

HUMANITARIAN RESPONSE PLAN

SOMALIA

HUMANITARIAN
PROGRAMME CYCLE

2023

ISSUED FEBRUARY 2023



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

Doolow/Somalia

Displaced people at Ladan IDP Site in Doolow. Muraya, 24 years old, arrived at the displacement settlement on the 17 October 2022 from Bakool Region in central Somalia to find food and help for her four young children

Photo: UNOCHA/Giles Clarke

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KAHAREY IDP SITE, DOOLOW DISTRICT/SOMALIA

Two girls look curiously at the camera in Kaharey IDP site, Doolow, District, Somalia

Photo: UNOCHA/Yao Chen



Foreword by the Somalia Disaster Management Agency (SoDMA)

Since the 1990s, Somalia has been affected by regular disasters. The poverty level, the lack of efficient institutions and the on-going conflict have contributed to the increased vulnerability of the Somali population. Floods, drought, conflict, and epidemic outbreak occur on a regular basis. The impact of these shocks serves to further increase the country's vulnerability to future crises. In recent years, climate-related shocks, mainly drought and flooding, have increased in frequency and intensity, exacerbating humanitarian needs and undermining resilience at the household and community levels.

The country is currently facing a rapidly unfolding humanitarian catastrophe, driven by the longest and most severe drought seen in at least 40 years. It is expected to continue well into 2023. The current extreme, widespread, and persistent multi-season drought is unprecedented, and follows the historic failure of three consecutive rainy seasons. The current drought has surpassed the 2010/2011 and 2016/2017 droughts in terms of duration and severity, and is driving growing humanitarian needs. The number of people affected by drought has more than doubled since the beginning of 2022. Displacement has increased fivefold since early 2022, with more than 1.3 million people displaced due to drought alone.

The Federal Government is concerned that 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 number of Somali people who need humanitarian assistance and protection has increased from 7.7 million in 2021 to about eight million in 2023. This unprecedented level of need within Somalia is driven by the impacts of five consecutive seasons of poor rainfall, a likely sixth season of below-average rainfall from March to June 2023, and exceptionally high food prices exacerbated by concurrent conflict/insecurity and disease outbreaks. In addition to the famine projection in the Bay region and Mogadishu, several areas in central and southern Somalia have an increased Risk of Famine between April and June 2023 if the 2023 Gu season rainfall turns out to be poorer than currently predicted and humanitarian assistance is not scaled up to reach the country's most vulnerable populations.

Consecutive poor-to-failed harvests, the loss of agricultural income among farmers and the continued loss of livestock among pastoralists contribute to worsening food security and nutrition outcomes. Poor and vulnerable communities are pushed to the brink of starvation. In addition to poor rainfall and persistent drought, other drivers of acute food insecurity

and malnutrition in Somalia include high food prices, conflict/insecurity, and disease outbreaks. Both drought and conflict also lead to further population displacement from rural areas to IDP settlements in urban towns and cities where newly displaced people arrive in desperate condition

Critically, climate change drives conflict in Somalia, and the struggle for dwindling resources between clans. New and protracted armed conflicts, insecurity and erratic weather have continued to push Somali civilians away from their homes and into overcrowded towns and cities. Consequently, the number of internally displaced persons (IDPs) has reached more than three million, one of the largest IDP populations in the world. The recent escalation of the military offensive against Al Shabaab has significant humanitarian consequences, including reprisal attacks, increased displacement, and implications on humanitarian access.

The Somali Disaster Management Agency (SoDMA) is a federal institution that was created in 2011 during the peak of the Famine crisis. It was reinstated with a new commission nominated by the Prime Minister and replaced the Ministry of Humanitarian Affairs and Disaster Management (MoHADMD) in August 2022. By coordinating with the federal member states as well as regions, districts and communities, the Agency will ensure Somalia is prepared to respond to and recover from all types of emergencies. It will further provide leadership, contribute to risk reduction and manage fatalities from disasters by enhancing its capacities for mitigation, preparedness, response and recovery across the country. With the support of the international community and the tireless work of the humanitarian and development communities in Somalia, we were able to reduce the risks of Famine in 2022.

I sincerely thank our partners for all their good and valuable work; the donors for their continued support, and humanitarian actors for their determined effort to always improve their effectiveness. These achievements would not have been possible without the generous support of our donors. Together with our partners and donors, we expect to play a significant role in the 2023 humanitarian response.

However, urgent and timely scaling up of integrated humanitarian assistance such as in-kind food, cash/voucher transfers, nutrition, WASH, and health-related support is required throughout 2023. This is the only way to prevent Famine in the areas at risk especially among rural and IDP populations in the Baidoa and Buur Hakaba districts of Bay Region, Baidoa town and Mogadishu. We must continue our efforts to alleviate

the suffering of the most vulnerable communities in Somalia while laying the foundation for a more peaceful and sustainable country. Our immediate assistance and support for long-term durable solutions must be inclusive and accessible to ensure that we reach and support the full diversity of the affected population and give them the opportunity to actively benefit from our efforts.

I am confident that by working closely with UN agencies, INGOs, NNGOs, state-level Ministries of Humanitarian Affairs and Disaster Management and local authorities at state and regional levels, we will be well prepared to handle the multiple crises which we know will require our response. Our common goal is to address the underlying causes of Somalia's crises, improve livelihoods and build long-term durable solutions.

Mahamuud Moalim Abdulle
Commissioner for Somalia Disaster
Management Agency (SODMA)

Foreword by the Humanitarian Coordinator

Somalia is on the brink of Famine. Together with the authorities and local communities, humanitarian partners have been ringing alarm bells about the humanitarian impact of drought since 2021. The current drought is the longest and most severe in Somalia's recorded history. The number of people affected by drought in January 2022 had more than doubled by the end of the year and the number of people displaced by drought increased more than fivefold in the same period.

Throughout this challenging year, I visited affected communities and met with families whose lives and livelihoods have been disrupted, some permanently, by the compounding effects of prolonged drought, conflict and insecurity, high food and water prices, diseases and displacement. In Baidoa, I met mothers who made harrowing journeys to find food for their families. The children I saw in Mogadishu's health centres were too weak to even cry. In Gaalkacyo, I spoke with girls who dropped out of school due to drought and ongoing armed conflict. In Belet Weyne, people told me that insecurity had interrupted their ability to access assistance. Time and again, I heard stories of immense deprivation and suffering.

More than 6.3 million Somalis are likely to experience high levels of food insecurity (IPC Phase 3 or above) from January through March 2023. Between April and June, amid an anticipated reduction in funding for humanitarian assistance in crucial sectors, 8.3 million people will likely experience high levels of acute food insecurity, including more than 727,000 who are likely to face Catastrophe (IPC Phase 5) conditions.

But this is more than just a hunger crisis. Over 6.4 million Somalis lack access to sufficient water, sanitation, and hygiene services; fewer than a third of people living in drought-affected areas are estimated to have access to essential health care. Disease outbreaks including cholera and measles are on the rise compared to recent years. Pastoralists are facing the possible irreversible loss of their livelihoods. Since mid-2021, Somalia has recorded over 3 million livestock deaths due to drought. And in 2022, conflict intensified again, displacing almost 600,000 people by the end of November.

I continue to be inspired by the resilience and strength of the people of Somalia in the face of these challenges. I commend the efforts of our partners – national and international humanitarian workers – and authorities who have worked relentlessly to ensure that assistance reaches the most vulnerable people in the areas of highest need. I am particularly grateful for the generous contributions from our donors that enabled us to provide lifesaving assistance to about 7.3 million people by the end of December 2022.

Our collective efforts prevented Famine thresholds from being surpassed, as had been projected in Bay Region for the last quarter of 2022. But the distinction between a declared Famine and what millions of Somalis are already experiencing is meaningless: they are already going hungry, children are starving, and higher-than-normal deaths will continue to occur unless assistance is sustained and improved.

In 2023, an estimated 8.25 million people, nearly half of Somalia's population, will need immediate lifesaving humanitarian and protection assistance. To assist the 7.6 million people in most need, the 2023 Humanitarian Response Plan (HRP) requires \$2.6 billion. At the same time, the people affected by the prolonged drought in Somalia are the human face of the climate emergency. Immediate responses to save lives and avert Famine must be accompanied by investments in long-term solutions and climate adaptation to ensure those affected can adapt and thrive in the future.

Once again, I urge donors to step up and support the HRP. Frontloaded funding is critical. Any delay in assistance is a matter of life or death for the people in need. After the 2011 Famine, the world said never again. If we want to honour that promise, there is no time to lose.

Adam Abdelmoula
Deputy Special Representative of the Secretary-General/
Resident and Humanitarian Coordinator for Somalia

IASC Humanitarian System-Wide Scale Up

In August, the IASC Principals activated the Humanitarian System-Wide Scale-Up protocols in Somalia until February 2023 to urgently support the country's drought response and famine prevention interventions. All IASC partners were urged to prioritise the necessary support to bolster capacity and deep-field presences, deploy well-equipped teams, and front-load resources toward the Somalia operation. To this effect, the Somalia HCT developed 'The Somalia HCT Benchmarks Framework' to capture identified action needed under the seven pillars:

- Leadership
- Subnational and area-based coordination
- Humanitarian access
- Integrated response
- Response analysis
- Advocacy and resource mobilisation and
- Centrality of protection

These pillars were drawn from outcomes of recommendations and findings across the board from various missions such as the Emergency Directors Group (EDG) mission, the ISAC system-wide scale-up, and benchmarks, the ERC mission, the Famine Review Committee recommendation, the NGO asks and the Humanitarian Donor Group common position.

The HCT continuously monitors the progress on the scale-up, using 17 specific actions and corresponding indicators under the seven pillars. OCHA produces infographics on Operation Presence, Stock Mapping, and UN agencies' staffing levels to visualise progress made on those benchmarks.

Decentralized coordination plays a crucial role in the response scale-up. Five core operational coordination hubs in Southwest, Banadir, Galmudug, Hirshabelle, and Jubaland will ensure timely and effective delivery of assistance. UN agencies and NGOs will deploy a dedicated sub-national cluster coordination capacity in the above-mentioned hubs in the first quarter of 2023.

Drought and Famine Prevention Response (Jan-Dec 2022)

7.6M
PEOPLE TARGETED
IN 2022

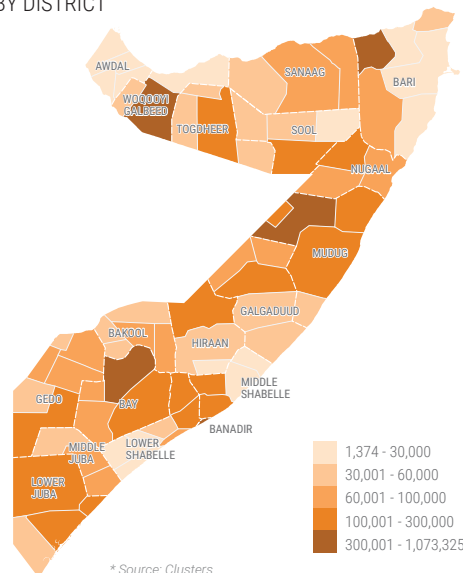
7.3M
PEOPLE REACHED¹
(JAN - DEC 2022)

96%
REACHED

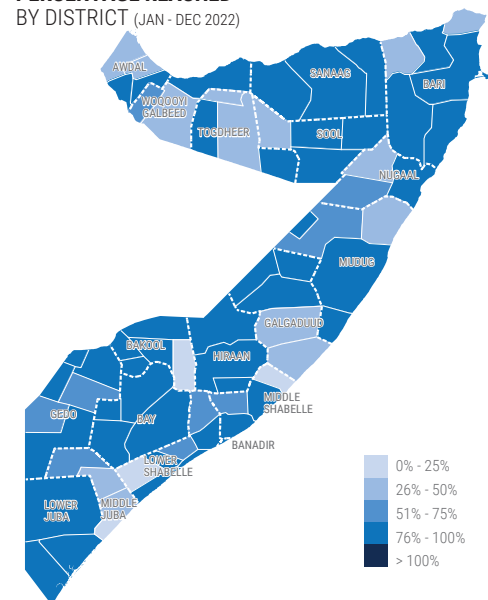
74
DISTRICTS COVERED

335
PARTNERS
IN 2022

NUMBER OF PEOPLE TARGETED BY DISTRICT

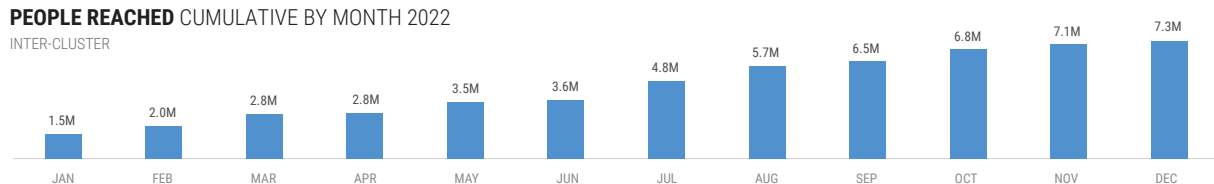


PERCENTAGE REACHED BY DISTRICT (JAN - DEC 2022)



PEOPLE REACHED CUMULATIVE BY MONTH 2022

INTER-CLUSTER



Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
8.25M	7.6M	\$2.6B	335

SO
1

Prevent loss of life of 6.7 million of the most severely vulnerable people, including 1.4 million children under five by the end of

2023, by decreasing the prevalence of hunger, acute malnutrition, public health threats, and outbreaks, and the impact of armed conflict.

