and numerous children will have no family-based care, leading to higher likelihood of hazardous child labour, child marriage, abuse, and exploitation.

### Nexus Linkages

The CP AoR will emphasize on the linking of humanitarian CP intervention with the development nexus to ensure smooth transition to long term sustainable and cost-effective approaches contributing to the resilience of the affected children and caregivers. Such efforts will include CP system-strengthening in collaboration with Ministry of Women and Human Rights Development and community-based groups, capacity development for ministry social workers through the UNICEF-supported university social work programmes, as well as partnering on the CPIMS+ with community-based groups.

### Monitoring

The Child Protection AoR will conduct periodic situation and response monitoring through assessments, field monitoring missions and partner reporting as well as through continuous monitoring of existing early warning systems. The AoR will monitor achievements through an online dashboard using the 5W reporting system. Gaps and bottlenecks will be analysed and discussed with partners throughout the year and adjustments made in the response strategies or implementation modalities. Data analysis from the CPIMS+, 5Ws, and other monitoring will assist in understanding trends, needs, and gaps, including types of reported child protection cases, affected groups, services provided, gap areas.

### 3.9.3 Gender-Based Violence

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 2.3M           | 1.5M            | \$30.3M             | 48       | 48       |

#### Overview

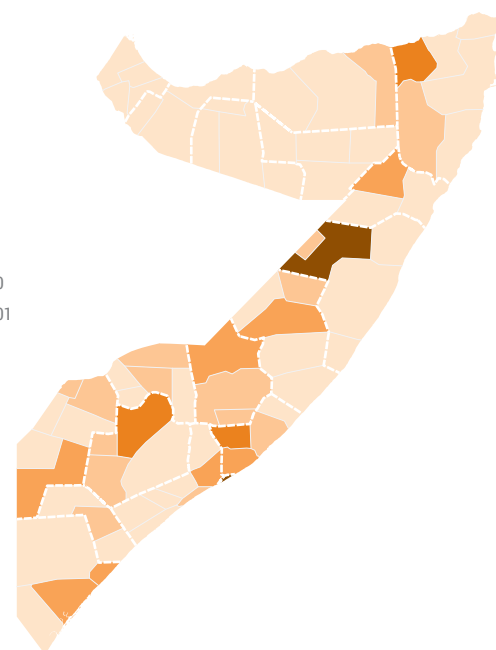
Vulnerable women and girls in Somalia face heightened risks of GBV with multiple displacements and forced evictions due to flooding, droughts, and armed conflicts. Intimate Partner Violence, rapes/gang rapes, forced abortion and revenge killings<sup>21</sup> sexual exploitation/abuse are rife due poor living conditions; distance to water points, farmlands, GBV service sites, health facilities and markets; lack of non-segregated latrines, and poor lighting of IDP camps. JMCNA 2021 reports that 29% of respondents lacked proper bathing facilities, 26% poor lighting, 14% privacy in shelter; 69% lockable latrines; 93% use common latrines that are far; 26% sanitation facilities and 37% had no food.

#### Targets and Response Priorities

GBV Cluster interventions will strategically target women and girls living with disabilities and women from minority clans, adolescent girls, divorced or widowed women in 2022. A total of 1.5M vulnerable IDP and host community adolescents' girls (14 – 18 years), female headed households, women from minority clans, women and girls living with disabilities, FGM survivors in host communities and IDP camps are target beneficiaries. Priority interventions include rape treatment, psychosocial counselling/support, cash and voucher assistance, livelihood skills, legal aid/information, and procurement and distribution of dignity and menstrual hygiene kits and solar lanterns. Protective housing (GBV shelters) and women and girl's safe spaces (WGSS) as sites of service delivery, mobilization, and referrals; and capacity strengthening for service providers to deliver appropriate services to men and boy survivors of GBV will be prioritized. In addition, GBV AoR will support integrated referral pathways and sustain collaboration with key clusters to mainstream GBV concerns into their activities. The cluster will strengthen coordination of GBV through mentoring on the job and capacity strengthening of actors and GBVIMS operations to expand generation, collation, and utilization of GBV data from service provision.

#### Response Strategy and Modalities

The GBV cluster will utilize multi-dimensional approach that will include the participation of (60%) national and (40%) international CSOs in Somalia. Strategies for implementing interventions will be context specific but will include pre consultation, participation and representation of women and adolescent girls living with disabilities and from minority clans. Key strategies include service provision, advocacy, coordination, sensitization, and awareness raising, capacity building, and data generation, analysis, and dissemination.



Key interventions for service provision include provision of rape treatment, specialized psychosocial counselling/support, GBV case management; legal aid, information, education and services for vulnerable women and girls; provision of material assistance for women and girls (dignity kits, re-usable sanitary pads and solar lanterns); direct cash/voucher assistance for vulnerable women and girls for GBV mitigation and prevention; support for the operations of GBV shelters, women and girls safe space and GBV one stop centres; support for longer terms livelihoods options for poor vulnerable women and girls.

Key interventions under coordination include support for the operations of inter cluster referral pathways; operations of GBVIMS and rapid assessment; cross cluster efforts for GBV mitigation; advocacy for legal frameworks for protection against GBV; and capacity enhancement for service providers and humanitarian actors to implement GBV survivor centred approaches.

#### Cost of Response

The GBV AOR requires \$30.6 million USD to target 1.5 million vulnerable women and girls including those living with disabilities. GBV services are high on programmatic personal, material, and infrastructural cost (GBV one stops centres, shelters, and safe spaces). Cost is calculated for activities according to inputs and target population. The GBV cluster estimates realistic costing per target beneficiaries



to between USD 45-55 for services. However, this may vary according to fluctuation in cost of services over time in the operating environment. The costs for awareness sessions are not integrated as this aim at improving knowledge of individuals.

### The Cost of Inaction

Lack of access to adequate specialized services for GBV prevention, mitigation and response will lead to loss of lives of women and girls in the long term and exclude them as equitable stakeholders in Somalia's development.

GBV survivors will have no access to services so to recover from traumatic experiences or develop resilience to prevent/cope with GBV. Closure of GBV shelters and one stop centres will impact on the physical protection of GBV survivors. Absence of legal aid will ensure that they have no access to justice. Women and girls in food insecure families may be coerced to adopt negative coping mechanisms such as FGM, child and forced marriages and exchange of sex for food.

### Nexus Linkages

GBV AoR strategy will implement initiatives that respond to the immediate needs of vulnerable women and girls to mitigate the impact of GBV. In implementing these strategies, the GBV cluster will expand existing partnerships with key actors in both humanitarian and development sphere to ensure that continuity of initiatives in regions with some stability and peace. Given that the cluster plans align with priorities of Somalia National development plan and UNCF themes gender equality and women empowerment, most of the cluster GBV AoR are designed to reflect the nexus of humanitarian and development.

### 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 context. The cluster will make deliberate effort to measure progress towards indicators especially how services are implemented to reach women and girls living with disabilities.

### 3.9.4 Housing, Land and Property

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS  | PROJECTS  |
|----------------|-----------------|---------------------|-----------|-----------|
| <b>2.7M</b>    | <b>1.3M</b>     | <b>\$6.7M</b>       | <b>13</b> | <b>13</b> |

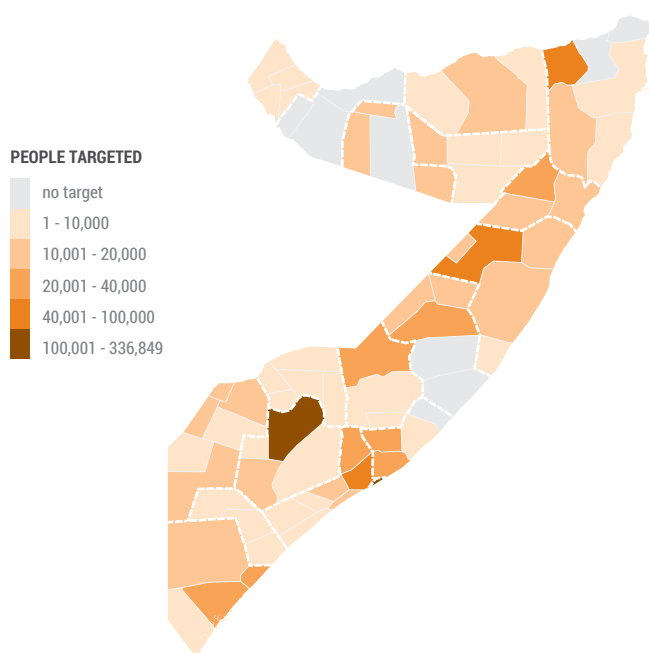
#### Overview

The most severe and acute HLP needs remain concentrated in areas affected by conflict and locations hosting large numbers of IDPs and returnees. These groups are often discriminated against based on their displacement status, age, gender, and ethnicity. They lack equal or equitable access to basic and social services and face numerous challenges accessing humanitarian assistance and justice.

According to the Eviction Information Portal<sup>22</sup>, there has been a rising trend of evictions in 2021, with Banadir identified as the hot spot for forced evictions.

#### Targets and Response Priorities

The overall target of the Housing Land and Property (HLP) AoR is 1.3 million people, of whom 63% are children, 17% are women and girls, 17% are men, 4% are older persons and 15% are persons with disabilities. Out of the total target, 552,274 (43%) are in IDP camps and settlements, 743,095 (57%) are non-IDPs.



The most severe and acute HLP needs remain concentrated in areas affected by conflict and locations hosting large numbers of IDPs and returnees. 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 majority of these are located in Banadir, Bay, and Lower Juba, Mudug and Bari regions. With the majority of these people residing in the districts of Kaxda, Daynile, Baidoa, Kismayo and Kahda. 88 % of the total districts with PiN of HLP specific assistance in Somalia, have 'crises level' needs of severity score 3, and this includes both IDPs and non-IDPs.

### Response Strategy and Modalities

The HLP AoR will support displaced people to overcome obstacles that are hindering their ability to access, claim and enjoy their HLP rights in Somalia. The HLP AoR response shall include; i) improving access to information: employing locally appropriate and digital methods and approaches to deliver accurate, credible, timely and reliable information, ii) case management: provision of specialized counselling and legal assistance services to increase access to justice; iii) capacity development – a combination of trainings on HLP issues, Resolution, and legal identity, and strengthening of local institutional capacities through technical and material support; iv) Eviction response – prevention and remedial; v) advocacy and coordination, including support to the HLP AoR partners and Clusters, and vi) research and learning – with particular focus on broadening contextual understanding on legal identity and civil documentation in general, and analyzing the programmatic applicability of legal identity to HLP vis-à-vis livelihood and durable solutions efforts in Somalia. While the HLP AoR is an independent area of responsibility under the Protection Cluster, integrated approaches will be part of this response strategy.

### Cost of Response

The total funding requirement for the Housing Land and Property AoR is approximately \$6,653,160. The funding request has increased from last year due to a significant increase in needs as outlined above. In addition, the cost of HLP activities is generally high. For example, survivors of HLP violations such as forced evictions may require relocation and alternative accommodation. The minimum transport cost of relocating beneficiaries in Somalia ranges between \$25 to \$48 while rental fees for decent accommodation in urban areas such as Mogadishu ranges from \$250 to \$600 for a house and from \$100 for 30 x 30 plot of land. As a result, those at risk of or exposed to evictions will require between \$100 and \$500 dollars to recover from post eviction stress. In addition to this, eviction assistance requires multipurpose cash to meet the immediate and short-term needs of evictees and costs approximately \$150 per person. Finally, additional costs include a significant proportion for staffing, legal aid, and due diligence. As a result, the average cost per beneficiary receiving HLP legal services is approximately \$100 per person.

### The Cost of Inaction

In cases where extreme violations of HLP rights have occurred, the risk of forced evictions will increase, and securing land tenure, reconciliation and peacebuilding will become much more difficult.

Without HLP prevention and response services, widespread HLP violations will continue unreported and with impunity and victims of these violations will not have access to humanitarian assistance, protection, and justice.

Some 800,000 vulnerable and displacement affected individuals in Somalia, including minorities and marginalised people, and those impacted by conflict, insecurity, human rights violations, and natural disaster, will not benefit Housing Land and Property services.

### Nexus Linkages

HLP is a strategic objective of the National Durable Solutions Strategy (2020 - 2024) in Somalia. The HLP AoR coordinates government and UN-led durable solutions working groups to ensure HLP is prioritised and considered across the HDP nexus. As Somalia develops laws and policies, conflicts with existing policies and planning tools are leading to competing demands for land and other resources. This raises fundamental questions over how multiple HLP demands can best be managed. Taking the National Durable Solutions strategy as an example, the HLP AoR shall prioritise review of current policies and practices to explore the complementarities at the nexus. This will entail substantially ensuring more Displacement Affected Communities (DACs) have access to traditional, transitional, or formal justice, in particular with regard to evictions and restoration of HLP rights. Specific examples of initiatives that the HLP AoR shall contribute to in 2022 include strengthening of the formal and informal justice system, strengthening transitional justice and creating a conducive environment for improving access to justice for displaced people through mapping due process, community action planning and in-depth assessments and analyses.

### Monitoring

The HLP AoR employs systematic processes of collecting, analyzing, and using information to track progress toward reaching its objectives and to guide decisions. Monitoring of progress against indicators will be disaggregated by sex, age, and disability, to ensure HLP interventions are reaching all those in need. Further still the HLP AoR objectives fall within strategic objective 2 and activities included in the Strategic Objective #2 are HLP prevention and response services, and under specific objective 3 and cluster objective on displaced populations, including women and people with disabilities, have increased knowledge of and ability to exercise and enjoy HLP rights.

### 3.9.5 Explosive Hazards

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 1.1M           | 0.4M            | \$4.4M              | 6        | 7        |

#### Overview

Children account for majority of the victims of explosive ordnance (EO) accidents, accounting for more than 90% over the last year. More than 80% of these EO accidents occurred when children tampered with explosive ordnance, due to their low levels of awareness regarding the threat posed by explosive remnants of war. Additionally, school-going children are more vulnerable due to their frequent movements while attending school, playing, and performing other duties such as herding livestock and fetching water. Among the communities, nomadic families and IDPs are more vulnerable, as they traverse potentially contaminated land in search of pasture, or suitable settlements.

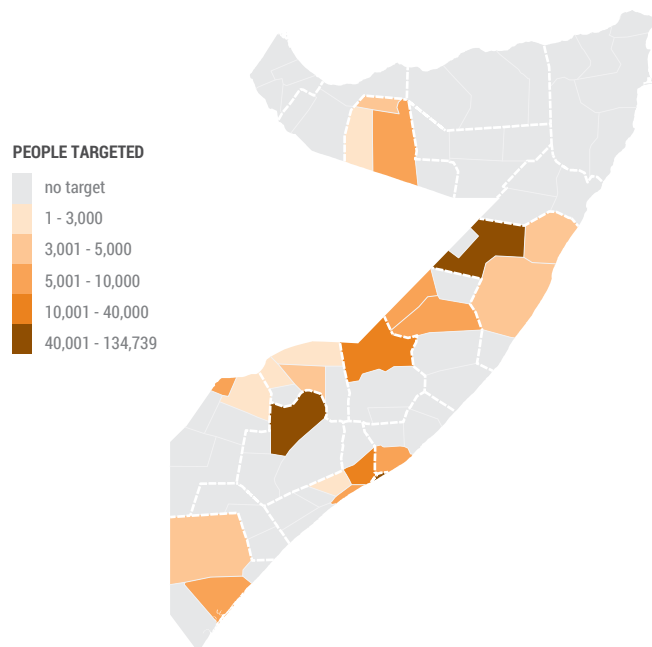
#### Targets and Response Priorities

**Targets:** The EH AoR will carry out explosive ordnance clearance activities to reduce the threat, whilst on the other hand, deliver explosive ordnance risk education (EORE) to discourage risk-taking practices that further expose the community to the dangers of explosive ordnance. Collectively, the AoR aims to clear over 5 million square meters of contaminated land, and to therein remove and destroy a total of 1,000 items of explosive ordnance. The individuals expected to benefit from this clearance are 386,975 (215,807 in rural setups and 171,168 IDPs). The AoR will also look to reach up to 50,000 individuals with EORE.

**Prioritization and changes from 2021 response:** With the recently approved deadline to free Somalia of landmines by 2027, the AoR will mobilize funds for Non-Technical Survey (NTS) activities, to establish the current/accurate threat picture, which will guide the prioritization and implementation of the subsequent clearance and EORE efforts. Clearance efforts will focus on the prevalence of explosive hazards as identified and mapped through the NTS activity. In addition to the newly mapped areas, clearance efforts will focus on clearing the 123 Confirmed Hazardous Areas, sporadically located across the FMSs, albeit seemingly confined to locations along the Somalia-Ethiopia border. Similarly, following the development of a national plan on victim assistance, funds mobilization around this previously underserved mine action pillar will also commence in earnest.

#### Response Strategy and Modalities

**Response modalities.** To reach children more effectively, IDPs and nomadic families with EORE, the AoR will employ a combination of delivery methods, primarily using the Risk Education Talking Device (RETD). The RETD is a solar-powered device with audio recordings of the safety awareness messages,



recorded in Somali languages. The device is capably deployed to overcome the restrictions imposed on in-person contact with beneficiaries, following the measures to reduce the spread of COVID-19. Similarly, the tool is easily deployed in areas with heightened security concerns or physically inaccessible to individuals, to enable a wider reach and repetitive listening to the messages. This method facilitates on-demand listening and can be used long beyond the life of the project, making it especially useful to the IDP and nomadic communities, as well as children.

**Change in modality from 2021.** The use of RETDs in the last year accounted for approximately 30% of the total individuals reached using conventional methods. Nevertheless, the 30% reached with RETDs were also receiving EORE for the first time, which demonstrates that the RETD was able to reach previously unreached communities. It is anticipated that this method will be expanded, to leverage on the observed benefit.

**Localization:** The majority of the projects funded through I/ NGOs in Somalia are implemented by local NGOs and staffed by community members drawn from the affected communities. In this regard, one project to deliver EORE to affected communities has been included in the HRP and is to be implemented exclusively and independently by a local NGO in Somalia.

## Cost of Response

The EH AoR requirement is 4.4 million USD, given the collective amount sought through the HRP 2022 funding, to implement Humanitarian Mine Action activities. The AoR third party contracts are now self-reliant i.e., the requirement to provide the necessary equipment up-front, in order to ease the procurement processes and reduce the administrative and logistical costs involved to secure and ship the required equipment. Insecurity and accessibility significantly affect the cost of purchase, as well as the costs of shipping and clearing of specialized operational equipment into Somalia, compounded by the difficulty and high cost of domestic flights and vehicle hire in high threat environments. M&E and post-implementation assessment costs are budgeted within the project operational costs, and not separately. Nevertheless, based on a recent evaluation exercise, the cost of a comprehensive external evaluation of the AoR's activities would be approx. USD 150,000.

## The Cost of Inaction

A lack of response to explosive hazards would result in unprecedented levels of explosive ordnance accidents.

With the current clearance and EORE response, an average of 2 accidents are recorded every month, with an average of 4 victims per accident. This number would balloon to disastrous levels, when placed hand in hand with the occurrence of improvised explosive device (IED) incidents. IEDs are known to claim up to 3,000 casualties annually, despite the extensive efforts made to contain this threat. The known source of IED making material is the explosive remnants of war that are prevalent within the communities.

## Nexus Linkages

The EH AoR facilitates various interdependencies. Once cleared of explosive hazards, an area is considered safe for productive use, such as the development of infrastructure and other socio-economic activities. A minefield clearance activity in Galdogob – Puntland, will facilitate the construction of an airport and a major highway linking Puntland to Ethiopia, while other cleared areas will revert to the community for agricultural production. The AoR provides EORE, mapping and EH clearance for humanitarian partners seeking to respond in areas with EH prevalence, ensuring their safety and that of beneficiaries. The recent development of a Victim Assistance policy on behalf of the FGS will enable collaboration with partners in this space.

## Monitoring

The external quality assessment of partner activities is carried out by the Somali Explosive Management Authority (SEMA), as well as internally by the respective mine action operators. These are budgeted within the project operational costs, and not separately. Nevertheless, a major external evaluation of the AoR's activities is necessary every three or so years, to measure impact, document lessons learnt and to help craft more effective approaches. Such a comprehensive evaluation would cost in the range of USD 150,000, to be carried out by an external evaluation consultant. UNMAS has carried out two such evaluations during the latter part of 2021.



## 3.10 Shelter and Non Food Items (NFI)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 3.6M           | 1.2M            | \$56.9M             | 21       | 21       |

### Overview

The scale of shelter and non-food item (NFI) needs in 2022 is expected to increase in comparison to the needs in 2021. The rise in needs is due to the large number of internal displacements, the inability of affected communities to repair or construct shelter and purchase basic non-food items due to lingering and poor socio-economic environment.

An estimated 3.6 million people are in need of shelter and NFI assistance due to inadequate shelter conditions, overcrowding, economic hardship and lack of security of tenure. These factors which result in a dearth of shelter and NFI disproportionately impact IDPs who face relatively greater obstacles in achieving long-term security of tenure and accessing livelihood/employment.

Provision of emergency shelter and NFIs, decongestion of IDP sites and facilitating durable solutions for IDPs living in a protracted situation and returnees will be the Shelter Cluster's priority.

### Targets and Response Priorities

Shelter Cluster partners will target 1,180,000 people (1,011,000 IDPs and 169,000 non-displaced, which include returnees). The overall target is comprised of 179,418 women, 174,072 men, 371,920 girls, 406,230 boys, 48,649 older people and 177,044 people with disabilities.

Prioritization by the Cluster is guided by the geographical distribution of populations against the severity of needs, in accordance with cluster severity analyses and categorization. The Cluster emergency shelter and NFI response will be oriented towards new displacements following initial shocks when populations are the most vulnerable and usually live without shelters or NFIs. The decongestion of IDP sites, where feasible, is also a priority, given the importance of reducing the risks of disease outbreaks, fire, GBV related incidents and flooding due to insufficient drainage systems.

In adherence to the "do no harm" principle, to mitigate the risk of tension and/or conflict between displacement and host

communities, the Shelter Cluster members will target 10 to 20% of the non-displaced vulnerable poor with the appropriate type of assistance.

While life-saving activities will still be prioritized this year, the Cluster partners will also address long-term displacement by prioritizing, supporting, and targeting ongoing integration projects in municipalities that already have pre-allocated land, and will contribute to the construction of transitional and/or durable shelters.

### Response Strategy and Modalities

The response modalities will include in-kind, cash or mixed assistance depending on the market. Cash-based interventions, ideally Multi-Purpose Cash Assistance (MPCA) and or conditional cash grant for shelter purposes, will be the preferred modality unless they have a negative impact on communities or if the market is not functional.

Shelter Cluster members are encouraged to coordinate their interventions with the HLP AoR to improve the security of land tenure of IDPs wherever possible pursuant to the right to adequate housing. When IDPs and returnees have access to and own land, the Cluster will support the construction of transitional or durable shelters to improve IDP's living conditions, protect against the elements and improve safety, especially with regards to women and girls who are more at risk of sexual exploitation and abuse, and gender-based violence.

Cluster partners will be encouraged to pilot new modalities such as provision of cash or shelter materials and technical assistance to reduce the cost of contractors, empower IDPs and strengthen the local economy and the labor market.

The Cluster will continue to work closely with the Protection Cluster, and authorities to strengthen the HLP approach, protection mainstreaming, GBV risk mitigation as well as disability inclusion in both the response and its monitoring. The Cluster will continue working with the CCCM Cluster and WASH Cluster to plan IDP sites, decongest sites, conduct safety audits, and provide community infrastructure.



**HARGEISA, SOMALIA**

Photo: OCHA Somalia

To ensure best practice, the Shelter Cluster will build the capacity of local NGOs by conducting several trainings and workshop on GBV risk mitigation, Cash based interventions, protection mainstreaming, gender and inclusion.

### Cost of Response

The total financial requirement of the Shelter Cluster is \$57 million. The standard unit cost of NFI kits, shelters and community infrastructures varies by geographic location. Over 80 per cent of the total amount accounts for the cost of items, transportation, labour, storage, and distribution, while the remainder accounts for support and overhead costs. The average per household cost for shelter kits and NFIs is \$213 and \$100 respectively. The average per household cost, which does not consider support-related costs, for transitional shelter is \$1,300. Support costs include expenses for personnel, office rent, office expenditure, transportation, and other related costs.

### The Cost of Inaction

Over 750,000 people will not have access to life-saving emergency shelter and basic essential items, exposing vulnerable groups – women, children, people with disability and the elderly – to harsh weather conditions and extreme protection risks, including GBV.

IDPs living in unsafe settlements, where tenure is insecure will be exposed to additional risks such as forced evictions, fire hazard and flooding, putting their lives at risk. Many will face the difficult choice of purchasing mattresses, mosquito nets or plastic sheeting to make their makeshift shelter.

### Nexus Linkages

It is important that IDP sites are planned in coordination with municipalities and development actors. This is even more important in areas at risk of flooding in order to enable the development of long-term and solid disaster risk reduction measures in order to avoid multiple or repetitive waves of displacement and ensure new settlements have basic services and livelihood activities. Joined up planning is therefore essential for the right to adequate housing to be respected. Development actors are expected to support municipalities to include safe and suitable land for IDP in their development plans, and to address the causes of floods in areas regularly affected.



## 3.11 Water, Sanitation and Hygiene (WASH)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 6.4M           | 3.1M            | \$114.9M            | 77       | 77       |

### Overview

Severe drought conditions, seasonal flooding, protracted conflict, and Acute Watery Diarrhoea (AWD) remain the key drivers of WASH needs in Somalia. In 2022, more than 6.4 million people are in need of safe water of sufficient quantity and quality, appropriate sanitation and hygiene services. Of which 3.1 million people are in 66 districts including 0.7 million internally displaced people (IDP), 2.5 million vulnerable host communities and 0.47 million people with disabilities (PWD). PWDs, minority groups and displaced population in hard-to-reach districts have the highest unmet WASH needs. About, 1.5 million women and girls face heightened protection and GBV risks due to distant or inadequate access to WASH services.

### Targets and Response Priorities

Humanitarian WASH assistance shall be provided to vulnerable population across Somalia reaching 3.1 million people, including 2.0 million children, 0.54 million men and 0.57 million women. Lifesaving WASH interventions will be prioritized to IDPs, drought and floods affected communities, minority groups, and women and children in locations with chronic WASH vulnerability. This is to mitigate any negative impacts of risks associated with seasonal flash floods, drought and AWD outbreak on the vulnerable population, and prevent any morbidity and mortality related to water borne diseases. Moreover, partners will continue to deliver sustainable WASH package in all locations in parallel to the emergency lifesaving WASH interventions that will target population groups without access to improved water and sanitation services and/or those population falling into category 3 (severe) and 4 (extreme).

The WASH cluster will strengthen integrated response with Nutrition, Health and FSL sectors targeting districts with high GAM rates and those classified as cholera hotspots, to deliver multi-sectoral assistance to malnourished children and women. The four clusters will operationalize the integrated response concept paper jointly developed in 2021 and will advocate for delivery of lifesaving integrated packages in prioritized districts.

### Response Strategy and Modalities

To address the humanitarian WASH needs of affected populations in prioritized locations – in particular locations with critically limited WASH services due to displacement, drought, floods, waterborne diseases, and COVID-19 – the WASH Cluster will continue to ensure that life-saving WASH assistance to meet needs of most vulnerable communities (including men, women, boys, and girls) is provided in a dignified manner. This includes provision of emergency water, sanitation services and contextually appropriate hygiene awareness campaigns to mitigate increased public health risks and repositioning of core hygiene items at the Regional Supply Hubs (RSH). For sustainable interventions, the WASH cluster will invest in cost effective and durable solutions such as managing and sustaining water and sanitation services, strengthening community-based hygiene promotion approaches including water conservation/management practices, expanding market-based approaches and Voucher Assistance (MBP/CVA) in WASH service provisions. Also, sustainable water and sanitation services to schools and health centres in order to strengthen integrated WASH interventions to increase impacts and coverage. There will be focus on strengthening the capacity of local authorities to take ownership of facilities through regular operation and maintenance of public/communal water and sanitation infrastructures.

Partners will continue to comply with the Cluster's Accountability to Affected Population framework by involving beneficiaries from diverse members of community accounting for gender, social and disability considerations, in the design and location of facilities and establish fully operationalized complaint and feedback mechanisms. To reduce risk of violence against facility users, particularly GBV, WASH Cluster shall also focus on strengthening the capacity of WASH service providers to mainstream protection in the response by linking with the Protection Cluster -in training WASH field teams.

### Cost of Response

The WASH Cluster requires \$119 million to continue providing sustained WASH assistance to 3.1 million people in 2022. This amount represents a 23% increase from the 2021 funding requirement, which is attributed to increased caseload and targeted districts included in 2022 response plan. The budget is





KISMAYO, SOMALIA

Photo: OCHA Somalia

also driven by heavy construction activities (water and sanitation facilities) and costs related to delivery of hygiene supplies in hard to reach districts and locations affected by floods where poor roads network increases cost of delivery. The total cluster requirement was estimated by reviewing partners' projects against criteria, including level of compliance to cluster strategy, attachment of guidance, budget feasibility and timeliness. Other WASH-specific criteria included the quality of WASH infrastructure designs proposed, disability inclusion and protection mainstreaming in action.

### The Cost of Inaction

Without access to adequate safe drinking water, adequate sanitation and essential hygiene services including supplies, 3.1 million people, among them 2 million children, will be at high risk of waterborne and other infectious diseases.

1.5 million women and girls will be forced to travel hours to collect water, exposing to them to protection risks. Nutrition and health facilities will not deliver lifesaving services due to lack of water and sanitation facilities. Girls will be at risk of dropping out of schools if they don't have access to menstrual hygiene materials. In case of underfunding, the WASH cluster shall not deliver essential WASH services to vulnerable populations in hotspot locations

### Nexus Linkages

The WASH cluster will emphasize on linking humanitarian WASH interventions with the development nexus to ensure smooth transition to long-term sustainable and cost-effective approaches contributing to the resilience of the affected populations. Together with the development and humanitarian partners the WASH cluster will prioritise sustainable cost-effective innovative approaches in WASH including the use of Public Private Partnership (PPP) to boost the private sector capacity and engagement in sustainable WASH service provision. This will include supporting the government authorities in stabilised location in Somalia to enhance sustainability of water and sanitation services through operation and maintenance of public/communal water and sanitation infrastructures.

### Monitoring

The WASH Cluster shall conduct regular field visits and spot checks basing on established WASH indicators under the three WASH sector objectives. Monthly WASH data will be collected from partners through the monthly 4W report against plans. WASH gaps including funding will be identified through regular analysis and partners mapping. As appropriate, targets will be adjusted based on any rapid changes in the context resulting in movement of populations between different locations.

The WASH cluster team shall participate in joint project monitoring with OCHA, to ensure that activities are being implemented in compliance with set standards and guidelines stipulated in HRP and allocation strategy document.



## Part 4: **Refugee Response Plan**

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**SOMALIA**

Photo: WHO Somalia



# Refugee Response Plan



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | PROJECTS |
|----------------|-----------------|---------------------|----------|----------|
| 162.9K         | 162.9K          | \$68.9M             | 1        | 1        |

## Overview

The refugee population is expected to increase to approximately 30,800 by the end of 2022, considering the average rate of new arrivals, mostly from Ethiopia and Yemen, as well as family reunifications, and natural population growth. Most of the refugee population is hosted in Somaliland, followed by Puntland and South Central Regions. Additionally, the number of Somali refugees returning to Somalia is projected to increase (expected number of refugee returnees in 2022 is projected to be 39,820) following improved management of the COVID-19 pandemic, including testing facilities at border entry points – this will require UNHCR and partners to strengthen refugee return monitoring at border crossing points, in areas of return, and provision of community-based assistance and support to access basic services including education, health and livelihoods. In 2022, the operating environment in most parts of Somalia, especially in the south central region, is expected to remain extremely complex, with heightened security risks, and economic crisis coupled with limited access to basic services and logistical challenges in accessing and delivering protection and assistance in return locations. Notwithstanding these challenges and subject to the timely mobilization of financial resources, refugee response partners will continue to maximize pre-positioning of core relief items (CRIs) to operational areas in response to large refugee influxes. UNHCR and partners will continue to closely monitor the recent decision of the Kenyan Government to close refugee camps in Kenya in particular when it comes to identification of solutions for Somali refugees that can be expected to return to Somalia in the course of 2022.