SO
2

Support 2.8 million people to sustain their lives and contribute to building resilience by the end of 2023, by ensuring safe, equitable, inclusive and dignified access to livelihoods and essential services.

SO
3

Uphold commitments to collective action to address critical protection risks by the end of 2023, by reducing the risks of exclusion, the risks associated with displacement, and indiscriminate attacks on civilians and their objects.

The 2023 Somalia Humanitarian Response Plan (HRP) is informed by the robust intersectoral analysis of the 2023 Humanitarian Needs Overview (HNO) which identifies 8.25 million people in need of humanitarian assistance in Somalia. The HRP requires \$ 2.6 billion to assist 7.6 million vulnerable people across the whole country representing around 90 per cent of the people in need. This is in line with the IASC Humanitarian system-wide scale-up that came into effect in August 2022 and the HCT's strategic direction to scale up response both in magnitude and quality of response to avert the prolonged consecutive drought and risk of Famine. The targeting is informed by the magnitude and severity of the needs identified in the HNO, the partners' capacity to scale up and the operating environment, including access.

The 7.6 million people targeted to receive humanitarian assistance in 2023 include:

- 739,800 newly displaced people (those displaced within the past 12 months)
- 1.1 million protracted IDPs (those displaced for more than 12 months)
- 3.2 million shock-affected urban people
- 4.4 million shock-affected rural people
- 51,300 refugees, asylum seekers and returnees

The highly focused humanitarian response will be anchored in the three Strategic Objectives outlined above. The HRP also outlines how protection mainstreaming, localisation, gender, age and disability, 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.

The 2023 HRP is guided by an overarching HCT-endorsed framework that focuses on first-line and second-line life-

saving multisectoral response and builds on the 2022 drought and Famine prevention response. However, it is important to note that the first-line response only refers to the minimum package of assistance to be delivered as a buffer to prevent or reduce the loss of lives until a second-line response is in place. Therefore, the first and second lines refer to the temporal aspect of the response and not be construed or used as a prioritisation tool. Please refer to chapter 1.3 on "Response Parametres" for further information.

To ensure that the immediate life-saving needs of affected people in response to the unprecedented drought and conflict are adequately met, humanitarian partners will ensure commodities and services across all sectors are effectively adapted to the specific needs of different population groups: children, women, pregnant and lactating women, older persons, persons with disabilities, chronic illness and/or limited mobility.

In addition, the 2023 HRP strives to be inclusive and effective to ensure that the humanitarian response takes into account the social and ethnic differences of people in need it seeks to serve, as an estimated 30 per cent of the Somali population may be considered communities with minority affiliations. Experiences documented from previous crises show that members of minorities have been disproportionately affected due to structural and distinct forms of exclusion and discrimination. Minority communities and groups continue to have elevated needs that are different from the population at large.

The current drought and risk of Famine in most parts of Somalia have revealed the importance of agile programme management to quickly respond to rapid contextual challenges. The HRP hence seeks to align with relevant resilience and durable solutions frameworks, with the aim to reduce humanitarian needs, risks, and vulnerabilities in the medium to longer term. Synergies and complementarities with development, resilience and peace initiatives will be strengthened by

(i) the continuation of existing durable solutions programmes (e.g Flagship United Nations Joint Programme such as “Saameynta” and the Joint Resilience Action) to enhance the linkages with resilience and nexus programmes focusing on adopting strong area-based and spatial approaches to local integration processes; (ii) complementarity of social safety nets and humanitarian assistance, particularly cash; and (iii) leveraging the Water and Flood Management programme to scale up joined-up responses to flooding and future droughts.

Finally, the 2023 HRP prioritizes improving the quality of response through strengthening inter-cluster monitoring approaches to enable agility and granularity in response analysis that correspond with the fast-evolving situation, emerging needs and priorities. To achieve this, several components of the inter-cluster response monitoring framework will be adjusted/strengthened to better support the strategic decision-making of the Humanitarian Country Team (HCT) in ensuring a timely, efficient and fit-for-purpose response to humanitarian needs.

DOOLOW/SOMALIA

Aden Gurey Ali, 55, a livestock herder travelling with his cattle in search of water and pasture. Aden lives in a small village some 30km southeast of Doolow
Photo: UNOCHA/Giles Clarke



Crisis Context and Impact

Nearly three decades of conflict, insecurity, political fragility, recurrent climatic shocks and increasing economic pressure have devastating impacts on the lives of millions of Somalis. Although the formation of a new government and peaceful transition of presidential power in May 2022 brought growing levels of political stability, the security situation remains extremely volatile.

The recent escalation of military offensive against Al Shabaab has significant humanitarian consequences including reprisal attacks, increased displacement and implications on humanitarian access. Overall, it is expected that up to 450,000 additional civilians will be newly displaced due to conflict in 2023, while several protection concerns are likely to persist including indiscriminate attacks against civilians, destruction of civilian infrastructure, recruitment, freedom of movement restrictions and widespread family separation.

Somalia is facing a rapidly unfolding humanitarian catastrophe driven by the longest and most severe drought in at least 40 years that is expected to continue well into 2023. The current extreme, widespread and persistent multi-season drought is unprecedented following the historic failure of five consecutive rainy seasons with a high probability of a sixth below-average rainy season. The current drought has surpassed the 2010/2011 and 2016/2017 droughts in duration, severity and impact exacerbating growing humanitarian needs. The number of people affected by drought has more than doubled since the beginning of 2022. Displacement has increased threefold since early 2022 with more than 1.3 million people displaced due to drought alone.

The combined impact of the drought, widespread insecurity and increasing economic pressures are driving the country to the brink of Famine. The cumulative effects of the five consecutive below-average rainy seasons have resulted in a sharp forecasted increase in humanitarian needs across all sectors, particularly in food security, WASH, health nutrition, CCCM and Protection. Amid an anticipated scale-down in humanitarian assistance due to insufficient funding starting in April 2023, approximately 8.3 million people across Somalia are expected to face Crisis (IPC Phase 3) or worse between April and June 2023. Furthermore, Famine (IPC Phase 5) is projected between April and June 2023 among agro-pastoral populations in the Baidoa and Buur Hakaba districts of Bay region and among internally displaced people in Baidoa town of Bay region and in Mogadishu.

Famine is projected among agro-pastoral populations in Baidoa and Buur Hakaba and displaced populations in Baidoa and Mogadishu from April 2023 in case of a likely sixth

season of below-average rainfall occurs, cereal harvest and livestock production fails, key commodity prices continue to rise, the conflict further escalates, insecurity impedes access to hard-to-reach areas and humanitarian assistance fails to reach the most vulnerable populations. More than half of all children under five are likely to face acute malnutrition at least through mid-2023 including over 513,000 who are expected to be severely malnourished. Increased prevalence of communicable diseases directly contribute to rising levels of acute malnutrition.

Consecutive poor to failed harvests, the loss of agricultural income among farmers and the continued loss of livestock among pastoralists contribute to worsening food security and nutrition outcomes and pushing poor and vulnerable communities to the brink of starvation. In addition to poor rainfall and persistent drought, other drivers of acute food insecurity and malnutrition in Somalia include high food prices, conflict/insecurity and disease outbreaks. Both drought and conflict also lead to further population displacement from rural areas to IDP settlements in urban towns and cities where newly displaced people arrive in desperate conditions.

Water shortages are at critical levels exposing vulnerable people to additional risk. About 6.4 million people lack access to safe water while only less than one-third of the people in drought-affected areas are estimated to have access to essential health care. Reported cholera cases continue to rise compared to recent years, while measles cases have spiked, particularly among children.

Against the backdrop of a fragmented, under-resourced and ill-equipped health system, epidemic outbreaks such as measles and cholera lead to significant deaths. Famine-risk districts are particularly vulnerable as many children, mothers and people with illnesses or malnutrition are unable to access health services in these areas.

Concomitant, multi-faceted and compounding shocks have devastated the lives and livelihoods of vulnerable and poor households, particularly marginalised households and communities with minority affiliations in rural areas. The erosion of their livelihoods and overstretched social support systems have led to widening food consumption gaps and exhaustion of last-resort coping mechanisms. The drought has devastated the agriculture sector, which accounts for up to 60 per cent of Somalia's Gross Domestic Product, 80 per cent of its total employment, and 90 per cent of its exports. One-third of all livestock in the worst-affected areas have died since mid-2021. Conditions for crop and livestock production are expected to remain extremely poor until at least the start

of the next rainy season in April 2023, which leads to further loss of livelihoods.

Against these backdrops, the number of Somalis in need of multisectoral humanitarian assistance has steadily increased over the past few years, from 5.2 million people in 2020 to 8.25 million in 2023. Out of this, 6.3 million people (77 per cent) are non-displaced and mainly live in rural areas, while internally displaced persons make up the remaining 23 per cent or 1.9 million people of the caseload. However, the needs of IDPs, especially those who have been newly

displaced by increased insecurity, are higher in severity as 80 per cent of them are women and children.

Even if famine does not materialise, recovery from a drought of this magnitude will take years. Humanitarian needs will remain extremely high and might even increase in the coming year.

For more information, please refer to the sections “1.1 Context of the Crisis” and “1.2 Shocks and Impact of the Crisis” in the 2023 Humanitarian Needs Overview.