In order to address the needs and gaps highlighted in the Humanitarian Needs Overview (HNO), in 2022, UNHCR and partners will continue to work closely with relevant government counterparts at federal, regional, and local levels through capacity-building and technical support to facilitate the effective implementation of the new asylum legislation (Federal Refugee Law and Somaliland Refugee Law). Furthermore, UNHCR will continue to provide technical support to the Federal Government of Somalia (FGS) towards the enactment and effective implementation of both the Refugee and IDP Acts. Additionally, UNHCR will continue to support FGS with the implementation of pledges made during the High-Level Segment on Statelessness, and the implementation of the National Action Plan to End Statelessness in Somalia (2021-2024) that was launched in June 2021.

UNHCR will continue working with the Government towards the operationalization of the Global Compact on Refugee (GCR)/ Comprehensive Refugee Response Framework (CRRF) to ensure that refugees, returnees, and asylum-seekers are included in national development initiatives, including social protection and safety net systems. Implementation of the GCR in Somalia is also rooted in regional processes led by the Intergovernmental Authority on Development (IGAD) and guided by the Nairobi Declaration on Durable Solutions (2017). The Nairobi Declaration, and its accompanying Plan of Action, propose a comprehensive regional approach to deliver durable solutions for Somali refugees and to create an enabling environment for their safe, dignified return and reintegration. Complementing the Nairobi Declaration, the Somalia National Durable Solutions Strategy, launched in March 2021, contributes to the implementation of GCR and the FGS's pledges made at the Global Refugee Forum (GRF) in December 2019.

UNHCR and partners' key assumptions with regards to population trends are the following: (i) there will be an approximate annual increase of 10% in the number of refugees and asylum-seekers based on normal growth, anticipated political developments and the situations in Ethiopia and in Yemen; (ii) 39,820 refugee returnees from different countries of asylum -mainly Kenya and Yemen- are expected to be assisted to voluntarily return to Somalia in the course of 2022.

## Response Strategy and Modalities

The refugee population is expected to increase to approximately 30,800 by the end of 2022, considering the average rate of new arrivals, mostly from Ethiopia and Yemen, as well as family reunifications, and natural population growth. Most of the refugee population is hosted in Somaliland, followed by Puntland and South Central Regions. Additionally, the number of Somali refugees returning to Somalia is projected in 2022 to be 39,820 following improved management of the COVID-19 pandemic, including testing facilities at border entry points. This is in addition to the existing refugee returnee population in the country, bringing the total number of refugee returnees to 132.1K– this will require UNHCR and partners to strengthen refugee return monitoring at border crossing points, in areas of return, and provision of community-based assistance and support to access basic services including education, health and livelihoods. In 2022, the operating envi-

ronment in most parts of Somalia, especially in the south-central region, is expected to remain extremely complex, with heightened security risks, and economic crisis coupled with limited access to basic services and logistical challenges in accessing and delivering protection and assistance in return locations. Notwithstanding these challenges and subject to the timely mobilization of financial resources, refugee response partners will continue to maximize pre-positioning of core relief items (CRIs) to operational areas in response to large refugee influxes. UNHCR and partners will continue to closely monitor the recent decision of the Kenyan Government to close refugee camps in Kenya in particular when it comes to the identification of durable solutions for Somali refugees that can be expected to return to Somalia in the course of 2022.

### **Cost of Response**

The estimated cost of the response that targets 70,745 vulnerable refugees, asylum-seekers, returnees, and people at risk of statelessness is \$68.8M. This cost is arrived at based on the multi-sectorial needs assessments carried out jointly by UNHCR, relevant government ministries and refugee response partners.

In arriving at the cost for the response, UNHCR has to the extent possible considered all cost-effective modalities for delivery of this assistance. The use of cash will be prioritised, where feasible.

The refugee response budget is characterized by both recurrent and annual costs. Recurrent costs entail protection related assistance provided to vulnerable refugees, asylum-seekers, and one-off support to refugee returnees. This support is often monthly, multi-sectorial and aligned to the minimum expenditure basket and based on the continuous assessment of the target beneficiaries' vulnerability. Annual costs entail support - both technical and financial, to government line ministries and other interlocutors, aimed at building their capacity to strengthen the protection environment for the targeted refugees and asylum-seekers, and in advocating for upholding the rights of vulnerable populations.

The plan includes costs related to conducting the needs and vulnerability assessments, monitoring of the responses, delivery approaches and evaluation. Costing for this response will be monitored as often as possible to ensure that the response level is adequate and well-tailored to address the needs of the refugees and other people in need of international protection.

### **Monitoring**

The refugee response will be monitored on a continuous basis. The needs assessments of the targeted population will be conducted through an 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 tracked and reported on, as appropriate.



## Part 5: **Annexes**

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**SOMALIA**

Photo: WHO Somalia





## 5.1 Participating Organizations

| ORGANIZATION NAME  | PROJECTS | REQUIREMENTS |
|--|----------|--------------|
| Aamin Organization   | 2        | 1,317,505    |
| ACF - USA  | 1        | 2,500,000    |
| ACT Alliance / Diakonie Katastrophenhilfe  | 5        | 3,474,359    |
| ACT Alliance / Finn Church Aid   | 1        | 2,052,000    |
| ACT Alliance / Norwegian Church Aid  | 3        | 2,673,000    |
| Action Against Disasters Somalia   | 2        | 1,200,000    |
| Action Against Hunger  | 3        | 6,060,000    |
| ActionAid International Somaliland   | 2        | 1,368,060    |
| Action for Relief and Development  | 4        | 1,250,000    |
| Active in Development Aid  | 3        | 1,050,137    |
| Adventist Development and Relief Agency  | 2        | 5,458,400    |
| Africa Educational Trust   | 2        | 8,825,106    |
| African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia | 1        | 710,852      |
| African Relief and Development   | 2        | 640,000      |
| African Volunteers for Relief and Development  | 1        | 610,000      |
| Agency for Technical Cooperation and Development   | 4        | 11,187,051   |
| AGROCARE Community Development Association   | 1        | 324,000      |
| Aid Vision   | 7        | 2,743,310    |
| Al Ta'awun Social Service  | 1        | 200,000      |
| Alta Juba Relief and Rehabilitation Organization   | 1        | 300,000      |
| American Refugee Committee (Alight)  | 6        | 7,231,254    |
| Arid Region Integrated Development Agency  | 1        | 400,000      |
| ASAL Youth Development Association   | 1        | 132,500      |
| ASEP   | 1        | 391,118      |
| Associazione Volontari per il Servizio Internazionale  | 2        | 629,973      |
| A Welzijn Initiatief   | 3        | 1,135,148    |
| AYUUB Organization   | 8        | 7,323,970    |
| Banadir Development Foundation   | 2        | 1,162,000    |
| Burhakaba Town Section Committee   | 3        | 1,265,550    |

| ORGANIZATION NAME   | PROJECTS | REQUIREMENTS |
|---|----------|--------------|
| Candlelight for Health, Education and Environment   | 1        | 350,066      |
| CARE International  | 5        | 6,848,824    |
| CARE Somalia  | 1        | 4,080,000    |
| Centre for Peace and Democracy  | 3        | 1,850,000    |
| Comitato Internazionale per lo Sviluppo dei Popoli  | 4        | 6,269,867    |
| Community Development and Humanitarian Network  | 5        | 3,239,796    |
| Community Empowerment and social Development Organization                                   | 2        | 1,565,000    |
| Concern Worldwide   | 3        | 9,961,655    |
| Cooperazione E Sviluppo - CESVI   | 4        | 3,990,651    |
| Cooperazione Internazionale - COOPI   | 2        | 2,279,524    |
| Danish Refugee Council  | 6        | 16,500,000   |
| Deeg-Roor Medical Organization  | 3        | 1,034,800    |
| Deutsche Welthungerhilfe e.V. (German Agro Action)  | 1        | 1,000,000    |
| Development Action Network  | 1        | 658,229      |
| Development and Empowerment for Humanity formerly (DEH Relief and Development Organization) | 5        | 1,788,271    |
| Dhuur Relief and Development Organization   | 1        | 300,010      |
| Dialog Forening   | 2        | 1,040,000    |
| DISABILITY AID FOUNDATION   | 1        | 900,000      |
| Elbon Development and Relief Organization   | 2        | 900,000      |
| Fayadhwr Orientation Organization   | 1        | 300,000      |
| Food & Agriculture Organization of the United Nations                                       | 5        | 156,095,328  |
| Food Security and Livelihood Organization   | 1        | 247,500      |
| Formal Education Network for Private Schools  | 1        | 350,000      |
| Gedo Women Development Organization   | 2        | 478,371      |
| Golweyne Relief and Rehabilitation  | 2        | 1,792,300    |
| HALO Trust  | 1        | 682,020      |
| Health Education Agro-pastoral Liaison  | 1        | 218,600      |
| Hidig Relief And Development Organization   | 7        | 2,209,646    |

| ORGANIZATION NAME   | PROJECTS | REQUIREMENTS |
|---|----------|--------------|
| Himilo Organization for Development   | 2        | 600,000      |
| Horn of Africa Peace Network  | 4        | 2,867,800    |
| Horn of Africa Voluntary Youth Committee                                      | 2        | 650,000      |
| Human Appeal UK   | 3        | 2,109,317    |
| Human Development Concern   | 3        | 2,917,940    |
| Humanitarian Africa Relief Development Organization                           | 1        | 228,000      |
| Humanitarian Initiative Just Relief Aid Organization                          | 4        | 2,414,887    |
| Humanitarian Integrity for Women Action on Advocacy for Peace and Human Right | 4        | 2,275,000    |
| IDIL Relief Rehabilitation and Development Organization                       | 2        | 488,500      |
| Iimaan Relief and Development Organization                                    | 6        | 3,105,712    |
| International Media Support   | 1        | 475,649      |
| International Medical Corps   | 3        | 1550000      |
| International Medical Corps UK  | 1        | 260,098      |
| International NGO Safety Organisation   | 1        | 2,445,970    |
| International Organization for Migration                                      | 7        | 36,885,214   |
| International Rescue Committee  | 5        | 4,702,495    |
| Ishaa Human Rights Organization   | 2        | 409,290      |
| Islamic Relief Worldwide  | 2        | 1,540,399    |
| Juba Foundation   | 7        | 4,374,318    |
| Jubaland Development Organization   | 2        | 748,000      |
| Juba mine action aid  | 1        | 370,000      |
| KAAH Relief and Development Organization                                      | 4        | 1,249,304    |
| KAALO Aid and Development   | 1        | 450,000      |
| Kaalo Development Solution  | 1        | 150,000      |
| KAALO Relief and Development Organisation                                     | 2        | 1,000,000    |
| Kulmiye Aid Foundation  | 3        | 889,967      |
| Lifeline Gedo   | 2        | 1,048,865    |
| Mandher Relief and Development Organization                                   | 3        | 1,216,000    |
| Marginalized Communities Advocates Network                                    | 1        | 380,020      |
| MEDAIR  | 3        | 4,098,283    |
| Mercy Corps   | 4        | 9,732,365    |
| Mercy-USA for Aid and Development   | 6        | 7,891,110    |
| Midnimo Relief and Development Organization                                   | 1        | 388,902      |
| Mines Advisory Group  | 1        | 490,500      |
| Nagaad Network  | 1        | 390,000      |

| ORGANIZATION NAME  | PROJECTS | REQUIREMENTS |
|--|----------|--------------|
| National Union of Somali Journalists                           | 1        | 400,000      |
| New Ways Organization  | 6        | 3,174,272    |
| Nomadic Assistance for Peace and Development                   | 3        | 1,527,740    |
| Nomadic Development Organization                               | 2        | 799,000      |
| Northern Frontier Youth League                                 | 4        | 2,861,080    |
| Norwegian Refugee Council                                      | 6        | 21,635,455   |
| Office for the Coordination of Humanitarian Affairs            | 2        | 12,375,928   |
| Onkod Relief and Development Organization                      | 1        | 617,560      |
| OXFAM  | 1        | 900,000      |
| OXFAM Netherlands (NOVIB)                                      | 2        | 3,044,336    |
| Peace Action Society Organisation for Somalia                  | 1        | 217,330      |
| Peace and Development Action                                   | 3        | 982,924      |
| Peace Hub Foundation   | 1        | 400,000      |
| Physicians Across Continents                                   | 1        | 162,454      |
| Plan International   | 2        | 1,770,000    |
| Polish Humanitarian Action                                     | 2        | 1,989,289    |
| Puntland Minority Women Development Organisation               | 4        | 2,572,400    |
| Puntland Non-State Actors Association                          | 1        | 192,600      |
| Puntland Youth and Social Development Association              | 2        | 720,133      |
| Qatar Charity  | 3        | 5,110,360    |
| Qatar Red Crescent Society                                     | 4        | 2,311,900    |
| REACH Initiative   | 1        | 800,000      |
| Riverine Relief Program  | 4        | 1,290,000    |
| Rural Education and Agriculture Development Organization       | 7        | 3,563,000    |
| Salaam Development Center Association                          | 1        | 244,000      |
| Salama Medical Agency  | 1        | 425,000      |
| Save Somali Women and Children                                 | 5        | 2,606,000    |
| Save the Children  | 6        | 56,749,067   |
| Skills Active Forward  | 2        | 563,043      |
| Social Empowerment Rehabilitation and Development Organization | 1        | 200,000      |
| Socio-Economic Development and Human Rights Organization       | 1        | 1,000,000    |
| Solutions for Humanity International                           | 6        | 2,610,907    |
| Somali Advocacy Against Hunger                                 | 1        | 250,000      |
| Somalia Relive Centre  | 3        | 658,521      |

| ORGANIZATION NAME                                      | PROJECTS | REQUIREMENTS |
|--|----------|--------------|
| Somali Community Concern                               | 5        | 1,942,999    |
| Somali Development and Rehabilitation Organisation     | 2        | 781,190      |
| Somali Enlight and Development Organization            | 2        | 501,660      |
| Somali Human Rights Association                        | 1        | 250,000      |
| Somaliland Skills Training Association                 | 1        | 150,000      |
| Somali Relief and Development Organization             | 1        | 375,862      |
| Somali Relief and Development Society                  | 3        | 760,652      |
| Somali Vulnerable Actors                               | 1        | 245,300      |
| Somali Women Association                               | 1        | 148,000      |
| Somali Women Development Centre                        | 1        | 1084100      |
| Somali Young Doctors Association                       | 8        | 5,569,895    |
| SOMLIFE Foundation                                     | 1        | 360,000      |
| SOS Children's Villages - Somalia                      | 5        | 4,514,690    |
| Sustainable Development and Peace Building Initiatives | 2        | 1,204,844    |
| Sustainable Livelihoods Relief Organization            | 1        | 300,000      |
| Taakulo Somaliland Community                           | 1        | 610,000      |
| Tadamun Social Society                                 | 4        | 3,987,000    |
| Towfiq Umbrella Organization                           | 1        | 500,000      |
| Trocaire   | 4        | 3,608,135    |
| United Nations Children's Fund                         | 6        | 153,724,210  |
| United Nations High Commissioner for Refugees          | 5        | 134,204,546  |
| United Nations Mine Action Service                     | 3        | 2,500,000    |

| ORGANIZATION NAME   | PROJECTS | REQUIREMENTS |
|---|----------|--------------|
| United Nations Population Fund                                | 2        | 9,474,666    |
| Vétérinaires sans Frontières (Germany)                        | 1        | 450,000      |
| Vétérinaires sans Frontières (Switzerland)                    | 1        | 450000       |
| Waaberi African Development Association                       | 1        | 250000       |
| Wadani Relief Organization                                    | 1        | 247751       |
| Wajid WASH Committee  | 1        | 200000       |
| Wajir South Development Association                           | 4        | 1985300      |
| Wamo Relief and Rehabilitation Services                       | 8        | 5254850      |
| Wardi Relief and Development Initiatives                      | 4        | 4,125,516    |
| Windle International  | 1        | 2,829,600    |
| Women Action for Advocacy and Progress Organization           | 1        | 260,000      |
| Women and Children Child Care Organization                    | 4        | 1,575,000    |
| Women Initiative for Society Empowerment                      | 1        | 350,000      |
| Women Pioneers for Peace and Life                             | 5        | 4,033,301    |
| World Concern Development Organization                        | 1        | 349,970      |
| World Food Programme  | 4        | 544,540,614  |
| World Health Organization                                     | 1        | 10,146,000   |
| World Vision International                                    | 5        | 7,273,333    |
| World Vision Somalia  | 2        | 6,304,708    |
| YME Foundation  | 1        | 250,000      |
| Youth In Action, Baidoa                                       | 2        | 466,620      |
| Youth Volunteers for Development and Environment Conservation | 1        | 120,300      |
| Zamzam Foundation   | 6        | 3,471,094    |

## 5.2 Drought Response Plan

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SOMALIA, KISMAYO  
Photo: OCHA Somalia.



# Situational Overview

| PEOPLE AFFECTED | PEOPLE DISPLACED | PROJECTED DISPLACEMENT <sup>1</sup> | OPERATIONAL PARTNERS |
|-----------------|------------------|-------------------------------------|----------------------|
| 3.2M            | 169K             | 1.4M                                | 272                  |

Drought has worsened significantly across Somalia following three consecutive below-average rainy seasons. According to FAO/SWALIM, drought conditions are expected to worsen in December 2021 and the first quarter of 2022, leading to a similar situation witnessed in 2017<sup>2</sup>. The intensifying drought has led to water shortages, crop failures, and high levels of livestock migration and deaths. This comes only two years after a devastating drought that impacted hundreds of thousands of lives, placed additional strain on communities, stretched the humanitarian response and displaced over 300,000 people.

The drought is already having a devastating impact on the lives of Somalis. As of 17 December, more than 3.2 million people in 66 of the country's 74 districts are affected by the drought; of whom 169,000 displaced in search of water, food and pasture. The drought has been particularly harsh in Jubaland, Southwest and Galmudug states (central regions) and parts of Puntland. Severe water shortages and drought conditions have also been reported in parts of Jubaland, South West (Bakool, Bay), and Banadir regions. Many locations rely on shallow wells and water pans in which water levels have decreased significantly, contributing towards the worsening water shortages. Humanitarian partners and local authorities also report widespread livestock deaths and a spike in the prices of commodities like food, fuel, water and livestock fodder. In November 2021, water prices spiked in most districts in Somalia compared to the last reporting period. Eastern and central parts of Galmudug state, most parts of Jubaland and South West State and surrounding areas, reported the highest median water prices. This was mainly attributed to insufficient rains received during the Deyr season that could not replenish ground water source. Severe drought conditions are also leading to the possibility of pathogen accumulation in stagnant water. Concerns remain of people and livestock using contaminated waters, sharply increasing the risk of an Acute Watery Diarrhoea (AWD)/ cholera outbreak. WASH humanitarian partners in collaboration with the national and local authorities are scaling-up their

responses through water trucking, water source chlorination and rehabilitation of existing water sources to address critical needs but insufficient funding is hindering their capacity to reach more people in need.

Without a scale up of humanitarian assistance, an estimated 3.8 million people across Somalia will face severe forms of acute food insecurity<sup>3</sup> through January 2022, rising to 4.6 million people by May, according to FSNAU/FEWNET. Prevalence of acute malnutrition remains high in most drought-stricken parts of the country, with Global Acute Malnutrition at Serious (10 to 14.9 per cent) and at Critical (15 per cent or more) levels in some of the worst affected areas. Some 1.2 million children under the age of 5 are likely to be acutely malnourished in 2022, of whom nearly 300,000 children are projected to be severely malnourished and may be at risk of dying without immediate treatment<sup>4</sup>. Disease outbreaks, including AWD/cholera are on the rise due to severe water shortages and lack of access to adequate hygiene and sanitation facilities, the majority being in IDP sites. This, combined with insecurity and recurring climatic and other shocks, including Desert Locusts and the COVID-19 pandemic, has exacerbated the already precarious humanitarian situation in Somalia. Some 7.7 million people are projected to require humanitarian assistance in 2022. Based on the current drought severity scenario<sup>5</sup>, an estimated 1,379,000 people may be displaced by drought in the coming 6 months.

There are considerable opportunities to incorporate lessons learned from the previous droughts. Improved data forecasting coupled with knowledge of anticipatory or early action can ensure a more targeted scale-up of responses. Systems are in place to facilitate rapid scaling-up of cash-based programming and increased involvement with local actors. Coordination between the Federal Government and state-level authorities has increased, allowing partners to progressively agree on the nature and scale of the drought and to improve overall accountability.

<sup>1</sup> Based on the current drought severity scenario, an estimated 1,379,000 people may be displaced by drought in the coming 6 months. Reference: (forthcoming) DTM Drought Analysis 2021, December 2021

<sup>2</sup> SWALIM, FAO and MOHADM Drought update, 18 November 2021

<sup>3</sup> IPC Phase 3/Crisis and IPC Phase 4/Emergency

<sup>4</sup> FSNAU-FEWSNET, Somalia Food Security Outlook October 2021 – May 2022

<sup>5</sup> IOM DTM

The time to act is now. This Operational Plan outlines the priority needs, gaps, and strategies for humanitarian partners to address the drought and work towards averting a possible famine response over the next six months. All interventions outlined here have been incorporated into the 2022 Humanitarian Response Plan.

Acknowledging the dire situation in Somalia, US\$8 million was allocated from the Central Emergency Response Fund on 19 November for immediate response to the drought, including scaling-up food and nutrition assistance, safe water provision, livelihood protection and other urgent humanitarian assistance to drought-stricken people across the country. A portion of this allocation will be used to fund services in anticipation of rising food insecurity, thereby mitigating the impact of deteriorating conditions. Additionally, the Somalia Humanitarian Fund will provide \$6 million to the response.

### Regional dimension of the crisis

The drought in Somalia cannot be seen in isolation. All countries in the Horn of Africa are negatively impacted by the three consecutive seasons of below average rainfall, with Somalia

most severely affected. Areas that have been particularly hard hit include parts of northern and eastern areas of Kenya, Ethiopia's Somali region, and Somalia, where reports indicate that people are fleeing to nearby towns in search of humanitarian assistance. All warning systems and signs point to an exceptional drought, which has been declared an emergency in Kenya and Somalia. Food insecurity in southern and eastern Ethiopia, Kenya, and Somalia has already worsened significantly in 2021, with severe conditions (IPC Phase 3 "Crisis" and Phase 4 "Emergency") dominant. Climate change combined with La Niña has resulted in prolonged and persistent drought. This has resulted in poor harvests and body conditions for livestock and has led to crop and livestock production decline that has had a negative impact on food availability. Current climate projections predict a 90 per cent possibility of a La Niña-like climate between March and May 2022, while the most recent IGAD Climate Prediction and Applications Centre (ICPAC) weather assessment anticipates cumulative dry conditions through May 2022. These projections show that even with typical March-April-May rains, the region will continue to have long-term rainfall shortages.

## People Affected and in Need of Humanitarian Assistance

As of 17 December, local authorities and humanitarian actors have reported severe water shortages affecting more than 3.2 million people in 66 out of 74 districts of the country. The situation has led to reduced availability of food and pasture, triggering significant pastoral migrations. According to the PRMN, about 169,000 people have been newly displaced by drought so far in 2021, especially in central and southern areas. The regions that are most severely hit include Gedo, Middle Juba, Lower Juba, Bay, Bakool, Muduug, Galgaduud and larger parts of Bari and Nugaal regions<sup>6</sup>. Large scale displacements are being reported in major urban centers such as Kismayo and Banadir<sup>7</sup>. Without urgent action now in areas severely affected by the drought, it is projected that up to 1.4 million people may be displaced over the next six months<sup>8</sup>.

A country wide rapid needs assessment was carried out throughout the country. Somaliland is currently in the process of carrying out the assessment. As of 17 December, more than 450 assessments in 44 districts have been adminis-

trated. The assessment will further enhance overall knowledge of the current impact of the drought in hotspot locations with the aim to support prioritization and better targeting of existing resources.

**In Somaliland**, due to below normal rainfall received in 2021, several areas in the eastern regions of Sanaag, Sool and Togdheer and Waqooyi Galbeed region are currently experiencing water and pasture shortages according to the Ministry of Water Resources Development (MoWRD). Pastoral movements in search of pasture and water have been reported from nearly 20 villages, including Duruqsi Village in Togdheer Region, towards the Somali region of Ethiopia. The National Disaster Preparedness and Food Reserve Authority (NADFOR) and MoWRD have reported that around 51,772 families living in more than 180 villages and IDP sites in the districts of Burco, Owdweyne and Buuhoodle in Togdheer; Laas Caanood, Caynabo, Taleex and Xudun districts in Sool; Ceerigaabo and Ceel-Afweyn districts in Sanaag; Hargeysa district in Woqooyi

<sup>6</sup> SWALIM, FAO and MOHADM Drought update, 18 November 2021

<sup>7</sup> PRMN

<sup>8</sup> DTM

Galbeed; and Borama and Baki districts in Awdal regions require emergency water trucking. Togdheer (29,773 households) remains the worst drought affected region followed by Sool (11,331 households) and Sanaag (6,275 households). MoWRD reported that about 11 boreholes are not functioning and require maintenance (seven in Sool, two in Woqooyi Galbeed, one Togdheer and one Awdal region). The government of Somaliland has re-activated the inter-ministerial National Drought Council (NDC) and conducted two meetings on the current drought situation in Somaliland.

Authorities **in Puntland** declared a state of emergency on 5 October, as the severe dry conditions since January have resulted in critical water shortages across the state. According to the Humanitarian Affairs and Disaster Management Agency (HADMA), 70 per cent of the State has not received any rains from September to November, which is normally the peak of the Deyr seasonal rains. In an appeal issued on 11 November, HADMA reported that more than 1.1 million people in Puntland have been affected by intense drought conditions for more than one year, highlighting the need for water and food. Overall, Adduun, Coastal Deeh, parts of Northern Inland Pastoralist (NIP) as well as East Golis livelihood zones are the worst affected. Abnormal pastoralist movement has been witnessed across Puntland due to lack of water and depleted pasture. Authorities and humanitarian partners in the Highland region (carved out of the larger Sanaag region) have reported that an estimated 12,000 drought-affected pastoral people have moved into Dhahar town and are facing a dire humanitarian situation with most of them joining existing settlements in the region. In Jariban district, more than 90,000 drought-affected people need water and food assistance.

**In Galmudug**, the drought situation continues to worsen in most parts of Galgaduud and south Mudug, due to delayed Deyr rains, absence of pasture and increased water shortages. According to partners and authorities, the price of one barrel of water (200 liters) has increased from \$1-3 to \$2-8, depending on the distance. Concerns remain that the prices will continue to increase if it does not rain in the coming weeks. According to the WASH Cluster, over 30 boreholes in Galmudug are not functioning due to mechanical problems thus aggravating the water shortages in the state. In addition, the movements of pastoralists along with their livestock into areas that received light rain have tripled. Over 6,000 families (36,000 people) along with their livestock moved from Ethiopia (Somali-region) and arrived in more than 30 rural villages/locations of Caabud Waaq district since the second week of November. Some rural areas of the district have also received nearly 50,000 pastoralists who migrated from other parts of Galmudug since October. The unusual movements of the pastoralists into the area are reportedly attributed to light rains received in October and early November. Reports from Galmudug Ministry of Livestock have also reported deaths of nearly 2,700 livestock due to drought and diseases. The situation is aggravated by a sharp decline in livestock prices and production.

**In Hirshabelle**, regional authorities and line ministries in Hiraan region have appealed for humanitarian assistance for people affected by the drought. Humanitarian partners have reported abnormal pastoralist movements to locations where limited Deyr rainfall has been reported. Health partners reported an increase in suspected measles cases, especially in Gololey and Bulo Casi, west of Jowhar due to increased vulnerabilities of the people exposed to the drought in the pastoral areas of Middle Shabelle. According to local authorities and humanitarian partners, water reservoirs (berkads), shallow wells and water catchments have dried up. In addition, the main boreholes in Ceel Cade in west of Belet Weyne, Qabno, Mataban, Comad, Hees, Harqaboole and Teedaan in North and North east of Belet Weyne have reportedly broken down. The yield for a borehole in Rage Ceele town has also reduced. As a result, the water price per 200 litres (drum) has significantly increased from \$1 to \$5. At the same time, due to the poor condition of the livestock, the market price of an average goat has fallen from \$50 to \$20 and in some areas, one goat is exchanged for 2 or 3 bags of cereal (75 kgs). The increased prices of food, fuel, water, and livestock fodder have exacerbated the situation, leading significant movements of pastoralists (with children and elderly persons) into main towns such as Rage Ceele, Cadale, Jowhar, Balcad, Belet Weyne, Bulo Burto, and Jalalaqsi. The Shabelle River level is steadily decreasing due to combined high temperatures and depressed rains, thus aggravating and already precarious humanitarian situation in the state<sup>9</sup>.

**In South West State**, around 650,000 people are reportedly affected by the drought. Communities have reported severe water scarcity in almost all the regions as water catchments have dried up, and with Bay and Bakool regions most severely affected. The capacity of water yield from the existing boreholes has reduced, resulting in long hours of operations to meet population water needs. According to the Ministry of Water and Energy Resources (MoEWR), as of 10 November, more than 48,000 people living in Wajid, Elberde, Rabdhure districts of Bakool region, both in town and 22 rural surrounding villages, are experiencing a severe water shortage due to climate change and prolonged drought. Since early August, all functional water sources, especially in Yeed and Rabdhure villages, have been depleted including the main water pans, open and protected community shallow wells. The number of families that have lost their livestock is increasing. Significant internal livestock migration in search of better pasture and water is going on across the south. In Lower Shabelle, movements of displaced families have been reported from Qorooley, Marka and Barawe. On average, water prices have risen from \$2 to \$5 for a 200-litre barrel. In addition, over 2,000 people displaced mostly by the drought have arrived in Wajid town from 11 villages in the district, as confirmed by local authorities at the end of October. The number of displaced people is increasing and has put stress on the availability of basic services in the town, which had been militarily encircled by Al Shabab for many years.

9 SWALIM, FAO and MOHADM Drought update, 18 November 2021

**In Jubaland**, more than 25,000 people have been displaced due to drought, a majority of them pastoralists that were forced to migrate to urban settlements to seek assistance. According to the Jubaland authorities, four people died due to drought and pastoral communities have lost an estimated 70 per cent of their livestock, particularly in cattle rearing zones in Lower and Middle Juba regions. The situation is likely to worsen in the next three months during the Jilaal dry season. According to the Jubaland Ministry of Energy and Water Resources, about 130,000 people need urgent water trucking. Livestock migration and increased competition among pastoralists for the already limited resources has been reported. Forecasts for the 2021 Deyr rains (October-December) indicate a 50 per cent probability of below-normal rains in Gedo and Middle Juba regions and a 45 per cent of below-normal rains in larger parts of central and southern regions.

The depressed rains are unlikely to mitigate the drought in the areas facing severe conditions. Fifty-one per cent of the population in Jubaland State are projected to face Stress (IPC 2) or Crisis (IPC 3) food consumption gaps from October to the end of the year, according to FSNAU.

**In Banadir** region, local authorities and IDPs leaders have reported severe water shortages in IDP sites in Kahda, Daynille, and Garesbaley districts. The impact of new arrivals from drought-affected areas in Lower Shabelle, Middle Shabelle, Bay and Bakool regions and evictions further exacerbate the water stress situation as most IDPs have limited or no access to water and other social services. Overall, local authorities have reported around 18,000 new arrivals have been reported in Banadir due to drought.

## Humanitarian Access and Ongoing Response

A total of 272 current operational humanitarian partners are part of Somalia's humanitarian response system, which remains one of the largest and longest running in the world. These humanitarian partners are scaling up responses in coordination with authorities through water trucking, borehole repair, cash and food and health assistance to meet urgent water and food needs, but are constrained by insufficient finance and access constraints in conflict-affected and hard-to-reach areas. These constraints include insecurity, bureaucratic and administrative constraints, and infrastructural and environmental challenges that lead to movement restrictions, disruption to imports and domestic supply chains and the availability of basic commodities. Insecurity continues to hamper the ability of humanitarians to reach people in need and to sustain operations, impeding people's ability to access basic services and lifesaving assistance. Outside of major urban centres, accessibility to some districts, particularly in southern and central regions, remains limited largely due to insecurity along main supply routes. Nine districts remain inaccessible in the drought-affected areas. Almost 900,000 people are estimated to live within territory controlled by Al-Shabaab (AS) and remain largely out of reach. Areas controlled by AS include those that are contested, and civilian movement is nearly impossible as a result of regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, and South West State.