BAIDOA/SOMALIA

Dr. Yusuf attends to a child who is suffering from severe acute malnutrition, at the children's emergency nutrition stabilization ward at Baidoa's Regional Hospital. Photo: UNOCHA/Giles Clarke



Planned Response

TOTAL POPULATION

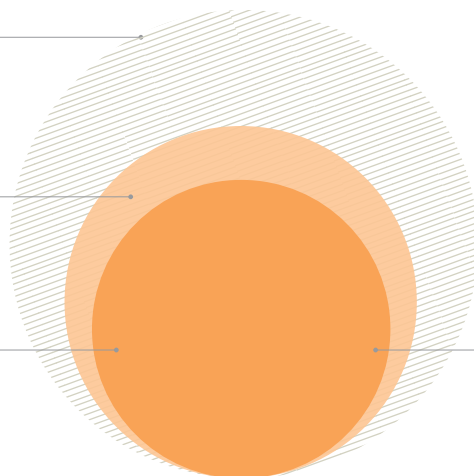
16.9M

PEOPLE IN NEED

8.25M

PEOPLE TARGETED

7.6M



URBAN

3.2M

42%

RURAL

4.4M

58%

PEOPLE TARGETED BY SECTOR OUT OF TOTAL PEOPLE TARGETED

 Camp Coordination and
Camp Management (CCCM)

2.45M

 Education

0.96M

 Food Security

6.7M

 Health

5.9M

 Nutrition

4.7M

 Protection

3.2M

 Child Protection

2.1M

 Explosive Hazard

0.5M

 Gender-based
violence

2M

 Housing, Land
and Property

1.8M

 Shelter and
Non-Food Items

1.4M

 Water, Sanitation
and Hygiene (WASH)

6.1M

ADULTS

18 - 59 YEARS

2.5M

CHILDREN

0-18 YEARS

4.8M

ELDERLY

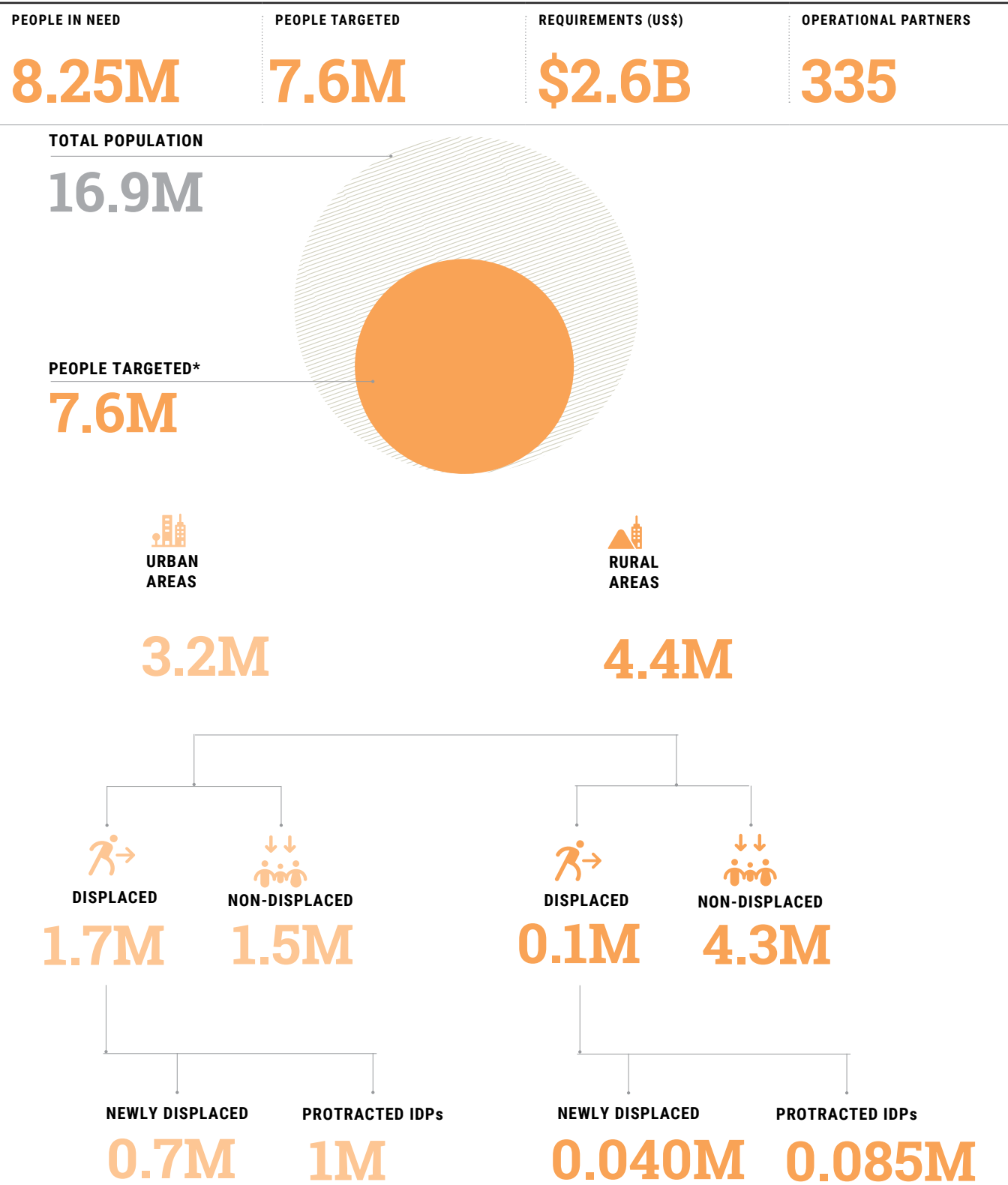
> 60 YEARS

0.33M

PERSONS WITH
DISABILITIES

1.18M

HRP Key Figures



* 1- Total target is calculated by disaggregating the population groups by Urban and Rural at district level per cluster.
2- Using the max among all clusters at district level, will conclude the target at each district.
3- If the target at any district exceeds the PiN for that district, then the value becomes equal to the PiN value.
4- The final total target is the sum of all targets identified per district.

SECTOR	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Camp Coordination and Camp Management	\$66M	37	2.8M	2.45M	
Education	\$105.7M	54	3.9M	0.96M	
Emergency Telecommunications	\$2.0M	1	N/A	N/A	
Enabling Programmes	\$32.7M	8	N/A	N/A	
Food Security and Livelihoods	\$1.1B	199	6.7M	6.7M	
Health	\$197.7M	55	6.7M	5.9M	
Logistics	\$29.2M	42	N/A	N/A	
Nutrition	\$431.3M	80	4.9M	4.7M	
Protection - TOTAL incl. AoRs	\$211M	152	5.0M	3.2M	
Refugee Response	\$79.4M	N/A	0.051M	0.051M	
Shelter & NFIs	\$85.4M	18	4.9M	1.4M	
Water, Sanitation and Hygiene	\$259.4M	69	8.2M	6.1M	

KISMAYOSOMALIA

Photo: UNOCHA/Oleksandr Osinsky



Historic Trends

Since 2020, the number of people in need has progressively increased - from 5.2 million in 2020 and 5.9 million in 2021 to 7.7 million in 2022 and a projected 8.25 million in 2023 (almost 49 per cent of the total population).

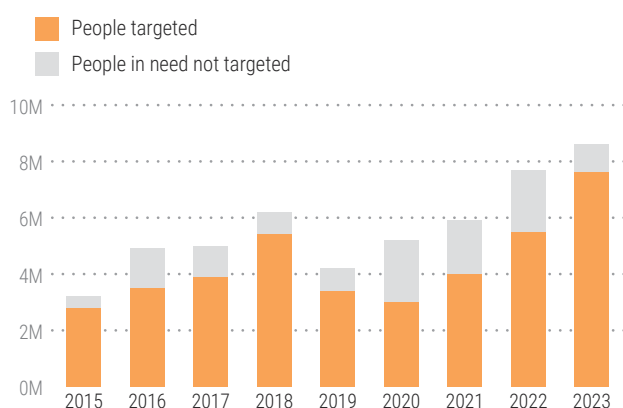
Over the same period, the number of people targeted has also steadily increased, both in actual numbers and proportional to people in need. Three million people were targeted in 2020 (58 per cent of PiN), four million in 2021 (68 per cent of PiN), 5.5 million in 2022 (71 per cent of PiN) and 7.6 million in 2023 (93 per cent of PiN).

Meanwhile, humanitarian partners' have scaled up their response to meet the needs of the affected population. Despite the intensifying conflict, the restrictive operating environment and current climatic shocks, the number of people reached has continuously increased: in 2020, the humanitarian community reached 2.3 million people with some form of humanitarian assistance; this number rose to 2.8 million in 2021; and to 7.3 million in 2022.

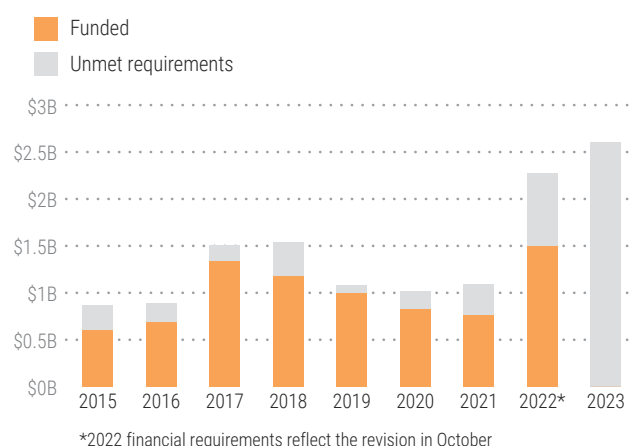
The historical trend does not only indicate a drastic deterioration of the humanitarian situation in Somalia, it also shows our partners' capacities to rapidly scale up the volume and speed of their response if resources are made available in a timely manner.

The 2023 HRP comes at a time of critical political, security and economic contexts as well as unprecedented climatic uncertainties. The Integrated Phase Classification (IPC) analysis has been used to illustrate food insecurity until the end of 2022 taking into account the 'Gu' rainy season from March to May, while another round of IPC analysis for 2023 is currently ongoing. Hence, the 2023 response planning is premised on a common scenario that anticipates a continuously high level of humanitarian needs due to high food insecurity, a looming famine and malnutrition crisis as well as challenges to basic service provision, insecurity and protection risks.

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



Funding, People in Need and People Targeted (2015-2022)

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	\$2.23B	\$1.51B	66%

Part 1: Strategic Response Priorities

DOOLOW/SOMALIA

Muumino Dhayow Buule and her kids inside their house in Kaharey IDP site, Doolow District, Somalia. Access to proper shelter remains a major concern for IDPs in Somalia

Photo: UNOCHA/Yao Chen



1.1.

Strategic Objectives, Specific Objectives and Response Approach

Strategic Objective 1

Prevent loss of life of 6.7 million of the most severely vulnerable people, including 1.4 million children under five, by the end of 2023, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks and the impact of armed conflict.

S01

Specific objectives

SPECIFIC OBJECTIVE	
S01.1	Decrease the prevalence of Global Acute Malnutrition among 3.7 million boys and girls under the age of five, pregnant and lactating women in prioritised districts through inclusive programming by the end of 2023.
S01.2	Reduce excess morbidity and mortality from communicable diseases and public health threats and outbreaks among 598,000 people through the provision of timely and multisectoral humanitarian response in 74 districts by the end of 2023.
S01.3	Prevent, mitigate, and respond to abuse, neglect, violence, exploitation, injury, death and severe distress for 150,000 people at risk or with specific protection needs by increasing access to quality age, gender and disability sensitive protective services in 74 districts by the end of 2023.
S01.4	Reduce levels of acute food insecurity for 6.7 million people facing IPC phase 3 and above conditions across all 74 districts through inclusive programming by the end of 2023.

Rationale and intended outcome

Under this objective, humanitarian partners will provide lifesaving assistance to prevent loss of lives. Acute food insecurity and malnutrition coupled with disease outbreaks and protection risks are leading causes of loss of lives.

In areas where humanitarian needs are converging and more severe, partners will deliver multisectoral response. Priority locations and the detailed multisectoral response approach are outlined on page 26.

Some 6.7 million vulnerable households, particularly newly displaced people and rural pastoral and agro-pastoral populations will receive humanitarian food and cash assistance. Priority will be given to locations and population groups facing an increased risk of famine where malnutrition and mortality levels are already high. About 2.8 million children under the age of five and, pregnant and lactating women will be targeted with life-saving nutrition interventions such as treatment of

severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Provision of health services to newly displaced people, especially children and pregnant women, and those in rural and hard-to-reach areas is a priority. Health Cluster partners will strengthen surveillance capacity, roll out vaccinations and strengthen response capacities for epidemics such as measles and cholera. WASH Cluster partners will supplement these efforts through provision of water, temporary latrines and hygiene items along with key hygiene messages.

Strategic Objective 2

Support 2.8 million people to sustain their lives and contribute to building resilience, by the end of 2023, by ensuring safe, equitable, inclusive and dignified access to livelihoods and essential services.