Access to areas under the control of the FGS and allied non-state armed groups remains largely possible although this is hampered by ongoing insecurity, including the presence of improvised explosive devices along key supply routes. Security

checkpoints, many of which are fee-bearing, hinder safe, timely and unimpeded access. Incidents continue to be reported at the authorized checkpoints along all major access roads in southern and central Somalia, with the following access roads most affected: Mogadishu-Afgooye-Baidoa, Mogadishu-Balcad-Jowhar and Belet Weyne-Gaalkacyo. Extortion and other forms of violations are common at the numerous illegal checkpoints manned by both state and non-state armed actors.

**Below is an overview of response to date, by state, as of 8 December.**

**In Galmudug** State, water trucking activities are ongoing targeting 19 locations in South Mudug with each location receiving 10,000 liters of water per day. The WASH Cluster and partners are rehabilitating eight boreholes and nine shallow wells and distribution of hygiene kits and sanitation supplies targeting 1,000 vulnerable households is ongoing. The nutrition programme in Galmudug is adequately covered across all locations targeting children, pregnant and lactating women. Humanitarian partners in collaboration with local authorities are reaching over 150,000 people with food and livelihood support in affected areas.

**In Jubaland**, humanitarian partners are reaching an estimated 300,000 people with food assistance (cash and food vouchers), 140,000 people with WASH interventions (water trucking and repair of water systems) and 100,000 people are receiving health interventions. Most of the planned interventions are WASH, food security and livelihoods-related,



including rehabilitation of shallow wells and drilling boreholes as well as distribution of agricultural inputs and unconditional cash transfers targeting people affected by the drought.

Humanitarian partners and authorities **in Puntland** are ramping up responses based on available resources to respond to the drought situation. An estimated 30,000 people in Nugaal and Mudug regions are being assisted to access to clean drinking water by Puntland WASH Cluster partners. The cluster partners are looking to scale up assistance to at least 122,000 people between December and March 2022. In Galmudug, the Ministry of Water Resources is mobilizing two months of water trucking interventions targeting 19 locations in south Mudug and Galgaduud regions. Food Security Cluster partners in Puntland are reaching an estimated 590,000 people across Puntland (mainly in Bari, Sanaag, Sool and Nugaal regions) with improved access to food support through conditional and unconditional cash transfers as part of the ongoing regular HRP emergency response interventions since last October.

**In South West State**, partners are reaching 180,000 people with food security and livelihoods responses across the three regions of Lower Shabelle, Bay and Bakool. An estimated 128,400 people are being assisted with emergency water supply across the State. Another estimated 21,500 and 5,300 people are receiving support in the form of sustainable water infrastructure and sanitation infrastructure services while 34,000 people are being supported with hygiene promotion activities and hygiene kits. There are plans to ramp up support in WASH, health and nutrition projects targeting a total of 280,000 people as part of the drought response in the coming weeks.

**In Somaliland**, WASH cluster partners are ramping up water trucking in Owdweyne and Burco districts targeting 1,555 households for two months in the villages of Balidhiig, Duruqsi, Sibidhle, Dhooboweyne, Cawale, Roble Cali and Riyo Xidho in Burco district, and Khaatumo, Mulaaxo and Goroyo Ood villages in Odwyene district. The Sanaag regional Ministry of Health Development and the Somali Red Crescent Society (SRCS) sent a health team to assist new arrivals in Figifuliye village, Ceerigaabo district, where large number of pastoralists migrated due to the availability of water and pasture. The team is treating children suffering from AWD, malnutrition and respiratory tract diseases.

In Hirshabelle State, humanitarian partners and authorities are working on drought monitoring and mobilizing resources from the international community, the private sector and diaspora to respond to severely drought affected people. The regional and district authorities in Belet Weyne provided water assistance through 30 water tanker trucks of 50 drums each, sufficient for 24,000 people in 10 rural villages. Hirshabelle Food Security Cluster partners are reaching an estimated 111,760 people in six districts in the two regions of Middle Shabelle and Hiraan with unconditional cash/voucher assistance (CBT), conditional cash transfer, Food/Vouchers for Assets and general food distribution. Most of the assistance

started in September and will end of 31 December 2021. The ongoing interventions have had a positive impact on the current drought conditions by reducing the suffering of the affected populations, many whom have lost livelihood options due to the past and current drought and other shocks.

In Banadir, Food Security Cluster partners are responding to with different kind of activities targeting drought-affected IDPs, conflict-affected IDPs from neighboring regions such as Middle Shabelle, Lower Shabelle and Bay regions, as well as IDPs evicted from within Banadir region. The ongoing response includes provision of unconditional food voucher and cash assistance, livelihood support through vocational training for IDPs, provision of safety nets assistance in form of cash to vulnerable people. In October/November, Food Security Cluster partners reached 69,400 out of 530,7000 people in need of food assistance. In addition, there is multi-purpose cash assistance for some of the IDPs. Also, there is ongoing targeted in-kind food distribution and small business support for the most vulnerable IDPs through conditional cash transfer. The WASH Cluster partners are supporting water provision to 800 vulnerable households and distribution of hygiene kits to 1,500 worst affected IDP households in Banadir, many of them displaced due to drought from previous years. Access to water and food continues to be a major challenge facing most of the IDPs in Banadir.

# Coordination with The Government

The operational drought response is led by the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) at the national level. Coordination has been reinforced between humanitarian partners and state level MoHADMs in Galmugdug, Hirshabelle, South West and Jubaland states, as well as the National Disaster Preparedness and Food Reserve Authority (NADFOR) and with the Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland. Technical level bi-weekly meetings have been established between OCHA, the Federal MoHADM and the state level MOHADM to strengthen overall coordination and collaboration in information sharing, joint assessments and scale up of the overall response.

The Office of the Prime Minister recently reactivated the National Emergency and Coordination Centre (NEOC) to coordinate the strategic level drought emergency response. An inter-ministerial committee chaired by MoHADM was formed to oversee a joint coordination mechanism established between the Federal Government and Member States to enable a quick response at local level and to link information on the ground to an effective response.

## Response strategy

This drought response plan is informed by best practices and lessons learned, particularly from the 2016/2017 drought response. The quick, joint actions by the Somali Government, local communities and diaspora, and national and international partners in 2017 averted another famine similar to the one of 2010/2011. Building on the lessons learned, the primary focus is on providing urgent life-saving water, distribution of food aid, cash and voucher assistance, nutrition and health services in the hotspot locations. This will help reduce the necessity for people to migrate in search of food by scaling up social protection, health and WASH activities in rural communities and distributing food aid in locations worst hit by the drought to prevent further displacement of the affected population.

To prevent further deterioration of the drought situation, the core of the strategy is to frontload the scale up of delivery of humanitarian assistance to those most in need. Specifically, there is a need for the immediate implementation of an integrated response of WASH, health, nutrition and food assistance in the hotspot locations. The joint Health and WASH Cluster Technical Working Group (TWG) formed in July 2019 has been reactivated to reduce mortality and morbidity related to WASH-related diseases by identifying risk factors for their transmission and preventive measures to reduce occurrence of outbreaks. The TWG will help enhance the collaboration between the Health and the WASH clusters by being a catalyst group to fill the communication and infor-

mation gaps, support the response mechanisms, capacity mapping and needs assessment in hot-spots, provide concrete and specific guidance to the partners for effective and efficient preparedness and response, including developing Standard Operating Procedures (SOPs), and drafting and updating a joint preparedness and response plan. An Early Warning and Response Network (EWARN) and other early warning and detection tools are in place to support AWD or Cholera related prevention and response. There are also WASH related supplies prepositioned in the main supply hubs across the states to support the response.

Cash-based assistance will be one of the main response modalities to the drought in Somalia. Cash coordination mechanisms led by the Cash Working Group (CWG) are already in place at national and sub-national levels to support rapid scale-up and sustained response. These include significant cash programming, expanded partnerships with already-vetted local implementing partners and improved engagement with authorities and affected populations. Partners will prioritise unconditional, unrestricted cash and voucher assistance (CVA) that will allow beneficiaries 'flexibility and dignity' of choice. In addition, when choosing delivery mechanisms, preference will be placed on modalities that support timely and safe delivery of cash. Where network coverage exists, the use of mobile money transfers will be expanded to reach affected populations residing in remote locations. Humanitarian partners are already engaged in and

prioritizing cash assistance through SCOPE or mobile banking, to scale up timely assistance and to reach remote areas more easily. Monitoring will be scaled up and market information will be shared regularly among partners through the CWG.

The newly established coordination architecture at sub-national level (State Inter-Coordination Group (SICCG), Area Humanitarian Coordination Groups (AHCGs), regional and district level coordination structures) will help strengthen area-based coordination to ensure efficient and effective delivery of humanitarian assistance to drought affected people. The sub-national coordination structure will also support the partners to identify gaps, minimize duplication through field-visit monitoring and ensure good community-based targeting. This latter, in communication with communities, which is one way of attempting to prevent exclusion of marginalized and vulnerable people from the response. Led by the government at federal and state levels, humanitarian partners will continue to adopt a two-pronged approach that relies on extension of humanitarian assistance as close as possible to the rural population, and enhancing response capacity in larger hubs throughout the country to meet needs of newly displaced people due to the drought, and other vulnerable groups.

Identifying safe access routes and obtaining assurances to enter hard-to-reach areas remain important measures to mitigate the risk of major hindrances for humanitarian access, such as restriction of movement, the denial of access or interference in the delivery of aid. The Access Working Group and the Logistics Cluster will also coordinate with partners to address priority issues for joint action, including processes for use of air assets, and addressing bureaucratic and administrative challenges through negotiations and advocacy. Humanitarian civil-military coordination with relevant counterparts will promote coherent and practical approaches to address any risks. Partners continue to employ a low-profile approach to access hard-to-reach areas and implement risk mitigation measures to access rural areas, where the majority of the affected population reside

A focus on early action through initiatives such as Anticipatory Action will continue to be scaled-up to ensure, as much as possible, mitigation of the impact of the drought on people in need.

### **Timeliness of the response**

Timeliness of the scale-up of humanitarian assistance in the coming weeks is critical to preventing a further deterioration of the humanitarian situation across the country and to mitigate the impact of the drought. Despite the alarming water shortages across the country and the potential risks of water borne related diseases, critical sectors such as water, sanitation, and hygiene (WASH), health and nutrition are unable to scale-up responses due to limited resources or huge funding gaps. Therefore, frontloading funding now to scale up urgent lifesaving and sustainable WASH activities such rehabilitation of water infrastructure including boreholes, can help prevent what could otherwise become a very costly response in 2022 when the situation is projected to worsen. In addition, funding arrangements that provide an opportunity for operational partners to re-programme existing resources will facilitate timely response and thus enable quick actions to mitigate the impact of the drought.

# Cluster Response

## Camp Coordination and Camp Management (CCCM)



The CCCM Cluster will advocate for the provision of basic services in sites through integrated programming. The cluster will target 181,305 individuals or 203 IDP sites in the drought-affected locations and will reinforce the existing mechanisms and scale-up CCCM response in the drought affected locations. The key activities that the CCCM cluster will undertake to mitigate effects of drought and prevent further deterioration of living conditions of the already overcrowded sites include:

- Provide updated information on population movements and displacement sites to clusters through the Detailed Site Assessments (DSA), movement tracking of new arrivals and site verification exercises to ensure that services target the most vulnerable populations;
- Ensure people displaced by drought who join existing sites are able to immediately receive lifesaving services through community outreach and ensuring mechanisms for communication and feedback on multisector services are available;
- Improve living conditions of drought-affected populations through site improvement and maintenance;
- Enhance coordination with local authorities and other key partners to support displaced people in sites to achieve early recovery;
- Ensure equitable access to services and protection of existing and newly vulnerable displaced persons, including the elderly and persons with disabilities in IDP sites.;
- Administer site-level rapid assessments aimed at highlighting key site-level needs which will enhance efficient resource mobilization by sector partners.

The CCCM cluster will continue to focus on data collection activities while looking to establish temporary site management initiatives that aim at building community resilience and ensuring that humanitarian partners are updated on site-level needs. Site improvement activities will evolve to include wage-paying workdays for IDPs geared at rehabilitating damaged infrastructure or improving the IDP site environment with an emphasis on water access.

## Education



The Education Cluster will target about 420,000 (45% girls) children in school but at risk of dropping out due to the impact of the drought. The cluster estimates that 1.4 million school-aged children (6-17 years) are affected by the drought. With population movement and lack of community support for teachers' remuneration, there will be high probability of school closures. Children who drop out of school are at risk of recruitment into armed forces, early marriages for girls and are vulnerable to exploitation and abuse. During the month of October, Education partners reached over 41,000 drought-affected children with education-in-emergencies assistance. The cluster will scale up the current response and, as a priority, ensure school going children remain in school. Education interventions will ensure the provision of a safe and protective learning environment and access to life-saving services for children through an integrated approach targeting those in the worst drought affected areas and drought-affected children in the major hubs. Children will be provided access to safe drinking water, emergency school feeding, hygiene

promotion to prevent the AWD/Cholera, psychosocial support while teaching and learning materials will be provided along with support for emergency teacher incentives. This will help mitigate and prevent children from dropping out of school because of the drought.

The second priority for the Education Cluster is to support children wherever they move to because of drought and to provide access to education and life-saving services such as safe drinking water, school feeding and prevention of AWD/Cholera through hygiene promotion. The response will provide a protective learning environment through the construction of temporary learning spaces, distribution of teaching and learning materials, and support to teachers with emergency teacher incentives. Schools serve as an entry point for life-saving services and ensure protection for one of the most vulnerable groups - children.



## Food Security



Building on the lessons learned from the 2017 and 2019 drought responses and the current reach of humanitarian food assistance in Somalia, the food security response strategy will be two pronged: addressing the immediate food needs to save lives while protecting livelihoods and related food and income sources to prevent further deterioration of food security over the next 6 months. Lifesaving food and livelihood assistance will target all people experiencing severe to extreme food insecurity (IPC 3 and 4) in all accessible areas, including internally displaced populations. Priority activities will include both unconditional and conditional transfers (both in-kind and vouchers) to improve immediate access to food, to support rehabilitation and establishment of critical community infrastructure and to increase household income.

Immediate lifesaving food assistance will target all the 4.6 million people in IPC phase 3 and 4 in all accessible areas affected by drought through May 2022. As noted in the 'timeliness of the response' section above, relief assistance will be increased immediately to reach all the 4.6 million people from January 2022 (resources permitting). By frontloading food assistance in the first part of the year, more efficient use of resources can help prevent a substantial deterioration in food security later in 2022.

Life sustaining livelihood support will aim to protect livelihoods and related income and food sources for approximately 1.1 million people in IPC phase 3 and 4, including IDPs in all accessible rural areas. Cluster partners will utilize conditional cash transfers to rehabilitate critical water infrastructure in affected areas to improve access to water for livestock in the predominantly pastoral districts. Priority activities will include provision of seasonally appropriate agricultural inputs such as quality seed, tools and irrigation support; emergency livestock assistance such as mass vaccination, supplementary feed and fodder production and distribution; emergency coastal-based livelihoods assistance such as provision of basic fishing gear and related equipment; livelihood diversification e.g. kitchen gardens; and prevention and response to food chain threats (e.g. fall armyworm, Desert Locust and transboundary animal diseases). The appropriate modalities of assistance will be employed based on the evolving situation including displacement, weather conditions etc. This will include cash+ inputs or inputs through voucher modalities based on each specific local context.

Where markets continue to function, as assessed by FSNAU/WFP market monitoring, cash-based programming will be the preferred method to support those in need and as a form of market support in ensuring supplies, increased demand and stimulating local markets. Households will receive cash transfers for an initial period of three to six months. The situation will be monitored closely, and an additional three months of cash transfers will be provided if the drought conditions worsen. While the FSC will scale-up cash-based transfers, the use of this modality will be rooted by in-depth market assessments and feasibility analyses with the aim of

minimizing operational costs and improving the effectiveness, efficiency and timely and safe delivery of food, agriculture and livelihood assistance in a dignified manner. The Cash Working Group will coordinate cash and market-based response across sectors. Complementary cash programming (e.g. "Cash+") will enable households to cover food consumption gaps while avoiding the distress sale of livestock to afford food and non-food items.