S02

Specific objectives

SPECIFIC OBJECTIVE	
S02.1	Improve living conditions and safety of 5.1 million crisis-affected vulnerable women, girls, boys, and men through the provision of multisectoral, inclusive, and quality services and assistance.
S02.2	Contribute to building resilience of 2.8 million people in 74 districts through the provision of life-sustaining livelihood support to protect livelihoods and related income sources by the end of 2023.

Rationale and intended outcome

Under this objective, humanitarian partners will ensure provision of life-sustaining and essential services such as health services activities aimed at protecting livelihoods and income sources, safe water and sanitation facilities, shelter and non-food items and education, including in host communities and IDP settlements.

Through inclusive programming, partners will ensure that minorities and marginalised groups have access to these essential services.

Activities implemented under this objective will help sustain the lives of vulnerable people to avoid further deterioration in the humanitarian situation. Provision of life sustaining emergency livelihood interventions targeting populations faced with drought and at risk of famine will strengthen self-reliance

by enabling vulnerable groups to increasingly cover their own food requirements by increased production and income generation. As reflected in the 2023 HNO, humanitarian needs have become more severe than in the previous year due to the deteriorating situation and limited humanitarian assistance. Provision of live-saving assistance must be complemented with life-sustaining activities to bring positive impact.

Some elements of the humanitarian response including livelihood interventions also contribute to building resilience of the affected communities against recurrent shocks. In addition, humanitarian partners will collaborate with durable solutions, social protection and development programmes to fully realize the strategic objectives and ensure sustainable impact.

Strategic Objective 3

Uphold commitments to collective action to address critical protection risks by reducing the risks of exclusion, the risks associated with displacement, and indiscriminate attacks on civilians and their objects for all 7.6 million people targeted in Somalia.

S03

Specific objectives

SPECIFIC OBJECTIVE	
S03.1	Mitigate and address the risks of exclusion and denial of assistance and services to those displaced or at risk of displacement by conflict, environmental and other shocks.
S03.2	Mitigate the risks of persistent and multiple displacements by increasing access and humanitarian assistance in areas of origin, en route, and in areas of settlement.
S03.3	Prevent and mitigate the risk of indiscriminate attacks on civilians and their objects.

Rationale and intended outcome

Activities implemented under this strategic objective aim towards the protection of civilians and addressing various protection risks including exclusion from humanitarian assistance and other essential services.

In line with the HCT commitment, this strategic objective will ensure the Centrality of Protection across the humanitarian response. It is important to note that while the Protection Cluster plays a critical role, this strategic objective will only be met through a collective action. All clusters and partners will contribute to the realisation of specific objectives 3.1 and 3.2.

DOOLOW/SOMALIA

A doctor conducting a malnutrition assessment at Doolow Referral Health Center
Photo: UNOCHA



1.2.

Humanitarian Priorities and Underlying Factors Targeted for Response

To determine the scope of the HRP, the findings of the 2023 HNO were taken as a starting point. The HNO documents the analysis of the humanitarian needs by five population groups namely:

1. New internally displaced persons (IDPs) - those displaced within the past 12 months
2. Protracted IDPs - those displaced for more than 12 months
3. Shock-affected rural population
4. Shock-affected urban population
5. Refugees, asylum seekers and returnees

As the humanitarian context varies significantly between the different population groups/sub-groups as well as their urban and rural nature, population profile is a particularly important factor in the scoping and response analysis. The scoping exercise also considered the different identified needs according to age, sex and disability dimensions as documented in the HNO while making a distinction on the timeframe of internal displacement. Access and operational capacity were also considered in the scoping and response analysis.

The section provides a summary of the findings of the priority needs and underlying factors, which will be targeted for response in this HRP. The summary of findings is structured around the five population groups/sub-groups as per the HNO, taking into consideration their distinct vulnerabilities, needs and contexts they found themselves in.

1. Newly displaced persons (IDPs) - those displaced within the past 12 months.

Around 752,000 have been newly displaced since the beginning of 2022. Although 1.7 million displacements were recorded by the Protection and Return Monitoring Network (PRMN) in 2022, the IDP working group estimates that only 752,000 are first displacements. Some of them have settled in existing IDP sites while others chose to settle elsewhere outside the existing sites. All newly displaced people have multisectoral humanitarian needs. The capacity of the humanitarian system to cope with the increasing pressure is extremely strained due to increased influx of IDPs, overstretching the existing services such as health, water supply and sanitation services. Newly displaced IDPs including in

informal sites in Baidoa, Belet Weyne, Banadir and Hiran tend to experience a wider range of extreme or catastrophic needs.

- **Eighty-three per cent of the newly displaced people identified shelter as one of the top three priority needs¹.** As shelter support is limited, many of the newly displaced people have to sleep in open spaces increasing their exposure to protection risks and harsh weather conditions. Female-headed households in sites report they do not feel safe living in makeshift shelters that provide inadequate physical protection.
- **Acute food insecurity and malnutrition is prevalent among the new arrivals.** The post-Gu 2022 seasonal assessment indicates high levels of acute malnutrition among IDPs in Baidoa and Banadir. The findings of a mass MUAC screening exercise conducted in Baidoa in September 2022, indicated that 24 per cent of 98,103 displaced children screened were found out to be severely malnourished while 35 per cent were moderately malnourished. More than 93 per cent of the new arrivals are food insecure.
- **Newly displaced people were most likely to report lack of documentation.** Eighty-eight per cent of newly displaced households reported that no member has a valid identification document (national ID, passport, birth certificate). Cost was reported as the most frequent barrier for accessing documentation (66 per cent).
- **The most common barriers to accessing services reported** include long distances to services (52 per cent), busy with household chores (43 per cent) difficulty to reach services (34 per cent), and extensive time needed to access services, such as waiting for a long time in line (33 per cent). Overall, 60 per cent of newly displaced people reported that they were not aware of services not being available for women and girls in their communities.
- **Newly displaced people increasingly apply negative coping mechanisms to manage their situation in the short-term.** Crisis strategies most frequently used by newly displaced people include borrowing food (53 per cent), sharing meals with neighbours (50 per cent), cutting health and education spending (48 per cent), taking children out of school (45 per cent) and begging (40 per cent). The figures indicate that living conditions are deteriorating for this population group which can be attributed to the drought and increased conflict, but also to the lower availability of services (compared to people in protracted displacement), less integration into the local communities

and difficult access to local services and livelihoods opportunities.

- **The protection risks that threaten newly displaced people** include chronic protection concernsⁱ, protection of civilians violations due to conflict and insecurity at their place of origin as well as during their displacement journey, and children dropping out of school. Newly displaced people reported feeling unsafe on the way to collect firewood (36 per cent), markets (30 per cent) and at distribution areas (26 per cent) which is largely attributed to their fear of robbery. The lack of police posts in settlements as well as lighting on routes to latrines, water points and firewood collection areas is a risk factor for abuse, exploitation and violence.
- **The severity of needs among newly displaced people is exacerbated by a lack of livelihood opportunities and poor living conditions in rapidly expanding urban areas.** For example, the health and nutritional wellbeing of the displaced people relies on their access to safe water and adequate sanitation, which they lack.
- **Many of the newly displaced persons, especially women and children from hard-to-reach/inaccessible areas, make arduous journeys to reach sites in main towns.** Many of the new arrivals are reported to have no access to basic services, information on available support and adequate humanitarian assistance upon arrival.
- **Minorities and other similarly marginalised groups, such as persons with disabilities as well as older persons, women and children, are disproportionately affected.** Children are particularly at risk to be separated from their families or other caregivers. Among newly displaced IDPs, women and children are particularly vulnerable.

2. People in Protracted displacement - those displaced for more than 12 months.

There is an estimated 3.1 million internally displaced persons in a protracted situation in Somalia, about 1.5 million of whom have multisectoral humanitarian needs. Protracted cases make up 76 per cent of the total displacement. According to CCCM, the majority resides in overcrowded shelters in more than 3,500 formal and informal settlements. Rapid population growth in many sites has resulted in overcrowding and slum-like conditions that perpetuate humanitarian dependency. People in protracted displacement in Banadir, Baidao and Hiraan tend to experience a wider range of extreme or catastrophic needs.

- **Eighty-seven per cent of displaced people in settlements in Mogadishu, Garowe, Hargeisa and Burco districts are unable to meet their basic needs,** according to the CCCM Cluster. Most of the displaced people residing in the settlements have limited access to basic services as they tend to be farther from essential facilities such as schools, health centres and markets, while most IDPs are forced to share essential amenities.

- **Displaced persons (living in 19 per cent of the assessed sites) reported that it takes more than one hour to reach the nearest health-care facility.** As a result, 26 per cent of the assessed sites reported that women give birth with the attendance of unskilled personnel (untrained midwives, staff with no health working experience) or no help at allⁱⁱ. In addition, severe shortage of medical services forces displaced people to increasingly rely on inadequate public health services, and health care is mainly provided by non-profit clinics as well as traditional healers and self-medications.
- **About 71 per cent of people in protracted displacement rely on unimproved and overcrowded sanitation facilities.**
- **The protection environment for people in protracted displacement is characterised** by insecurity and volatility, limited basic services capacity and provision, weak or absent protection systems, low awareness of - and respect for - basic rights and rules governing armed conflict, discriminatory and harmful socio-cultural practices relating to gender, access impediments for humanitarian workers and the socio-economic and political disenfranchisement of minority clans and other marginalised groups.
- **People in protracted displacement reported feeling unsafe** on the way to collect firewood (55 per cent), markets and community areas (21 per cent) and at water points and latrines (16 per cent). Women and girls remain extremely vulnerable to harassment, assault and rape from gang members, armed militias and random strangers when collecting firewood in remote camp areas and when accessing latrines in areas with inadequate lighting at night.
- **People in protracted displacement are also affected by lack of documentation.** Eighty-one per cent of people in protracted displacement households report that no member has a valid identification document (national ID, passport, birth certificate), and cost is reported as the most frequent barrier to access documentation (57 per cent), followed by no need for an ID document (38 per cent) and the unavailability in the current location (20 per cent). The most common barriers to access services reported by protracted IDPs included long distances to services (61 per cent) and fear of harassment (34 per cent).
- **People in protracted displacement increasingly use negative coping mechanisms to help manage their situation in the short-term in response to recent shocks** such as unusually high food prices, reduced income and loss of employment. Crisis strategies most frequently used by people in protracted displacement include borrowing food (54 per cent), purchasing food with borrowed money (51 per cent), sharing meals with neighbours (39 per cent), cutting health and education spending (40 per cent), Taking children out of school (32 per cent) and begging due to lack of food (24 per cent).

- **Due to the lack of land tenure agreement and rapid urbanisation increasing the value of land, displaced people face evictions.** Eighty-seven per cent of sites in Somalia are located on privately owned land (DSA, 2022). According to the HLP AoR eviction information portal, over 185,000 individuals were forcefully evicted in 2022. An estimated 80 per cent of the reported evictions were recorded in Mogadishu. Significant secondary displacements and forced evictions are expected to persist in 2023 due to influxes of new arrivals in search of humanitarian assistance coupled with tenure insecurity.
- **People in protracted displacement especially those displaced from rural areas and forced to flee into IDP camps in urban areas lack survival skills,** social networks or knowledge about accessing local social services necessary to navigate urban areas. They could neither establish viable economic enterprises nor join social networks in the new urban settings. Over the years, people in protracted displacement have also lost the agrarian skills they previously had which implies that displacement has brought about a permanent change in their lives and livelihoods.

3. Shock-affected rural population

The rural communities face significant access challenges due to conflict and lack of infrastructure which result in the highest levels of deprivation of essential services. Poverty particularly affects rural households^{iv} and is further exacerbated by the impact of five consecutive seasons of below-average rainfall which had a detrimental effect on agricultural and livestock output. This has resulted in a significant increase of food insecurity among rural populations. An estimated 4.8 million people in rural areas are in need of multisectoral humanitarian assistance accounting for around 60 per cent of the total projected people in need in 2023. Rural populations in Buur Hakaba and Baidoa districts of the Bay region; Banadir; Hargeysa, Woqooyi Galbeed; Garowe district; and the Nugaal region face high degrees of humanitarian needs.

Rural populations face food and income source reductions

as a result of widespread livestock migration from rain-deficient areas to areas with more rainfall. Many poor households in pastoral and agro-pastoral livelihood zones suffer substantial food consumption gaps as a result of below-average or inadequate milk supplies, a limited number of marketable animals and increasing debt due to increased food and water costs. Over three million livestock are estimated to have died of starvation and disease since mid-2021.

- **Many rural households face widening food consumption gaps, while the erosion of their livelihoods limits their coping capacity.** Social support systems are increasingly overstretched in many parts of the country. These factors have driven a surge in population displacement from rural areas to IDP settlements and towns and cities.
- **The rural population in Somalia have limited access to essential services,** particularly health care. Health facilities in rural areas are inadequate, ill-equipped and under-resourced to provide basic health services, while centres

for cholera treatment are largely non-existent in rural areas. According to FSNAU survey of July 2022, Vitamin A supplementation is low in many rural households.. Most of Somalia's disease outbreaks can be attributed to low vaccination coverage, shortage of functional public health facilities and low capacity of surveillance and slow response to alerts.

- **Rural households mostly depend on open or unprotected water sources or water sources that are susceptible to drought** such as shallow wells and water pans. For instance, in the famine projected Baidoa and Buur Hakaba districts almost 80 per cent of the rural population access water through a dam or pond which increases the risk of water-borne diseases such as diarrhoea. Only four per cent of the rural households living in bay agro-pastoral areas have access to safe water. Meanwhile, only five of 10 rural households nationwide have access to improved sanitation services or electricity. Poor WASH and health conditions drive the increased rates of malnutrition in many locations.
- **Critical levels of acute malnutrition affect the rural poor.** The overall nutrition situation among the rural population has deteriorated and remains at a critical level with median GAM prevalence of 15.4 per cent compared to Median GAM prevalence of 11.5 per cent in Gu 2021. About seven of the 12 rural population groups reported morbidity in Bay agropastoral districts.
- **Populations living in remote rural locations are generally inaccessible and excluded from various forms of protection and humanitarian assistance.** Lack of presence and capacity of local actors are major barriers to the localisation of protection services in rural areas. Border minefields pose a significant challenge to nomad families in rural areas including their livestock. Children are the majority and most affected group of victims from explosive hazards excluding IEDs. Child protection risks and use of harmful coping mechanisms to meet basic food needs are among the top issues that drive the needs in rural areas.
- **The majority of persons with disabilities live in rural areas** where access to basic services is limited and many rely on special services, family support and in some instances beg for their daily survival. Their needs are amplified in challenging times.

4. Shock-affected urban population

About 40 per cent of the total people in need of humanitarian assistance are live in urban areas. This includes 1.7 million displaced people and about 1.5 million non-displaced urban dwellers. Displaced people in urban areas in Baidoa district of the Bay region and Banadir have the highest needs. Among the non-displaced urban population, Banadir has the highest humanitarian needs followed by Jamaame and Afgooye districts in Lower Juba and Lower Shabelle regions, respectively.

- **The urban poor across Somalia, who already spend a disproportionately large amount of their income on food**

(60-80 per cent), continue to struggle to feed themselves due to rising food prices. They have little capacity to absorb the impact of further food price increases and limited opportunities to expand their incomes. Declining labour wages and rising food prices have led to sharp declines in the wage labour to cereals terms of trade. Many urban areas are classified as Crisis (IPC Phase 3)^v. In urban areas, those in primarily minority settlements have higher levels of food insecurity, are less likely to receive food or cash assistance and more likely to depend on casual labour as a livelihood.

- **The overall nutrition situation among urban population is deteriorating.** The prevalence of Global Acute Malnutrition (GAM) has increased since the 2021 Gu season particularly in Belet Weyne. Morbidity among urban children is relatively high in Gaalkacyo, Mogadishu and Baidoa. Reported deaths, including children under the age of five, in Mogadishu and Dhuusamareeb were alarmingly high. In hard-to-reach areas such as Buur Hakaba or insecure urban areas^{vi}, critical levels of acute malnutrition were reported. According to the FSNAU, urban areas in Belet Weyne and Baidoa require urgent nutrition and health interventions.
- **Increased urbanisation and the influx of displaced persons to urban areas put further pressure on the limited available services** whereby health as well as water and sanitation facilities bear the most severe burden.
- **Urban residents face increasing challenges in accessing land and adequate shelter** which is partially due to an influx of IDPs towards cities. Forced evictions and land acquisition by landowners have reached unprecedented levels in recent years particularly in urban areas where land values have risen. It is estimated that over 185,000 people, predominantly in urban settlements, were evicted in 2022.
- **The vulnerability of poor households in urban areas is exacerbated by a lack of documentation.** Disputed ownership is still the most common problem faced by both displaced people and host community households in terms of housing, land, and property concerns while the vast majority of households do not have formally written documentation to prove their occupancy arrangement (73 per cent of those residing in urban host communities). Most reported cases were forced evictions which involve the loss of property, livelihoods and infrastructure investments made by displaced persons.
- **Child protection risks and the use of harmful coping mechanisms to meet basic food needs are among the top issues driving needs in urban areas.** Child labour is an income diversification strategy that is widely used and a major protection risk as children are removed from school to beg or conduct temporary and often hazardous casual labour like selling firewood and charcoal to nearby towns, migrating to towns to work as house helpers or doing construction work. Children are often married off for the benefit of a dowry.

5. Refugees, asylum seekers and returnees

It is expected that the current 33,847 refugees and asylum seekers will remain in Somalia. According to population growth estimates, the number of new arrivals and asylum seekers is expected to increase by 2,598 within the year. This will bring the total number of refugees and asylum seekers in Somalia to 36,445. Refugees and asylum seekers are currently hosted in Woqooyi Galbeed, Bari, Nugaal, Mudug, Gedo, Awdal, Benadir, Togdheer, Sanaag and Lower Shebelle regions. These locations are expected to continue to host refugees and asylum seekers in 2023.

Even though conditions are still not conducive for returns in most parts of Somalia, it is projected that around 14,935 people will return from Kenya, Yemen, Djibouti, Libya and other countries in 2023. Most of the returnees are expected to reside in urban areas which is mainly due to socio-economic reasons such as employment prospects. A small number of returnees are expected to join family members in their villages of origin.

- **Refugees and asylum seekers require humanitarian support.** Despite a favourable protection environment, many struggle to access the limited and sometimes non-existent essential basic services and resources necessary to meet their needs.
- **The living conditions of refugees and their coping capacities are severely affected** by the lack of access to essential basic services such as safe water and health care, poor sanitation, insufficient food supplies, malnutrition of children and loss or lack of livelihood.
- **Most refugees and asylum seekers reside in urban or peri-urban environments, often in densely populated areas or shelters.** Against this backdrop which is further compounded by the drought, protection risks such as gender-based violence, child labour, abuse and exploitation have increased and are expected to rise further in 2023.
- **Gender-based violence survivors from refugee and asylum seeker households require access to multi-sectorial prevention and response services** including health, psychosocial, protection and legal services through engaging and empowering the community to safely identify and respond to GBV cases, case management and specialised services. Referral pathways must be strengthened to include refugees.
- **The socio-economic situation of refugees and asylum seekers affects their ability to access legal services.** There is need to provide access to free legal aid and counselling including interventions with police and legal representation before the courts to prevent refoulement, address HLP issues and enforce the rights of refugees and asylum seekers.
- **Socio-economic and livelihood interventions must be increased** to empower refugees and hosting communities to take ownership of their lives into 2023.

- **Returnees are particularly vulnerable to secondary displacement** inside and outside the country due to insecurity and climatic shocks such as drought and floods
- **Returnees suffer from limited access to basic services in their areas of habitual residence** as Somalia is overburdened by numerous needs, of the rapidly growing urban population in a context characterised by resource deficits in all sectors. Access to adequate shelter, education and documentation are the overarching challenges

returnees are facing which is aggravated by the adverse impact of drought.

DOOLOW/SOMALIA

A young, displaced child is assessed for symptoms of malnutrition in a health clinic in Doolow, Somalia

Photo: UNOCHA/Giles Clarke

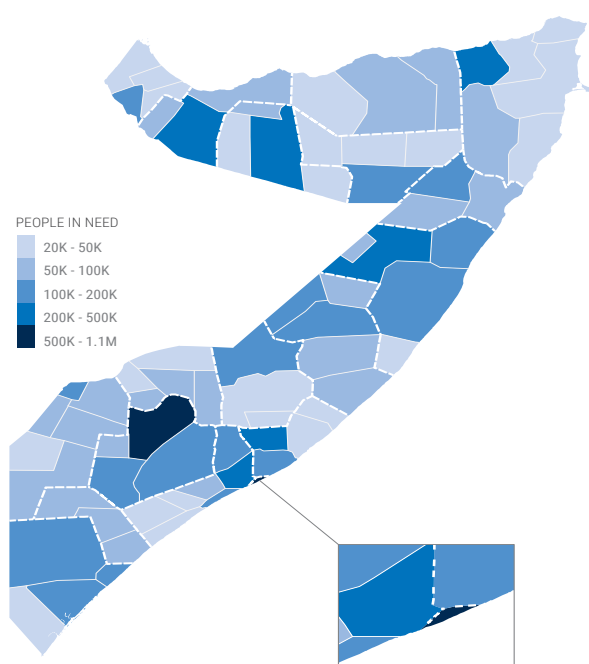


1.3. Response Parameters

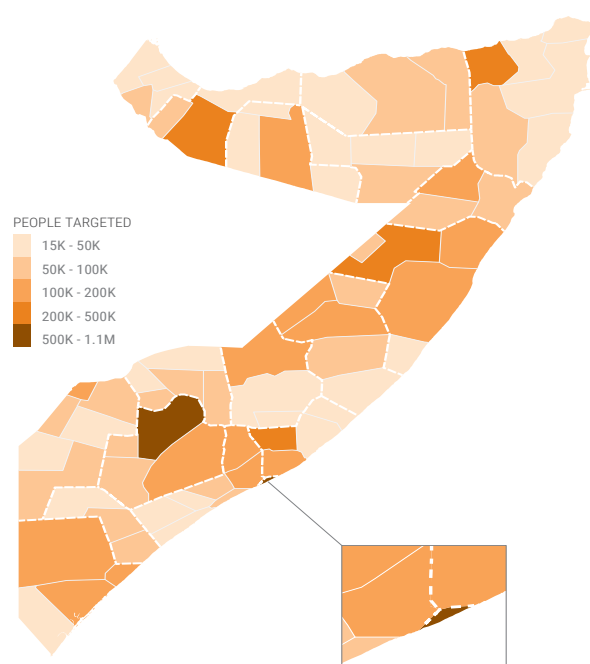
1.3.1 Targeting

The 2023 Humanitarian Response Plan is targeting some 7.6 million people at least in one sector, which constitutes 90 percent of the People in Need (PiN). This is in line with the IASC Humanitarian System-wide scale-up and the HCT's strategic direction to scale-up response both in magnitude and quality to avert the risk of famine. The targeting is informed by the magnitude and severity of the needs identified in the HNO, the partners' capacities to scale up and the operating environment including access. The overall target was calculated by taking the highest cluster target at the district level.

People in Need by district



People targeted by district



1.3.2 Multisectoral Response

In May 2022, the HCT identified a five-pronged approach to drought response and a famine prevention plan which is centred around prioritisation, coordination, integration, rapid response and response monitoring.

The June 2022 Drought Response and Famine Prevention Plan outlined the joint intersectoral famine prevention and mitigation response to scale up the famine prevention response from May to December 2022. The strategy leveraged the complementary expertise and operational capacities of four core clusters (FSC, Health, Nutrition, and WASH). The strategy was based on a sequential approach for the delivery of the minimum intersectoral famine prevention response package at jointly identified service delivery points in prioritised districts.