The FSC, in collaboration with FSNAU and WFP-VAM, will closely monitor the food security situation and response. The FSC partners will conduct routine monitoring through various methods to ascertain the food security situation of households, assess risk factors that contribute to food insecurity, highlight vulnerable geographical areas and groups, and inform the appropriate choice of modalities. The information on vulnerability and the evolving situation will enable well-informed decision-making processes for programme design and targeting purposes, as well as provide evidence for the expansion of future food and livelihoods assistance programs. FSC will rely on the FSNAU Early Warning Early Action Dashboard and VAM data to identify specific populations and areas that are at an increased risk of food and livelihood insecurity in order to provide early warning to decision makers for appropriate timely support and interventions.



## Health

Health Cluster partners will focus on critical lifesaving and disease prevention interventions targeting about 574,929 drought-affected and vulnerable populations to prevent avoidable morbidity and mortality. The cluster response for drought is building on the ongoing response with detection and response to potential outbreaks and provision of health services to affected populations as described in the HRP. With the ongoing drought, an increase of AWD/cholera outbreaks and deterioration of the nutritional status of children younger than 5 years is expected. A scale up for detection and case management services for AWD/cholera and those severely malnourished with complications, is required to save lives. Progress on service availability and quality of the services will be tracked in the drought response matrix by measuring the following basic indicators:

- # Of cholera cases treated and CFR (<1%),
- # Of nutrition stabilization centers and percentage with minimum standards reached (oxygen, blood transfusion).
- # Of severely malnourished with complication treated and CFR (<10%).

Through an integrated approach, the cluster will support equitable access to emergency and essential healthcare services. By integrating services, especially with nutrition and WASH, actions will prevent individuals slipping back into malnourished and fragile health conditions. Health partners will work closely with WASH actors to maintain water availability for health care facilities and waste-management in the affected communities. A joint Health and WASH Cluster Technical Working Group (TWG) has been reactivated to reduce mortality and morbidity related to WASH-related diseases and to identify risk factors for their transmission and preventive measures to reduce occurrence of outbreaks. The Health Cluster working group at sub-national level will lead area-based control, prevention and case management, coordination through local task forces for outbreak control. The cluster partners will continue to provide health services in conjunction with national and local health authorities, by filling gaps in human resources, supplies and equipment.

## Logistics



The Logistics Cluster will continue to provide support to humanitarian partners in addressing the acute logistics challenges that permeate the humanitarian response due to insecurity, access, capacity and infrastructure issues and that will play a pivotal role in the drought response. Considering the overlapping logistics challenges, there is a need for further scale-up of logistics and for support to the response with common services, coordinated logistics and information management. Based on the expectations by OCHA/ICCG of the drought impact in 66 districts (29 being hotspots), it is expected that around 50 per cent of the population response needs (13 districts) can be accessed by road or sea while the remaining (16 hotspots) require airlifts particularly in the southern districts. In response to these access assumptions, the Logistics Cluster will design its response to enable organizations to use the most cost-efficient and time-effective mode of transport. Therefore, considering accessibility and availability of resources, common services will be designed to provide transport by sea, road and air, in respective order of priority, to account for transport efficiencies as well as storage to support the prepositioning of goods in key drought-affected areas. Common services will be designed to leverage existing capabilities such as WFP's air and sea resources and to incentivize collaborative solutions and resource-pooling. For each transport mode or other support, the following strategy shall be used, either on

a free-to-user basis or cost-recovery depending on priorities and funding available:

- Sea Transport: The Logistics Cluster shall facilitate access to WFP's Time Charter vessel operating along the Horn of Africa as well as dhows to connect operational ports such as Kismayo, Mogadishu, Bossaso and Berbera. This will enable large amounts of supplies to be transferred between entry points and reach demand areas. Maximising the use of Bossaso port to serve the southbound corridor to Dhusamareeb and Kismayo port for coastal areas in the south are critical to ensure effective responses.
- Road Transport: From key hubs accessible by road, existing transport resources shall be made available to transport goods from strategic hubs to final destinations. All relevant routes accessible by road have existing available resources through local transporters.
- Air Transport: whenever sea and road transport are not feasible, the Logistics Cluster will facilitate access to fixed-wing aircraft either provided through local air operators or WFP aviation. Air transport destinations are concentrated in the southern districts where access is often dependent on the presence of AMISOM to enable airstrips to be operational. In all circumstances, the Logistics Cluster will

fulfil requests with air transport as a last resort to balance the trade-off between timeliness and costs.

In addition to common services, logistics coordination will be facilitated through coordination meet-ings to ensure that synergies and joint efforts can be identified. The Logistics Cluster will advocate, together with OCHA and other relevant stakeholders, for the facilitation of customs procedures to enable unimpeded arrival of humanitarian supplies and the potential opening of new cross-border routes. Finally, logis-

tics capacity information shall be assessed and shared with the community to support planning and decision-making. Finally, information management services will be provided, particularly for the consolidation of needs and bottlenecks such as physical road access maps to ensure logistics efforts are designed based on the latest available information. The Logistics Cluster response will follow this strategy to provide supplementary and temporary augmentation of organisations' internal logistics capacity.

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## Nutrition



The Nutrition Cluster partners will provide life-saving nutrition interventions by identifying and training partners for assessments, developing scenarios and specific caseloads, including children under 5 and pregnant and lactating women (PLWs) for each beneficiary groups, mapping out the available contingency stocks and the stocks that are already in the pipeline to address the drought.

To ensure a coordinated and integrated response, the cluster will prioritize working within existing health facilities and linking with WASH and health actors to address risk factors of preventable morbidity from communicable diseases notably AWD, measles and pneumonia. Partners will also provide additional vital preventive interventions through blanket supplementary feeding programme (BSFP), maternal and child health and nutrition (MCHN), basic nutrition service packages . The response will target the screening of 177,130 PLWs and 393,622 children under 5 years of age.

The cluster will target 280,764 children and 56,239 PLW with Moderate Acute Malnutrition (MAM) through targeted supplementary feeding programmes (TSFP). Additionally, 65,256 children with uncomplicated Severe Acute Malnutrition (SAM) will be treated in Outpatient Therapeutic Sites (OTPs) while SAM cases with medical complications will be referred to in-patient stabilization centers for specialized care and treatment. The cluster will also target 325,510 individuals for counselling for mothers or care takers of children under 2 years on Infant Young Child Feeding Practices. Additionally, the Cluster will target 1,265,871 children 6-59 months with Vitamin A supplementation and deworming. This will promote participation of affected communities and ensure engagement in service delivery, caretakers of children with acute malnutrition in a continuous dialogue by trained service providers with the aim of increasing the uptake of infant and young child feeding practices to prevent worsening maternal and childhood nutrition.

Within the Nutrition Cluster, preparedness and response activities are interlinked in saving lives of affected communities that are vulnerable to malnutrition, as well as those suffering from acute malnutrition whereby preparedness requires delivery of services beyond the classical preparedness actions. These include food-based interventions to prevent acute malnutrition and treatment of moderately malnourished children to prevent morbidity and mortality from severe acute malnutrition. The nutrition cluster has prepared an anticipatory action plan to mitigate the effects of drought and activities will complement responses to large-scale displacement due to drought.



## Protection

Protection concerns in Somalia are complex, multifaceted and protracted and have lasted multiple generations, thus requiring a robust and holistic protection approach in response to the current drought. The Protection Cluster and Areas of Responsibility (AoRs) teams will work to 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. Through the Protection Monitoring System and other protection-related procedures, including the collection of disaggregated data, the Protection Cluster will promote and mainstream data collection and analysis for at least 240,755 individuals. Based on the responses and outcomes, the cluster will revise its response strategy and promote awareness among humanitarian partners about current/updated protection concerns in the context of the drought.

The Protection cluster will focus on the provision of Psychological First Aid (PFA) and mental health and psychosocial support (MHPSS) services by protection monitoring case-workers to respond to 480 individuals in mental distress due to recent displacement. Furthermore, the referral to basic and specialized services for 480 individuals and cash grants for extremely vulnerable individuals (EVIs) will be prioritized. Furthermore, the Housing, Land and Property (HLP) AoR will recruit emergency response staff and partners for HLP response and to conduct HLP mainstreaming trainings for partners and implementers to strengthen dispute resolution structures that arise in IDP sites.

Child Protection partners will build on existing community structures by mobilizing community members among drought-affected populations for at least 100,000 individuals. Child Protection partners will provide support

to the community-based structures and involve them in project interventions including identification of protection issues, prevention activities including effective community messaging on violence, exploitation and abuse of children in times of emergencies, and the response and follow-up work for affected children. The community-based structure also involves awareness raising on drought induced harmful coping practices such as child marriages, hazardous child work as well as identifying and referring children and families for the services they need.

To mitigate risks of Gender-Based Violence (GBV), enhance safety and protection mainstreaming, rapid GBV assessments at sites hosting new arrivals those displaced by drought will be undertaken by the GBV AoR cluster members to determine impact and immediate needs for at least 100,000 individuals. Clinical management of rape, psycho-social support (PSS) and socio-economic reintegration will be provided to GBV survivors through a survivor-centred approach ensuring confidentiality, safety, respect and non-discrimination. The GBV AoR will also work with other clusters to identify vulnerable women and girls and distribute dignity kits and re-usable sanitary pads and other material items for dignity protection.

The Protection Cluster and AoRs will assist other sectors in mainstreaming protection into their activities, as well as ensuring that interventions are delivered in a safe and accountable manner, ensuring meaningful and equal access to services, and empowering communities. The response will be delivered in accordance with the priorities of the Centrality of Protection Strategy for Somalia, including addressing risks of exclusion and discrimination based on societal discriminatory practices, power structures, vulnerability, age, and gender.

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## Shelter



Shelter Cluster partners will provide support to displaced populations and host communities in drought-affected areas by distributing non-food items and emergency shelter kits. This plan will focus on life-saving activities to ensure that displaced households have access to basic shelter and household items required for survival. This will include standardized shelter kits designed by cluster members. The cluster will target 135,000 drought displaced people with non-food (NFI) items and emergency shelter kits. The national cluster will support technical issues (tools/technical standards etc.),

advocate for funds and access, mobilize additional partners, if required, coordinate with other clusters as needed and provide any other support required. With the support of the national shelter cluster, the shelter cluster at sub-national level will take part in multi cluster assessment/coordinate cluster specific assessment, decide on use of locally available contingency stock, coordinate the response at local level, report on gaps, advocate on behalf of the partners at local level and ask for support from the national cluster.





## Water, Sanitation and Hygiene (WASH)

WASH Cluster partners will scale up emergency services focusing on water trucking, the rehabilitation non-functional boreholes and extension of existing water systems and the construction of new water points for communities affected by drought. The cluster will focus on the affected areas that lack adequate coverage in terms of WASH services in order to ensure optimal usage of water sources, sustainability and mitigation of water and sanitation-borne diseases such as acute watery diarrhea (AWD) and cholera. As first line response (in the first phase), emergency WASH services will be provided to 2.6 million people living in the drought-affected locations and to drought displaced populations. These include emergency water trucking or water provision via vouchers (targeting 2.6 million people), water sources rehabilitation and construction (targeting 920,000 people), as well as hygiene kits distribution and hygiene promotion (targeting 2.6 million people).

To complement the overall first line response activities, the cluster will prioritize the rehabilitation of non-functional strategic boreholes and construction of new water infrastructure and preservation of aquifers to mitigate long term depletion of water resources, building capacities of communities through the establishment of gender-balanced WASH committees to manage communal WASH systems, and construction/rehabilitation of sanitation facilities and focus on resilience building of the communities. Besides, water systems will be constructed in locations close to users in order to reduce risks that expose women to violence as well as the time they would spend travelling in order to collect water. Access to sufficient amounts and quality of water is a crucial component of drought response as it will not only save lives but also contribute to the sustainability of nutrition,

health, and food security outcomes. The WASH Cluster will collaborate with the Health, Education, Nutrition and Food Security clusters in WASH interventions. WASH support to education facilities to retain learners where schools continue to function will be a key coordinated response with Education Cluster partners. Improvement of WASH conditions in health and nutrition centers, through the construction/rehabilitation of infrastructures, hygiene promotion and reinforcement of operation and maintenance systems will also be at the centre of the coordination with health and nutrition partners. In this case and as part of a coordinated response with the Health Cluster, responses will be prioritized in locations that are experiencing AWD/cholera outbreaks as a direct consequence of drought. After replenishment of regional supply hubs, WASH partners will distribute hygiene kits in the regions with AWD/cholera outbreaks.

As part of preparedness activities, the WASH Cluster is working with partners to ensure prepositioning of hygiene kits to target 240,000 people and conduct partner capacity mapping in WASH target areas.

# 5.3 HRP 2022 Sectoral Objectives and Planning Figures

## CCCM Cluster

| STRATEGIC /SPECIFIC OBJECTIVES           | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH   | INDICATOR   | NEED            | TARGET          |
|--|--|--|---|-----------------|-----------------|
| <b>S02: SP2</b><br><b>S03: SP2</b>       | Strengthen safe access to multi sectorial services at site level through improved site management and coordination   | <ol style="list-style-type: none"> <li>1. Establish roving mobile CCCM support teams or CCCM teams operating within an area-based approach with site-level coordination support generating assistance and protection to IDP sites.</li> <li>2. Administer regular service mapping, site monitoring and site-level coordination tasks aimed at identifying gaps in responses within IDP sites and improving service delivery.</li> <li>3. Implement bi-annual site verifications in districts with a large number of IDP sites and annual detailed sites assessments (DSA) to provide updated IDP population and site risk data.</li> </ol> | # of sites with established CCCM mechanisms   | 2,200 IDP sites | 1,600 IDP sites |
| <b>S02: SP2</b><br><b>S03: SP1&amp;2</b> | Improve living conditions of displaced people through site-risk identification followed by site development, care and maintenance and decongestion initiatives | <ol style="list-style-type: none"> <li>1. Implement annual safety audit exercises aimed at improving site conditions and mitigating GBV risks associated with the built environment.</li> <li>2. Support community-led site maintenance activities to ensure upkeep of sites (cash for work, site maintenance committees, distribution of tools).</li> <li>3. Administer site decongestion initiatives that aim to reconfigure IDP sites to promote dignified living conditions and mitigated protection concerns for IDP residents</li> </ol>   | # of IDPs with an emphasis on women, refugee returnees, people with disabilities (PwDs) and individuals from minority clan affiliated groups benefiting from site-risk identification and site improvement activities | 1,274,552       | 1,000,000       |
| <b>S02: SP2</b><br><b>S03: SP1,2</b>     | Strengthen community self-management and access to information for displaced populations   | <ol style="list-style-type: none"> <li>1. Establish and maintain inter-sector CFMs at the IDP site-level.</li> <li>2. Identify and support governance structures, encouraging participation of all different segments of the displaced population including women, youth, refugee returnees PwDs and people from minority clans</li> </ol>   | # of IDPs with equitable access to information on availability of services and inclusive CMC structures   | 2,241,328       | 1,758,522       |
| <b>S02: SP2</b><br><b>S03: SP3</b>       | Support opportunities for displaced people to achieve durable solutions  | <ol style="list-style-type: none"> <li>1. Support and facilitate the securement of formal tenure agreements for IDP communities.</li> <li>2. Provide technical assistance and site-level support to IDP communities voluntary relocation to settlements with formal land tenure agreements</li> </ol>  | # of displaced people relocated to safe location or integrated into current settlement neighborhoods with secure land tenure provided   |                 | 515,000         |