The 2023 HRP builds on these existing building blocks to provide an overarching framework and guidance on multisec-

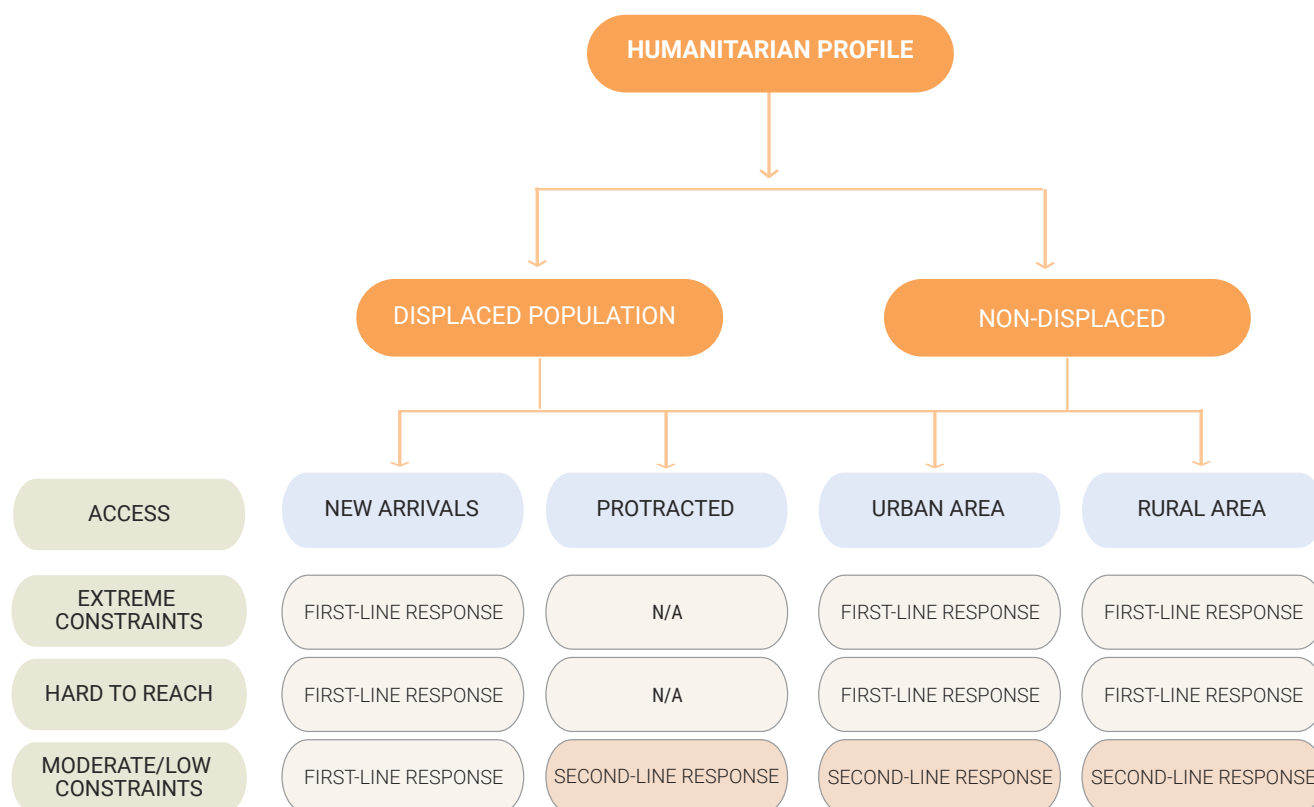
toral response. It is important to note that the multisectoral response outlined in this chapter is life-saving in nature. The first-line response only refers to the minimum package to be delivered as a buffer until a second-line response is delivered. Therefore, the first and second line refer to the temporal aspect of the response. As such, it should not be construed or used as a prioritisation tool.

First-line Integrated Response*

On 11 October 2022, the HCT endorsed a First-line Integrated Response Framework outlining the approach to scale up life-saving emergency assistance for people who are either newly displaced or are critically underserved and live in newly accessible, hard-to-reach or extreme constraint OPA1 areas. This initial response will be used as a buffer to prevent or reduce the loss of lives until a second-line response is in place. The first-line response is delivered within one week.

*The framework will be reviewed based on the HCT-ICCT retreat planned in March 2023.

INTEGRATED RESPONSE FRAMEWORK



As part of the first-line response, humanitarian partners will ensure commodities and services across all sectors are effectively adapted to the specific needs of different population groups: children, women, pregnant and lactating women, elderly, people with disabilities, chronic illness and/or limited mobility.

While it is desirable to have a full package first-line response with the above-listed items, the response will proceed even if all sectors are not adequately mobilised or lack supplies. Similarly, more items or services can be added when partners have the capacities and resources. For instance, protection

actors can embed protection staff members in the first-line response team to add value with rapid protection assessments, dedicated support to referrals, information dissemination, psychological first aid, mobilisation of follow-up second-line protection response and mitigate exclusion of vulnerable groups.

Simultaneously, first-line response team will conduct rapid assessments, referrals, and registrations to enable a second-line response.



NEWLY DISPLACED

COMMODITIES

- Ready to eat foods and/or one of HH food assistance
- Ready to use therapeutic and supplementary foods (RUTF/RUSF)
- Hygiene and dignity kits
- Oral Rehydration Salts (ORS)
- Shelter/NFI assistance (tarps, blanket, sleeping mat)
- First line routine drugs
- Unconditional cash transfers

SERVICES

- Safe drinking water
- First aid for trauma
- Cholera, measles and polio vaccination
- Vitamin A supplementation and deworming
- Clinical management of rape
- Basic emergency obstetric and neonatal care



URBAN

COMMODITIES

- Ready to eat foods and/or one of HH food assistance
- Ready to use therapeutic and supplementary foods (RUTF/RUSF)
- Hygiene and dignity kits
- Oral Rehydration Salts (ORS)
- First line routine drugs
- Unconditional cash transfers

SERVICES

- Safe drinking water
- First aid for trauma
- Measles and polio vaccination
- Vitamin A supplementation and deworming
- Clinical management of rape
- Basic emergency obstetric and neonatal care



RURAL

COMMODITIES

- Ready to eat foods and/or one of HH food assistance
- Ready to use therapeutic and supplementary foods (RUTF/RUSF)
- Hygiene and dignity kits
- Oral Rehydration Salts (ORS)
- Blanket supplementary feeding
- First line routine drugs
- Unconditional cash transfers

SERVICES

- Provision of water
- First aid for trauma
- Measles and polio vaccination
- Vitamin A supplementation and deworming
- Clinical management of rape
- Basic emergency obstetric and neonatal care

Second-line multisectoral response

A second-line multisectoral response can be:

- 1. An integrated intersectoral response.** Joint delivery of a joint response package for newly displaced IDPs to address multiple needs or a multi-purpose cash transfer programme that enables to address basic different sectoral needs.
- 2. A layered sectoral response.** Separate implementation of health and WASH response at the same time and in the same geographic location to address cholera outbreaks. These sectoral responses take place within an agreed timeframe and usually target overlapping population groups.
- 3. A sequenced sectoral response.** Newly displaced IDPs are provided with food assistance and protection followed by shelter and education.

While priority geographic locations and population groups are pre-identified, the second-line multisectoral response will follow needs-based targeting of households, individual, communities or health facilities. Target households will be selected within these prioritised locations using vulnerability criteria, assessment and referrals by CCCM or protection partners (including the use of modalities such as protection desks or protection mobile teams).

Population Groups:

Second-line response will be delivered based on the needs of vulnerable households and individuals within the following population groups:

- Households that received a first-line integrated response and are identified to be most vulnerable based on needs/vulnerability assessments and referrals from partners.
- Persons in protracted displacements in areas with low/moderate access constraints.
- Shock-affected populations in urban areas with low/moderate access constraints.
- Shock-affected populations in rural areas with low/moderate access constraints.

Targeting and Location:

A geographic-level prioritisation focused on the intersectoral severity of needs in the 2023 HNO.

It is important to note that this is a prioritisation for multi-sectoral response (highest intersection of multiple needs) and complements cluster/sectoral prioritisation. The geographic locations may change in the course of 2023 due to evolutions of needs in line with the risk projection outlined in pages 51-56 of the HNO. The Inter-Cluster Coordination Group under the leadership of the Humanitarian Country Team, will update the list of locations as required.

The following locations will be prioritised for multi-sectoral response.

- Districts in catastrophic situations (severity 5);
- Districts in extreme situations (severity 4) and a high concentration of People in Need (PiN).

Districts in Catastrophic situations (severity 5);

Southwest:

- Bay region: Baidoa, Buur Hakaba, Diinsoor, and Qansax Dheere districts
- Bakool region: Tayeeglow, Waajid, and Xudur district.

Galmudug:

- Mudug region: Hobyo and Jariiban districts
- Galgaduud region: Ceel Buur district

Puntland

- Nugaal region: Burtinle district

Districts in Extreme situations (severity 4) and high concentration of People in Need (PiN)

Bandir

- Banadir region: Banadir district

Somaliland

- Woqooyi Galbeed region: Hargeysa district

Puntland

- Nugaal region: Garoowe district

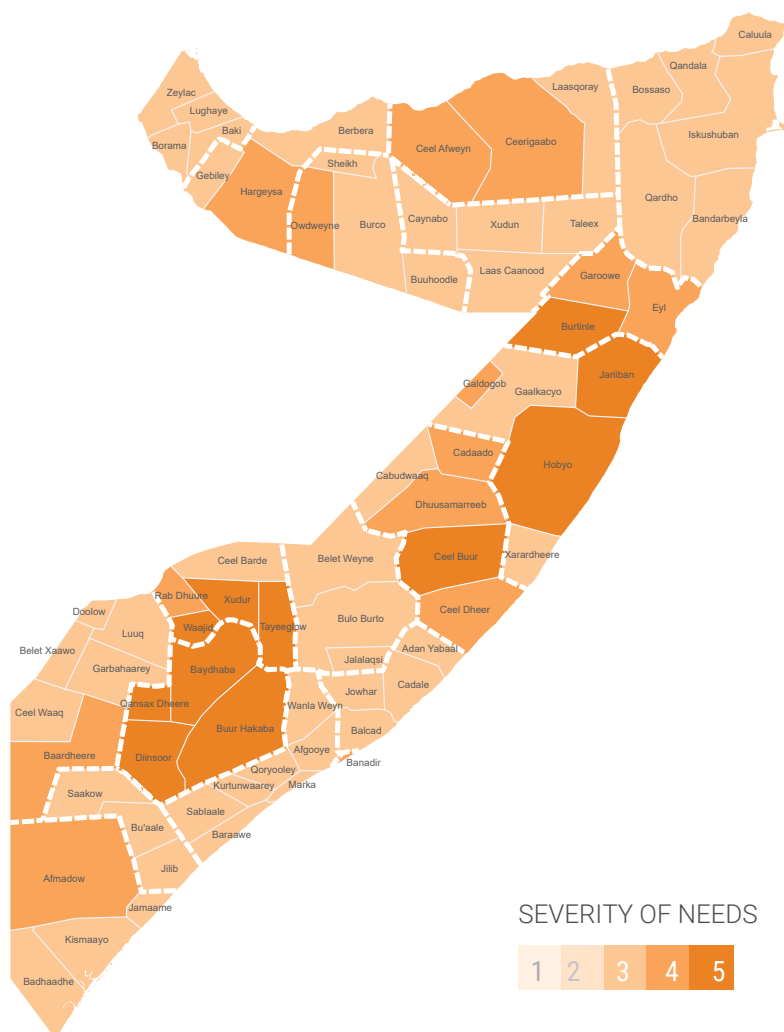
Galmudug:

- Galgaduud region: Dhuusamarreeb district

Jubaland:

- Lower Juba region: Afmadow district

Inter-Sector Severity of Needs by District



1.4.

Inclusion of Minority Groups

An estimated 30 per cent of the population may be considered minorities although the exact number is unknown. Experiences documented from previous crises show that members of communities with minority affiliation have been disproportionately affected due to structural and distinct forms of exclusion and discrimination. Minority communities and groups continue to have elevated needs that are different from the population at large. For instance, areas highly inhabited by minorities such as Bay agro-pastoralist and riverine areas have above average levels of acute malnutrition including catastrophic situations in the Bay region.

To be inclusive and effective requires the humanitarian response to focus on the social and ethnic groups that have the least ability to manage in a disaster. Members of minorities remain most likely to be the victims of aid diversion or denial of assistance and face more difficulties in reporting such instances to the authorities or aid providers than majority clan communities. Additionally, members of minorities are likely to face exclusion in the discussions on issues affecting them and in decision-making processes in camps/settlements and places of origin.

Humanitarian agencies have taken several positive steps that must continue in 2023. Harmonised targeting criteria across the response will lessen opportunities for the denial

or diversion of assistance. Increased strategic partnerships with minority rights organisations as well as sustained and regular engagement with local authorities, representatives and diverse community committees will improve verification efforts. This means that those most at risk of being left behind will remain on assistance and distribution lists. Outside camps, clusters will make efforts to increase access to services and ensure community-led committees are diverse and based on a robust social and structural analysis. Closing the feedback loop with minority communities remains an operational challenge. 2023 will see increased investment in Accountability to Affected.

The HCT has committed to and includes a representative from a minority rights organisation. Minority representatives will rotate membership to ensure as broad a level of representation as possible for their communities and, in line with the localisation agenda, they will receive mentoring and coaching support to better present issues and pose solutions to humanitarian leadership.

This will be replicated particularly in strategic and technical groups including the Inter-Cluster Coordination Group (ICCG) and the Information Management and Assessment Working Group (IMAWG).

1.5.

Humanitarian - Development - Peace Nexus

Implementing Durable Solutions

There are opportunities to adapt durable solutions coordination structures and programmes to better address current drought shocks along the humanitarian-development-peace nexus. These responses are aligned to the UN Secretary General's action Agenda on Internal Displacement (SG's Action Agenda), the Federal Government of Somalia National Durable Solutions Strategy and the National Development Plan 9 (NDP-9). Durable solutions programmes will seek to create linkages with resilience and nexus programmes that focus on adopting strong area-based and spatial approaches to local integration processes that incorporate comprehensive approaches to security planning, protection concerns (particularly vis-à-vis Gender Based Violence and land tenure security), social cohesion, infrastructure, governance, livelihoods and employment.

Interventions will build on lessons learned from previously implemented durable solutions programmes which recommend multi-faceted approaches that build strong linkages between short, medium and long-term programme interventions to bridge the humanitarian - development - peace nexus. The recent drought and risk of famine in most parts of Somalia has revealed the importance of agile programme management to quickly respond to rapid contextual challenges. Flagship United Nations Joint Programmes such as "Saameynta" and the Joint Resilience Action provide resilience-building and sustainable solutions to displaced persons and communities with flexible systems aimed at protecting and sustaining durable solutions gains. Opportunities exist to comprehensively pilot the nexus approach by combining humanitarian-development operational districts that face severe drought and risk of famine in locations including Baidoa, Buur Hakaba, Belet Weyne, Bossaso and Gedo.

Complementarity of Social Safety Nets and Humanitarian Assistance

The complementarity of social safety nets and humanitarian cash is emerging strongly through the social protection platform contributing to the humanitarian-development-peace triple nexus. Partners responding with cash-based interventions will strengthen the nexus approach by supporting existing FGS-led mechanisms like the Safety Net for Human Capital Project (SNHCP), the Baxnaano Project and various other instruments currently developed in Somalia. Through the 'Anticipatory Action' funding, the SNHCP has the ability to respond to households registered in the safety net prior to unfolding climatic shocks which enables households to diversify their income sources and meet long-term food security needs.

Cash transfer interventions will boost Baxnaano objectives including nutrition-linked multi-year Unconditional Cash Transfers (UCTs); support the development of key Social Safety Net (SSN) delivery systems and strengthen institutional capacity-building together with the establishment of the 'Unified Social Registry' (USR) platform which aims to deliver regular, predictable and scalable cash transfers to communities that are affected by drought and displacement.

Other existing mechanisms like the long-term Transitional Cash and Livelihoods Assistance Programme model adopt a multidimensional methodology in addressing food insecurity and sustainable livelihoods by layering four complementary components of emergency response and early recovery. The package includes 12 months of unconditional cash assistance (representing approximately half of average Minimum Expenditure Basket rates), livelihood inputs of beneficiaries' choice coupled with extensive skill training on sustainable, climate-smart livelihoods practices. The intervention also seeks to address root causes of malnutrition through a life-cycle methodology by incorporating community-led nutrition education and sensitisation in the project cycle. To diversify income sources and livelihood options, community-led Village Savings and Loans Associations will be established in the target districts to enroll beneficiaries into savings and loans groups. Besides offering a feasible model through which humanitarian caseloads can transition, it is anticipated that TCLP will significantly improve the adaptive capacity of households to recurrent covariate shocks.

Water and Flood Management

Funded by the United Kingdom's Foreign, Commonwealth and Development Office, a joint FAO / UNEP project will be leveraged to scale up nexus responses to flooding whereby short-term fixes are implemented in combination with modelling nature-based, long-term solutions. Coordination support to the World Bank's Somalia Crisis Recovery Project and the German Development Agency (GIZ) will continue at FGS level including support to the Ministry of Energy and Water. Community level interventions to reconstruct riverbanks and build community resilience will be ongoing. The National Water Resource Strategy 2021–2025 recognises that depletion and mismanagement of water resources can result in fierce competition and humanitarian crises. It has conceptualised 12 flagship projects which aim to break the recurrent cycle of flooding and drought in Somalia and achieve sustainable water resource development. To achieve enhanced implementation of the strategy and its 12 flagship project across all relevant actors, the Ministry of Energy and Water Resources has launched the Water Sector Coordination

Facility with relevant Government, UN and other counter- parts. There is an opportunity for all actors involved to use a nexus approach throughout the support for the strategies' objectives and scale-up of the coordination facility. This can be achieved through coordination points as well as implementation of the various short, medium and long-term actions of the strategy ranging from improvement of policy frameworks to water conservation activities in flood and drought-affected areas ensuring that humanitarian, peace and development aspects are kept in consideration throughout this process.

DOOLOW/SOMALIA

Displaced Somali women and children wait at a water disbursement area in the sprawling Kaxareey displacement settlement in Doolow
Photo: UNOCHA/Giles Clarke



1.6.

Costing Methodology

Costing methodologies serve to calculate the financial requirements to fulfil the objectives of the Humanitarian Response Plan (HRP). An increasing number of humanitarian operations have transitioned from the project-based costing to unit-based costing methodology. Project-based costing relies on summing funding requirements of individual projects of different organisations and reviewed by the clusters. Unit-based costing relies on identifying a unit or per beneficiary cost for each planned service or activity.

The Humanitarian Country Team decided in October 2022 to transition from project-based to unit-based costing for the 2023 HRP. The adoption of the unit-based costing approach contributes to an improved humanitarian response through increased transparency, efficiency, credibility, and cost-effectiveness. Unit-based costing does not require a lengthy review of projects submitted by partners therefore allowing clusters to dedicate more of their time on operational issues.

Each of the clusters undertook the following steps to cost their respective response plans:

- Clusters developed their response strategies in consultation with their partners outlining which activities or services they plan to implement in 2023. Clusters and partners agreed on the number of people targeted for each activity by geographical area and population group.
- Clusters identified the most relevant units of measurements and assigned an average unit cost for each of the activities. The unit costs were determined in consultation with partners factoring in the cost variations for different geographical areas due to access or logistical constraints.

The unit costs are reflective of all costs incurred to implement activities including support or indirect costs.

- Clusters calculated their financial requirements for each activity by multiplying the unit cost by target. Clusters ensured their targets are prioritised and realistic based on the following considerations: assessment of needs, expected access, partner capacity, implementation feasibility, historical reach, funding trends and responses provided by non-HRP partners. The total financial requirements for the cluster response plan are equal to the sum of requirements for each of the activities.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) supported clusters throughout the process by providing technical guidance and templates. OCHA also encouraged clusters to seek cluster-specific guidance from their Global Clusters and facilitated exchanges with counterparts in other contexts to learn from their experiences. Cluster coordination teams presented their progress and approach at a workshop in early December 2022 and exchanged with peers on some of the challenges and opportunities offered by unit-based costing.

The financial requirements of the 2023 HRP amount to \$2.6 billion representing a 13.4 per cent increase compared to the revised 2022 HRP (October 2022). These financial requirements are a reflection of the increased severity of needs and capacity to respond in Somalia as well as the inflation of prices for some relief items. Details on the costing approach are available for each of the clusters in their respective chapters.

1.7.

Planning Assumptions, Operational Capacity and Access

Planning Assumptions

Humanitarian needs in Somalia are expected to significantly increase in 2023 due to the impacts of prolonged drought coupled with the ongoing military operations against non-state armed groups (NSAG). The existing drivers of humanitarian needs including drought and conflict in the current period will continue to add stress to households' food security, health, and nutrition status and the risk of mortality in 2023. Acute food insecurity is likely to persist as food prices remain high, disproportionately affecting the purchasing power of the most vulnerable people. The worsening drought across the country and possible conflict over scarce natural resources, particularly water and pasture, are expected to exacerbate humanitarian needs and deepen poverty in many parts of the country.

According to the latest forecast and analysis by the Climate Hazards Center, the April-June 2023 Gu rainy season is likely to be below normal which will represent the sixth season of below-average rainfall. Due to this, households will not be able to recover from the significant loss of livestock, and further reductions in household herd sizes are expected. As a result, child malnutrition levels will be elevated according to FSNAU recent analysis released in December 2022. Besides Baidoa, Burkhaba and Mogadishu, several areas in central and southern Somalia will have an increased risk of famine between April and June 2023 if the 2023 Gu season rainfall turns out to be poorer than currently predicted and humanitarian assistance does not reach the country's most vulnerable populations.

If humanitarian food assistance is not maintained at scale and sustained, acute food insecurity and malnutrition levels are expected to deteriorate further and faster between April and June 2023 with approximately 8.3 million people expected to face Crisis (IPC Phase 3) or worse outcomes, including 2.7 million people who will likely be in Emergency (IPC Phase 4) and at least 727,000 people who will likely be in Catastrophe (IPC Phase 5). Water prices will remain high, and groundwater resources could become exhausted in densely populated areas such as Baidoa, and the Bay Region. The health infrastructure is likely to continue to feel the strain from responding to the continued upsurge of AWD/cholera and measles. Limited capacities to handle disease outbreaks is likely to remain in 2023. According to the FRC report, excess mortality has been elevated for many months in 2022, and as a result cumulative mortality may continue to increase in 2023. This is due to pre-existing poor health and nutrition status and high levels of food insecurity conditions of children and adults

in rural areas where constraints to access to food, health/nutrition and WASH services remain high.

As indicated in the FRC findings, the successful delivery of Humanitarian Food Assistance (HFA) is likely to keep acute food insecurity below the famine threshold and partly contribute to meeting other basic needs if the assistance is provided in cash that can be used to address other basic needs such as water and health care. The high levels of planned humanitarian assistance is likely to avert IPC Phase 5 (Famine), however, the situation will not improve if funding, outreach, management and coverage in all sectors and in particular in health, WASH and nutrition are not scaled up, Famine is a strong possibility, not only in the April-June period, but well beyond that.

Operational Capacity

In 2022, 335 organisations were either physically present or delivered humanitarian assistance in 73 districts, except for Adan Yabaal district where humanitarians have no access. National NGOs continue to make up the largest group of humanitarian partners (79 per cent) followed by INGOs (15 per cent) and UN organisations (two per cent).

The HCT's commitment to localisation is expected to enhance the operational presence and coverage of national and local NGOs in key operational priority areas. Partners will guarantee flexibility in response planning to deliver assistance in recently recovered and hard-to-reach areas.