## Education Cluster

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER OBJECTIVE  | SECTORAL RESPONSE APPROACH  | INDICATOR   | NEED | TARGET  |
|--------------------------------|--|---|---|------|---------|
| <b>S02, S03: SP1, SP2</b>      | Cluster Objective 1: Ensure emergency and crises affected children and youth have access to safe and protective learning environment | Increasing access to quality education to most crisis affected children | # of children and youth (M/F) reached with Education in Emergency assistance  | 3.1M | 833,477 |
|                                |  |   | # 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  | 7,000   |
|                                |  |   | The # of learning facilities damaged and / or attacked.   | N/A  | <100    |
|                                |  |   | # of school children (Boys/Girls) benefiting cash in education in emergencies assistance.   | 3.1  | 127,000 |
|                                |  |   | # of school children and youth (M/F) reached with protection activities as per the Integrated Education-Child Protection Response Framework   | 3.1M | 833,477 |

|                               |  |   |  |         |         |
|-------------------------------|--|---|--|---------|---------|
| <b>S02, S03:<br/>SP1, SP2</b> | Cluster Objective 2:<br>Ensure vulnerable children and youth are engaged in lifesaving learning that promotes personal well-being and social cohesion          | Retention of children and provision of lifesaving services in the schools | # of school children and youth (M/F) benefitting from emergency teaching and learning materials                              | 3.1M    | 833,477 |
|                               |  |   | # of teachers (M/F) supported with emergency incentives  | N/A     | 16,670  |
|                               |  |   | # of school children (M/F) with access to safe drinking water and hygiene awareness sessions                                 | 3.1M    | 833,477 |
|                               |  |   | # of school children (M/F) with access to emergency school feeding   | 3.1M    | 833,477 |
|                               |  |   | # of school children (M/F) living with disabilities benefitting inclusive education.   | 463,042 | 125,022 |
| <b>S02, S03:<br/>SP1, SP2</b> | Cluster Objective 3: Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system | Strengthening the capacity of partners to deliver quality education       | # of teachers (M/F) trained in inclusive, protective, and socio-emotional teaching and learning and psychosocial support     | N/A     | 16,670  |
|                               |  |   | # of Community Education Committee members (M/F) trained in school management, child protection and school safety            | N/A     | 14,000  |
|                               |  |   | # of Education Cluster partners and MoE staff (M/F) trained in emergency preparedness and response planning and coordination | N/A     | 200     |

### Enabling Programmes Cluster

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR   | NEED | TARGET |
|--------------------------------|---|--|---|------|--------|
| <b>S02: SP2<br/>S03: SP2</b>   | Contribute to effective, principled, and well-coordinated humanitarian aid through effective coordination structures.   | <ol style="list-style-type: none"> <li>Support effective strategic (HC, HCT) and operational level coordination structures to further enhance strong participation of NGOs in existing coordination fora.</li> <li>Improve humanitarian coordination while reinforcing the collaboration and relationship with the government and strengthening the links between the ICCG, SICCGs and local coordination mechanisms.</li> <li>Enhancing coordinated humanitarian aid assistance to populations in need.</li> <li>Ensure that the implementation of the Centrality of Protection (CoP) Strategy is at the core of humanitarian action and bringing forward the Grand Bargain commitments in Somalia.</li> <li>Make pooled funding decisions in consultation with the Advisory Board, ICCG and HCT to support strategic response to high priority humanitarian needs and in alignment with hard-to-reach areas.</li> <li>Support localization in humanitarian response through progressive increments in fund allocations to local NGOs.</li> </ol>   | <p># of inter-cluster meetings held in 2022.</p> <p># Humanitarian Country Team (HCT) meetings held in 2022.</p>  | 7.7M | 5.5M   |
| <b>S02: SP2<br/>S03: SP1,2</b> | 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 | <ol style="list-style-type: none"> <li>Regular monitoring of and reporting on risk factors related to food security and nutrition through the Early Warning-Early Action Dashboard (January-December 2022).</li> <li>Regular monitoring and reporting of rainfall performance, river levels and vegetation conditions during the April to June 2022 Gu season and the October to December 2022 Deyr season.</li> <li>Assessing and reporting on the 2022 Post Gu food security and nutrition situation across Somalia (June-August 2022) And the 2021 Post Deyr food security and nutrition situation across Somalia (November 2022-January 2023).</li> <li>Development and dissemination of products and platforms for climate related information/services to communities engaged in agriculture based livelihoods (January –December 2022).</li> <li>Continuous monitoring of monitoring river breakages and flooded areas during the 2022 Gu and Deyr rains using very-high resolution satellite imagery and field verification (March to November 2022).</li> <li>Strengthening capacity of the Information Management Centers in Somaliland and Puntland; and the Somali National Bureau of Statistics (SNBS) in management of water and land resource information (January to December 2022).</li> <li>Supporting humanitarian partners on the broadcasting and information dissemination including weekly Radio Ergo Listeners' feedback to the partners to better shape their responses across the country.</li> <li>Regular collection of data on populations affected by displacement through implementation of the DTM's Baseline Assessment.</li> </ol> | <p>#of humanitarian dashboards produced in 2022.</p> <p>#of humanitarian snapshots produced in 2022.</p> <p># of humanitarian related information products produced and disseminated in 2022.</p> |      |        |

**S02: SP2**  
**S03: SP1, 2**

Enhance safety and security of humanitarian personnel and assets, to enable operations and ensure continuity of humanitarian programme delivery

1. Information sharing and analysis: INSO provides a number of services to inform on and analyze the changing context and the threats involved through reports, briefings, access maps, etc.
2. Provide trainings such as the Hostile Environment Individual Safety Training (HEIST) and tools to the aid workers deployed in Somalia to deal with specific security related situations.
3. Support the NGOs and the larger humanitarian partners in Somalia on crisis management in case of critical incident (e.g. abduction, medical evaluation).
4. Improve safe, timely and unimpeded access to people in need in hard-to-reach or underserved areas through access and civil-military coordination (CMCoord) approaches.
5. Support legislation and facilitating an enabling environment for NGOs working in Somalia and Somaliland.

% of areas of operation reached with safe access.

# of incident reports produced, regular reports, advisories.

**Health Cluster**

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH  | INDICATOR  | NEED      | TARGET    |
|--------------------------------|---|---|--|-----------|-----------|
| <b>S01: SP2</b>                | Health CO1: Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 4.7 million IDPs and non-displaced.  | <ol style="list-style-type: none"> <li>1 Support to early detection, investigation, and response to disease (e.g. outbreak) through Rapid response teams (RRTs), HCW training, monitoring (EWAR) and supplies</li> <li>2 Targeted [supplemental] vaccination campaigns</li> <li>3 Health awareness, social mobilization, education and advocacy activities in disease control, health, and nutrition</li> <li>4 HCW Training: trauma, MCM, case management, IMS</li> <li>5 Infection Prevention and Control (IPC)</li> <li>• Provider and patient safety (e.g. PPE, triage, handwashing)</li> <li>• Environmental health</li> <li>6. Health Protection and Surge</li> <li>• EOCs</li> <li>• Medical logistics and contingency supplies</li> </ol>   | <p>Incidence (#) for AWD/Cholera and Measles</p> <p>Case Fatality Ratio (CFR) for AWD/Cholera &lt;1%</p> <p>Proportion (%) of children under 1 year received measles vaccine</p> <p># of people reached by RCCE (disease prevention, H/Nut, BCC, PSS) (disaggregate by non-COVID / COVID-19)</p> | 6,489,500 | 4,694,447 |
| <b>S01: SP3</b>                | Health CO2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 4.7 million IDPs and non-displaced; including 705,000 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</li> <li>• Patient feedback, community outreach</li> <li>• Patient privacy facility elements and HCW awareness</li> <li>6. Health awareness, community mobilization, education, and advocacy activities on MHPSS, disabilities</li> <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> | <p>Proportion (%) of functional health facilities providing MHPSS</p> <p>Proportion (%) of functional health facilities with disaggregated reporting for people with a disability</p>  | 6,489,500 | 4,694,447 |
|                                | Health CO4: Improved case management and referral services for 235,000 Survivors of sexual or gender-based violence   |   | Percentage (%) of functional health facilities with clinical management of rape survivor services  | 324,475   | 235,000   |



|                 |  |  |   |  |  |
|-----------------|--|--|---|--|--|
| <b>S02: SP1</b> | Health CO3: Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.2 million IDPs and 3.5 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> <li>6. Mass Casualty Management and emergency medical services</li> </ol> | <p>Number (#) of outpatient consultations per person per year (Target: <math>\geq 1</math> new visit / [targeted] person / year)</p> <p>Number (#) of functional basic health care facilities per population (Target: 1 unit/10,000 population)</p> | 1,187,000<br>IDP and<br>5,302,860<br>non-IDP | 1,187,000<br>IDP and<br>3,507,447<br>non-IDP |
|-----------------|--|--|---|--|--|

**S03: SP1**

% of HRP projects that completed a protection risk, gender age marker and disability inclusion analysis at the onset of the project cycle

# of feedback/complaints that were received and responded to disaggregated by age, sex, ability

% of cluster partners that are reporting 3W data disaggregated by disability

# of cluster partners that have received training for/ to establish PSEA and child safeguarding focal points

**Food Security Cluster**

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH  | INDICATOR  | NEED | TARGET |
|--------------------------------|---|---|--|------|--------|
| <b>S01</b>                     | To improve access to food for people facing severe acute food insecurity  | <ol style="list-style-type: none"> <li>1. Unconditional assistance (e.g., cash/food assistance), and</li> <li>2. Conditional Assistance (e.g. cash/food-for-work) will meet the immediate food needs of affected populations while supporting the restoration of community productive assets</li> </ol>   | % of population in IPC 3 and 4 by population group (rural, urban, IDPs) compared to baseline | 3.5M | 3.1M   |
| <b>S02</b>                     | To protect livelihoods and related food and income sources for farmers, pastoralists, agro pastoralists and rural IDP | <ol style="list-style-type: none"> <li>1. Seasonally appropriate agricultural inputs (e.g., quality seed, farm tools, training, land preparation and irrigation support).</li> <li>2. Emergency livestock assistance (e.g., supportive treatment, vaccination, feed, and fodder production).</li> <li>3. Coastal-based livelihood assistance (e.g., basic fishing gear and related equipment).</li> <li>4. Livelihood diversification (e.g., backyard poultry and kitchen gardens).</li> <li>5. Prevention and response to food chain threats (e.g., fall armyworm, Desert Locust, and transboundary animal disease)</li> </ol> | % of population in IPC 3 and 4 by population group (rural, urban, IDPs) compared to baseline | 3.5M | 1M     |

## Logistics Cluster

| STRATEGIC /SPECIFIC OBJECTIVES  | CLUSTER OBJECTIVE  | INDICATOR  | TARGET  |
|---|--|--|---|
| <b>S01/2/3</b><br><br>Provide specialized logistics support to the humanitarian community to enable response through the facilitation of access to logistics services, coordination, and information management. The Logistics objectives are linked to all intersectoral specific objectives as it supports humanitarian actors to meet their corresponding specific | Support logistics operations by creating opportunities for joint and synchronized logistics activities through the facilitation of coordinated efforts and strengthening of local logistics capacity.              | Number of organizations utilizing logistics services and participating in coordination activities<br>Percentage of Logistics Cluster partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%) | 35 humanitarian organizations<br>80% satisfactory rating from partners* |
|   | Prepare and disseminate relevant and timely information management products to enable informed logistics decision-making.  | Number of information products shared with partners<br># of Logistics Needs Assessment and Mapping including preparedness assessments  | 60 IM products<br>3   |
|   | Design and implement critical common logistics services to address identified gaps and bottlenecks in the local supply chain and temporarily augment logistics capacity through supplementary logistics support.   | % of completed service requests made by partners<br># of locations reached by common service activities  | 95%<br>10   |
|   | 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 | Percentage of passengers transported on regular scheduled and ad-hoc flights versus booked   | 90%   |
|   |  | Percentage of security and medical evacuations facilitated versus booked   | 100%  |

## Nutrition Cluster

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR   | NEED      | TARGET    |
|--------------------------------|---|--|---|-----------|-----------|
| <b>S01: SP1</b>                | Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases   | 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 | Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment                         | 295,515   | 295,515   |
|                                |   |  | Number of girls and boys aged 6-59 months with moderate acute malnutrition (MAM) who are admitted for treatment                       | 986,439   | 739,829   |
|                                |   |  | Number of pregnant and lactating women (PLW) with acute malnutrition who are admitted for treatment                                   | 245,909   | 184,432   |
| <b>S02: SP2</b>                | Strengthen lifesaving 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. | 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 | Number of girls and boys aged 06-23 months receiving specialized nutritious foods.  | 629,567   | 399,487   |
|                                |   |  | Number of pregnant and lactating women (PLW) receiving specialized nutritious foods.  | 283,305   | 179,769   |
|                                |   |  | Number of girls and boys aged 6-59 months who received vitamin A supplement in semester 1.  | 3,147,836 | 2,833,052 |
|                                |   |  | Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition (MIYCN) counselling | 1,416,526 | 1,416,526 |

## Protection Cluster – General Protection

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER/AOR OBJECTIVES   | INDICATOR   | NEED         | TARGET                   |
|--------------------------------|--|---|--------------|--------------------------|
| <b>S01: SP3</b>                | Address the acute protection needs of individuals, including people with disabilities and older people, facing life-threatening risks of abuse, violence, exploitation, injury, severe distress, by the end of 2022. | # of individuals, including people with disabilities and older people, with access to specialized MHPSS services.   | 8,552        | 6,300 individuals        |
|                                | Address the acute protection needs of individuals that have been affected by explosive ordinances and indiscriminate attacks by armed actors   | # of victims of indiscriminate attack by armed actors responded to with specialized protection assistance, including (mine action) victim assistance services | <b>6,500</b> | <b>5,000 individuals</b> |

|                 |  |   |              |  |
|-----------------|--|---|--------------|--|
| <b>S02: SP1</b> | Non-IDP communities, including people with disabilities and older people, receive quality and timely response services and benefit from risk reduction and prevention measures.  | # of individuals, including people with disabilities and older people, with access to community-based prevention and response MHPSS and mine action services. | 305,000      | 31,500 individuals                                     |
| <b>S02: SP2</b> | IDP communities, including people with disabilities and older people, receive quality and timely response services and benefit from risk reduction and prevention measures.  | # of IDP settlements that conducted safety audits, child safety walks and child led participatory mapping exercises, by partners of relevant clusters         | 2,000 sites  | 31,500 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 surveyed through the DSA that do not report clan affiliation as a factor impeding access to basic services                               | 100%         | 700 sites  |
|                 | To ensure essential services provided in IDP settlements is conducted in an equitable manner   | # of feedback/complaints that were received and responded to disaggregated by age, sex, ability   | 300,000      | 90%  |
| <b>S03: SP1</b> | To ensure accountability to affected populations through provision of accessible complaint and feedback mechanisms   | # of feedback/complaints that were received and responded to disaggregated by age, sex, ability   | 300,000      | 30,000 individual complaints received and responded to |
| <b>S03: SP2</b> | 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   | 74 districts | 74 districts   |
|                 |  | # of displacements monitored through protection and return monitoring   | 1.45 M       | 1.2M   |
|                 | Provision of protection training and awareness of rights initiatives to formal and community-based protection mechanisms to improve the protection environment for communities, in particular minority communities, against violence, coercion and abuse | # of duty bearers and community members provided with protection training and awareness of rights initiatives   | 300,000      | 30,000 individuals                                     |

### Protection Cluster – Child Protection AoR

| STRATEGIC /SPECIFIC OBJECTIVES | CLUSTER/AOR OBJECTIVES  | INDICATOR  | NEED       | TARGET    |
|--------------------------------|---|--|------------|-----------|
| <b>S01: SP3</b>                | 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   | 698,500    | 500,000   |
|                                |   | # of caregivers who receive psychosocial support, parenting messages, positive parenting and other kind support leading to improved relationships with the children under their care   | 95,000     | 75,000    |
|                                |   | # of identified girls and boys, including adolescents, children with disabilities at risk who receive individual case management services that meets their unique needs  | 71,000     | 50,000    |
|                                |   | # of girls and boys released from (or at risk of recruitment by) armed forces and groups and reintegrated with their families/communities and provided with adequate care and services   | 12,800     | 3,500     |
|                                |   | # of identified separated girls and boys who are reunified with their primary caregivers or in appropriate alternative care  | 35,800     | 20,000    |
|                                |   | # of children reached with Monitoring and Reporting Mechanism (MRM)  | 1,394,992  | 1,201,133 |
|                                |   | # 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 | 10,243     | 6,000     |
|                                |   | # of members of CMCPMs who are trained and actively identifying and referring cases of children at risk in their camps and communities   | 38,412     | 25,000    |
|                                |   | # 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   | 1,394,992  | 950,684   |
|                                | 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  | 1280   | 1280       |           |
| <b>S01: SP2</b>                | 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 |
|                                |   | # 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 |
|                                | To ensure IDP settlements are assessed for safety standards through safety audits, child safety walks and child led participatory mapping exercises   |  |            |           |

**Protection Cluster – Gender-Based Violence AoR**

| STRATEGIC /SPECIFIC OBJECTIVES     | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH                | INDICATOR  | NEED      | TARGET    |
|------------------------------------|---|---|--|-----------|-----------|
| <b>S01: SP3</b><br><b>S02: SP1</b> | Vulnerable women and girls (including those living with disabilities and from minority clans) from, IDP camps and host communities have access to safe, confidential, timely and quality coordinated GBV/FGM services through integrated community referrals. | Community mobilization/ Service provision | # of women, girls, men, and boys who have accessed and benefited from age appropriate and quality services of clinical management of rape in GBV one stop centers that meet the minimum standards  | 50,899    | 38,270    |
|                                    |   | Capacity enhancement/ service provision   | # of women, girls, men, and boys who have accessed and benefited from age appropriate psychosocial support for FGM/GBV in existing GBV one stop centres and women and girls' safe spaces that meet the minimum standards   | 92,308    | 68,887    |
| <b>S02: SP2</b>                    | By 2022, humanitarian actors and vulnerable women and girls (including PLWDS and minority clans) access gender, age and culturally sensitive sex-disaggregated data and information on GBV coordination, mitigation, prevention, and response                 | Women empowerment/ service provision      | # Of women and girls who have accessed and benefited from recreational and livelihood skills including GBV/RH education sessions in Women and Girls safe spaces  | 73,543    | 55,296    |
|                                    |   | Service provision/ community mobilization | # of vulnerable women and girls who access age appropriate and gender responsive legal aid support/ Education and information.   | 59,718    | 44,566    |
|                                    |   |   | # of vulnerable women and adolescent girls (including those living with disabilities and from minority clans) who receive dignity kits, menstrual hygiene kits and solar lanterns.   | 175,510   | 130,978   |
|                                    |   | Community mobilization/ Service Provision | # Of vulnerable women and girls who receive cash/voucher assistance support as mitigation for GBV/FGM  | 123,301   | 92,708    |
|                                    |   | Gender Empowerment/ Financial Empowerment | # of national actors (government officials, security personnel, NGOs ) and cluster field coordinators with knowledge on implementing GBV mitigation, coordination , response strategies and PSEA for vulnerable women and girls (including PLWDS and minority clans) | 68,548    | 51,540    |
|                                    |   | Capacity strengthening                    | # of women, girls, boys, and men (including those with disabilities and from minority clans) reached with key GBV/ FGM information on service availability, prevention, and mitigation of GBV/FGM  | 1,456,173 | 1,048,574 |
|                                    |   | Community mobilization                    |  |           |           |

**Protection Cluster – Housing Land and Property AoR**

| STRATEGIC/ SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH  | INDICATOR   | TARGET  |
|-------------------------------|---|---|---|---------|
| <b>S02:SP3</b>                | Displaced populations, including women and persons with disabilities, have increased knowledge of and ability to exercise and enjoy housing, land, and property (HLP) rights. | 1.Conduct HLP specific and dispute resolutions trainings, complement by material and technical support for a more sustainable approach.   | HLP: # of individuals reached through HLP prevention and response services  | 700,000 |
|                               |   | 2.HLP specific information; design, develop, contextualise and disseminate HLP information, educational and communication materials for all groups including persons with disability and those with a low literacy level. |   |         |
|                               |   | 3.HLP analyses, research, and policy influence/advocacy   |   |         |
|                               |   | Provide legal aid and capacity building to local authorities and justice law and order sector actors et al.   | # of individuals receiving legal assistance services for HLP specific cases | 100,000 |
| <b>S03:SP2</b>                | Protection risks, human rights violations, gaps in available service and evictions, are identified and addressed through protection and eviction monitoring and analysis.     | Information and awareness campaigns on HLP in order to increase HLP awareness amongst stakeholders.   | # of individuals reached by eviction monitoring                             | 200,000 |
|                               |   | Eviction Monitoring   | # of eviction prevented   | 50,000  |



## Protection Cluster – Explosive Hazards AoR

| STRATEGIC/<br>SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR  | TARGET   |
|----------------------------------|---|--|--|--|
| <b>S01:SP3</b>                   | Address the acute protection needs of individuals that have been affected by explosive ordinances and indiscriminate attacks by armed actors                                      | Collect victim data, provide emergency EORE and referral pathway support to victims, following the occurrence of EO accident.  | # of victims of indiscriminate attack by armed actors responded to with specialized protection assistance, including victim assistance (mine action) services  | 5,000  |
| <b>S01:SP1</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. | Provide explosive ordinance risk education to communities living near locations with explosive hazard contamination  | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services | 63,500   |
| <b>S01:SP2</b>                   | IDP communities, including persons with disabilities and older persons, receive quality and timely response services and benefit from risk reduction and prevention measures.     | Provide EH-related technical advisory, advocacy, information management and operational support to SEMA at the HQ and FMS levels.  | # of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS and mine action services | 63,500   |
| <b>S01:SP3</b>                   | IDP and non-IDP communities are protected through the clearance of explosive remnants of war (ERW) and landmines  | <ol style="list-style-type: none"> <li>1. Carry Out Non-technical surveys to determine the presence of explosive hazards and the extent of contamination.</li> <li>2. Carry out Technical Survey to confirm the type of explosive hazard contamination</li> <li>3. Provide explosive hazard mapping, info, and relevant support to humanitarian partners.</li> </ol> <p>Carry out explosive hazard clearance: spot tasks in response to community callouts, battle area clearance and demining in confirmed hazardous areas.</p> | <p># of square meters of land cleared and used for productive purpose</p> <p># of explosive remnants of war and landmines found and destroyed</p>              | <p>2,500,000 square meters</p> <p>2,000 explosive remnants of war and land mines</p> |

## Shelter Cluster

| STRATEGIC/<br>SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH   | INDICATOR   | NEED      | TARGET  |
|----------------------------------|---|--|---|-----------|---------|
| <b>S02: SP1,2</b>                | CO#1: Ensure that people affected by conflict and natural disasters have protection from the weather and privacy through provision of shelter and NFIs.   | Provision of NFI kits through in kind/cash/voucher.                                      | Number of crisis-affected people reached with non-food items assistance.  | 3,738,014 | 803,442 |
|                                  |   | Ensure long term security of tenure for shelter interventions where feasible.            |   | 2,755,524 | 430,800 |
|                                  |   | Provision of emergency shelter through in kind/cash/voucher.                             | Number of crisis-affected people provided with timely lifesaving and life-sustaining emergency shelter support. |           |         |
|                                  |   | Provision of infrastructure support through in kind/cash/voucher.                        | Number of crisis-affected people provided with infrastructure support.  | 2,755,524 | 83,212  |
|                                  |   | Decongestion of IDP sites  | Number of crisis-affected people that have been supported through site decongestion.                            | 2,755,524 | 86,412  |
|                                  | Ensure long term security of tenure for shelter interventions where feasible.   | % of intervention done through CBI, especially through MPCA and e-cash                   |   |           | 25%     |
|                                  | CO#2: Vulnerable displacement and disasters affected populations have access to transitional or durable shelter, enabling safer and more dignified living standards and preventing recovering communities from slipping back into humanitarian need | Provision of transitional shelter through in kind/cash/voucher and technical assistance. | Number of crisis-affected people provided with transitional shelter solution.                                   | 982,490   | 27,900  |
|                                  |   | Ensure long term security of tenure for shelter interventions where feasible.            |   |           |         |
|                                  |   | Provision of durable shelter through in kind/cash/voucher and technical assistance.      | Number of crisis-affected people provided with durable shelter solution.  |           | 10,020  |
|                                  |   | Ensure long term security of tenure for shelter interventions where feasible.            | % of intervention done through CBI, especially through MPCA and e-cash  |           | 25%     |

**WASH Cluster**

| STRATEGIC/<br>SPECIFIC OBJECTIVE   | CLUSTER<br>OBJECTIVE  | SECTORAL RESPONSE APPROACH   | INDICATOR  | NEED  | TARGET            |
|------------------------------------|---|--|--|-------|-------------------|
| <b>S01: SP2</b>                    | 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 | WASH cluster will target displaced population and vulnerable communities affected by different shocks with emergency WASH services to prevent morbidity and mortality of diseases. In coordination with CCM cluster IDP settlements with limited/no access to WASH services will be monitored and prioritized for response. In cholera/AWD hotspot locations WASH cluster will pre-stock essential hygiene supplies in strategic warehouses and stocks levels closely monitored as part of the contingency plan. | Number of women, girls, boys, and men reached with emergency water services in vulnerable settlements and communities.   | 4.2 M | 2.8 M             |
|                                    |   |  | Number of women, girls, boys, and men reached with appropriately designed and managed emergency sanitation services in vulnerable settlements and communities.   | 3.2M  | 1.9M              |
|                                    |   |  | Number of women, girls, boys and men with critical hygiene items and key hygiene messages in vulnerable settlements and communities with specific focus on disease transmission and prevention.  | 5.2M  | 3.1M              |
| <b>S02: SP1</b><br><b>S02: SP2</b> | Provide and restore sustainable access to safe and equitable WASH services in targeted locations (including non-IDP men, women, boys, and girls)                          | WASH cluster will advocate for provision of sustainable WASH services in areas with historical WASH vulnerabilities and drought hotspot districts and will explore use of PPP approach in the management of strategic water sources while working with development partners. In coordination with Education, Health and Nutrition clusters, WASH partners will prioritize institutions with WASH gaps to ensure access to water and sanitation services for institutions users.                                  | Number of women, girls, boys, and men (Non-displaced) reached with sustainable access to safe water services in targeted settlements and communities including schools and healthcare facilities<br><br>Number of women, girls, boys, and men (displaced) reached with sustainable access to safe water services in targeted settlements and communities | 2.7 M | 1.13M<br><br>375K |
| <b>S03: SP1</b>                    | The most vulnerable, including partners with disabilities, older people and minorities have access to safe, accessible, and non-discriminatory WASH services.             | WASH cluster will ensure all WASH response mainstream accountability to affected population (AAP) and use community-centered approach and that target population disaggregated by age, gender and diversity have access to information channels which allows them to submit complaint and receive feedback with regard to how services are provided. WASH cluster will undertake periodic survey to monitor people perception on WASH services quality and targeting.  | % of Complaint/feedback related to WASH that we received and responded to  | N/A   | 55%               |

**Refugee Response Plan**

| STRATEGIC/<br>SPECIFIC OBJECTIVE   | CLUSTER OBJECTIVE   | SECTORAL RESPONSE APPROACH  | INDICATOR   | NEED   | TARGET |
|------------------------------------|---|---|---|--------|--------|
| <b>S01: SP3</b><br><b>S02: SP2</b> | Persons of concern benefit from a wider range of durable solutions  | Support returning refugees with information on Country of Origin (Somalia), including available services in return areas and reintegration programs, resettlement and complementary pathways is pursued for those in need | Return and reintegration assistance is provided to refugee returnees, refugees benefit from resettlement and complementary pathways opportunities   | 40,140 | 40,140 |
| <b>S02: SP1&amp;3</b>              | Persons of concern have improved living conditions by meeting basic needs and essential services  | Support improved access to basic needs and essential services   | Health status of all persons of concern is improved and they have access to essential services and their basic needs are met  | 30,800 | 30,800 |
| <b>S02:SP3</b>                     | Persons of concern have increased sustainable livelihood opportunities and socio-economic inclusion                                     | Support increased access to Self-reliance and livelihoods opportunities   | Persons of concern have access to skills development, entrepreneurship, business skills development and start-up grants to refugees and asylum seekers  | 30,800 | 30,800 |
| <b>S03:SP1&amp;2</b>               | Persons of concern enjoy their rights and have access to strengthened national frameworks in line with relevant international standards | Support the development of refugee protection legislation, policy, and procedures that are in line with international standards and capacity building of relevant government authorities                                  | Persons of concern have improved access to asylum, registration, and documentation, including RSD. Persons of concern have improved access to quality legal remedies in relation to their fundamental rights. Somalia progresses with the implementation of the pledges made during the High-Level Segment on Statelessness | 30,925 | 30,925 |

## 5.4

# 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 instantly at [bit.ly/GiveToSomalia](https://bit.ly/GiveToSomalia).

[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, charities, and individuals. To ensure the CERF is able to sustain its support to humanitarian operations in 2022, donors are encouraged to make their contributions as early as possible.

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

## 5.5

# End Notes

- 1 While the same PiN calculation methodology has been used as 2021, the Somalia response has endorsed an updated and more accurate baseline population estimate of 15.7 million people. This is a 3.4 million increase from the 12.3 million estimate used in recent years. The 2022 PiN figure represents the real scale of needs in Somalia more accurately than in the previous years. It is important to note that the increase in PiN is also driven by a spike in health, WASH, and shelter needs; that is, Somalia would have likely had a higher PiN figure without a change in the baseline population estimate.
- 2 Ibid.
- 3 FNSAU-FEWSNET, Somalia Food Security Outlook October 2021 – May 2022
- 4 These include: Policy on Internally Displaced Persons and Refugee Returnees, National Evictions Guidelines, Social Protection Policy and an Interim Protocol on Housing Land and Property.
- 5 See Voices Unheard – Participation of Internally Displaced People in Peace and State Building Processes in Somalia for an explanation of the some of the impacts the 4.5 system and exclusion. Link: UNSOM\_voices\_unheard\_2019.pdf (ohchr.org)
- 6 The Minority Inclusion Learning Review conduct by Migrant Rights Group International has several significant findings on minority clan exclusion that have been listed in brief in this section. Access the full report here: Minority inclusion learning review of the Ministry of Foreign Affairs of Switzerland - Programmes in the Horn of Africa - Minority Rights Group (2021)
- 7 Data based on a cluster level benchmarking survey conducted in Q3 2021 as recommended in the IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms (July 2021).
- 8 In 2019, the FGS started to roll out the 'Baxnaano' programme, building a government safety net system, while providing cash transfers (US\$20 per month) to 200,000 vulnerable households (7.6 per cent of the total population), across 21 districts in Somalia for three years, supported by the World Bank. The complementarity between CVA assistance and the shock-responsive safety nets enabled an expansion of combined coverage to about 2.75 million people (17.5 per cent of the population) in 2021, which could further increase in 2022 - see graph below. In 2022, a second shock-response expansion will provide emergency top-ups (\$60 to 'new' and \$40 to 'non-Baxnaano' recipients) for six months to 160,000 households. In addition, the European Union and other development partners support the establishment of the EU SAGAL safety net, providing \$20 per month to more than 44,200 Somali households.
- 9 Potential overlapping caseloads across the various programs mentioned could mean the overall caseload is lower than the aggregate sum presented here.
- 10 REACH. August 2021. Joint Multi-Cluster Needs Assessment 2021 – Results Tables. [online]. Available from: <https://www.reachresourcecentre.info/country/somalia/cycle/38800/?toip-group=data&toip=dataset-database#cycle-38800>.
- 11 Ground Truth Solutions. Forthcoming. Cash Barometer Somalia. [online]. Available from: <https://groundtruthsolutions.org/our-work/cash-barometer/>. The gap analysis is based on a survey of n=1526 cash and voucher assistance recipients carried out by Ground Truth Solutions across Somalia and Somaliland in October 2021. Data was collected across 33 districts in 15 regions, with two randomly selected urban and rural areas per district, based on data from the Somalia Cash Working Group.
- 12 Ground Truth Solutions. Forthcoming. Cash Barometer Somalia. [online]. Available from: <https://groundtruthsolutions.org/our-work/cash-barometer/>.
- 13 REACH. August 2021. Joint Multi-Cluster Needs Assessment 2021 – Results Tables. [online]. Available from: <https://www.reachresourcecentre.info/country/somalia/cycle/38800/?toip-group=data&toip=dataset-database#cycle-38800>.
- 14 Ground Truth Solutions. Forthcoming. Cash Barometer Somalia. [online]. Available from: <https://groundtruthsolutions.org/our-work/cash-barometer/>.
- 15 Somalia Joint Multi Cluster Needs Assessment 2021
- 16 The Protection Return Monitoring Network September 2021
- 17 Somalia Joint Multi Cluster Needs Assessment 2021
- 18 Somalia 2020 Post Gu IPC Acute Food Insecurity and Malnutrition Analysis (July-December 2021)
- 19 <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Cluster%20Lead%20Agencies%20Joint%20Letter%20on%20Dual%20Responsibility.pdf>
- 20 <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Cluster%20Lead%20Agencies%20Joint%20Letter%20on%20Dual%20Responsibility.pdf>
- 21 Opcit
- 22 Eviction Information Portal (nrccsystems.net) , NRC, HLP AoR and the Protection Cluster.



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RESPONSE PLAN**  
SOMALIA