As part of the IASC scale-up, coordination and operational capacities were deployed particularly at sub-national levels. UN agencies are committed to deploy additional 198 staff members (132 national; 66 international) in Somalia. The HCT aims to sustain, map and monitor the capacities in terms of staffing and operational enablers such as accommodation. The HCT and ICCG will continue to map and address blockages around supplies, stocks, warehousing, fundraising and other logistics support.

Road access continues to be challenging in Somalia particularly in South Central Somalia. United Nations Humanitarian Air Service (UNHAS) will continue to provide air passenger transportation and deliver critical relief items to priority locations including hard-to-reach areas. UNHAS will continue to support the operation through medical evacuations and security relocations for the humanitarian community. To support the humanitarian community in reaching the affected population, particularly in hard-to-reach areas, the Logis-

tics Cluster plans to transport 180- 200 MT monthly using different modes of transport such as air, road and sea.

The Emergency Telecommunications Cluster was activated as an additional service cluster at the end of 2022. The ETC Cluster will support humanitarian partners by providing emergency security communication services, Internet access and user support. The cluster will also facilitate two-way communication with affected communities which will be a key enabler in ensuring accountability to the affected population.

In late 2020, the ICCG started a comprehensive review of the humanitarian coordination structure based on the results of the Cluster Performance Review in 2020 and formed a dedicated Working Group (WG), including OCHA sub-offices, to identify issues and make recommendations. The WG proposed a new coordination structure with a series of recommendations in early 2021 which were endorsed by ICCG, Heads of Humanitarian Agencies (HoHA) and the HCT. The coordination structure is based on state-level ICCG (S-ICCG). As of January 2022, six states have an Inter Emergency Sub-Sectoral Coordination Group chaired by the

National Disaster Preparedness and Food Reserve Authority (NADFOR) and co-chaired by OCHA that oversees intersectoral humanitarian coordination) had established an S-ICCG. This covers Puntland (Garowe), Galmudug (Dhuusamarreeb), Jubaland (Kismayo), Hirshabelle (Belet Weyne), Southwest State (Baidoa) and the Banadir region (Mogadishu). Similar coordination structures exist in Somaliland. These S-ICCGs will be strengthened and supplemented by Area Humanitarian Coordination Groups (A-HCGs) which are based on needs and operational requirements as well as the number of partners. An A-HCCG is chaired by OCHA or a designated UN agency/ NGO if there is no OCHA office/field presence. A-HCGs facilitate localised operational situational analysis to identify gaps and trigger and mobilise the response. In April 2022, a light assessment was undertaken by the ICCG to better understand sub-national coordination capacity and develop recommendations for improvement.

The Assessment was designed to ascertain the extent to which clusters at the sub-national level fulfil several critical roles, such as assisting with service delivery and guiding strategic decisions.



335

TOTAL NUMBER
OF ORGANISATIONS

Operating in



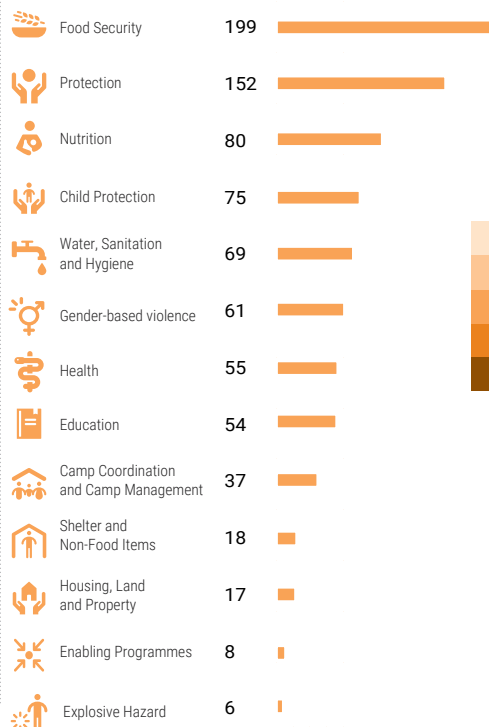
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REGIONS

74

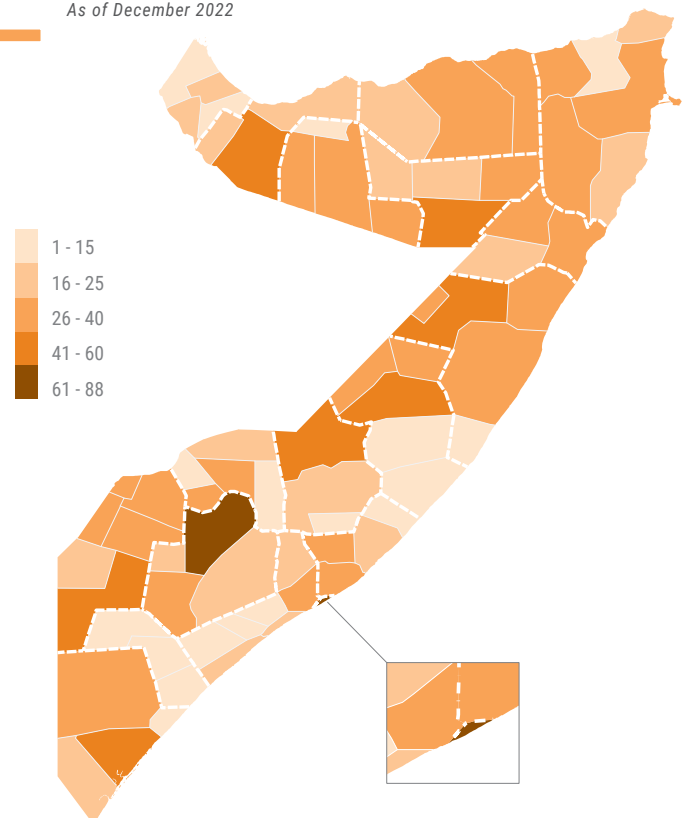
DISTRICTS

NUMBER OF ORGANISATIONS BY CLUSTER



NUMBER OF ORGANISATIONS BY DISTRICT

As of December 2022



Humanitarian Access

Somalia continues to face multiple challenges associated with the delivery of humanitarian assistance. Insecurity, bureaucratic and administrative constraints and infrastructure and environmental challenges all restrict access to affected populations and lead to movement restrictions, the disruption of imports and domestic supply chains as well as 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 life-saving assistance. Outside of major urban centres, accessibility to some districts, particularly in southern and central regions, remains limited which is mainly due to insecurity along the main supply routes. In Central Somalia, the ongoing military operations against Al-Shabaab, the prevalent non-state armed group, may result in improved access in those regions and elsewhere, if the operations spread into Southern Somalia. In the meantime, 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 ATMIS 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 both 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 the suspension of programmes.

The presence of non-state armed groups across parts of Jubaland, South-West State, Puntland, Hirshabelle and Galmudug (the prime regions for ongoing conflict) 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 770,000 people 375,770 of whom may be in need of assistance are estimated to live within territory controlled by Al-Shabaab and remain largely out of reach. Information on the humanitarian situation in those areas controlled by Al-Shabaab as well as in areas controlled by Somalia's Islamic State faction is difficult. Civilian movement is often nearly impossible due to regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, South-West State and Puntland. When insecurity and conflict lead to displacement, it is the most vulnerable populations that 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 such as the presence of improvised explosive devices along key supply routes. Security checkpoints, many of which charge a fee, hinder safe, timely and unimpeded access. Incidents continue to be reported at the checkpoints along all major access roads in southern and central Somalia. 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 unauthorised checkpoints along other main access roads continue, however, armed actors adjust by creating mobile checkpoints.

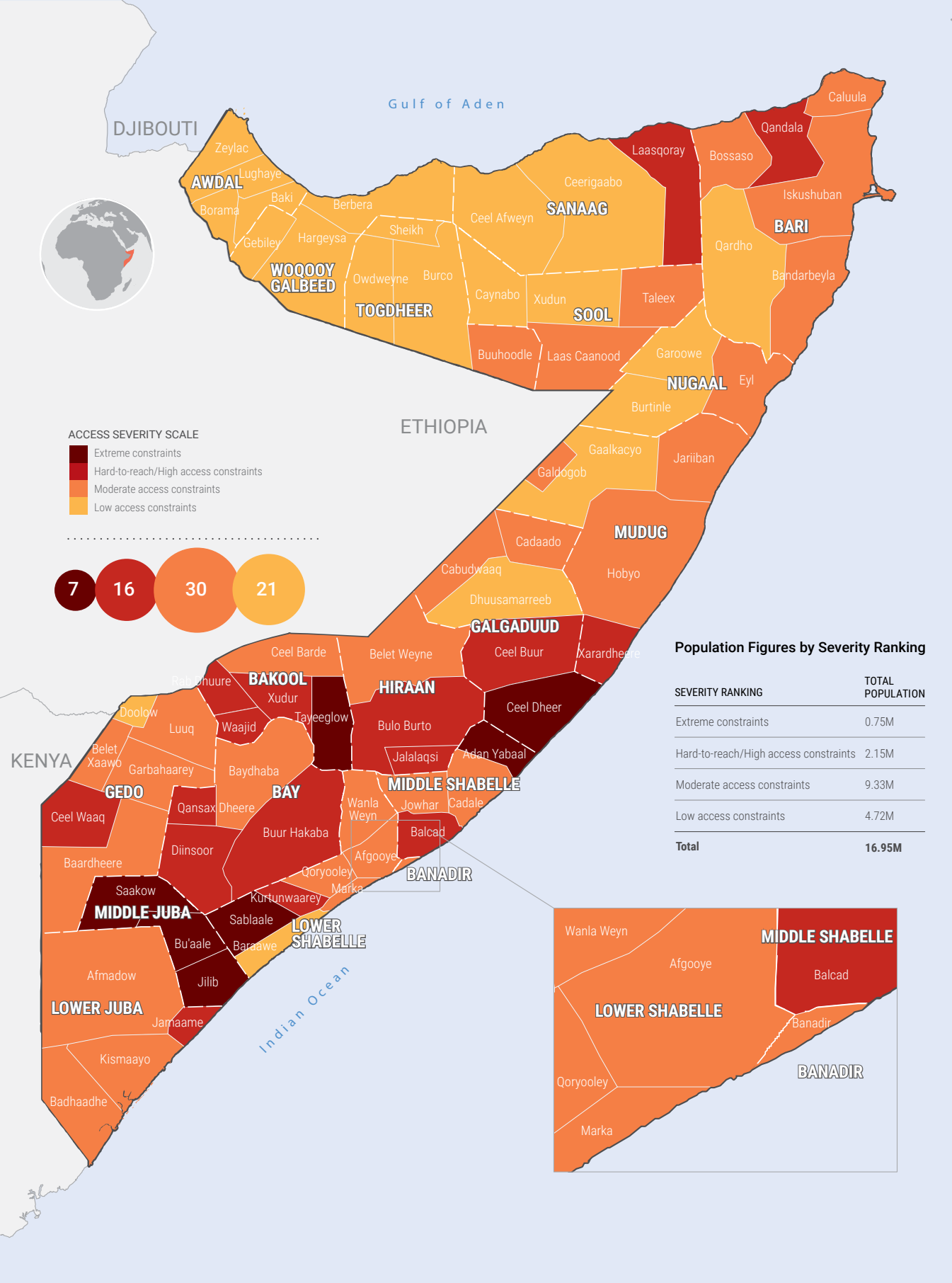
The absence of a centralised and enabling regulatory framework continues to pose extensive bureaucratic and administrative impediments to operations. Aid organisations have continued to face demands such as arbitrary or duplicative taxation between the federal and state level, the involvement of authorities in contracting suppliers and service providers, and interference in staff recruitment including screening, interviewing, selection and vetting. 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' abilities to respond to people in need in areas controlled by non-state armed actors, even once access is negotiated.

Military operations in the Hiraa region of Hirshabelle started in July 2022 with the mobilisation of Macaawsley (clan) militias to support FGS operations against Al Shabaab. Coordinated, offensive operations, the first in a decade, have continued in both Hirshabelle and Galmudug states with FGS forces recovering significant areas of territory from AS control.

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 measures across Somalia will remain challenging in 2023. Identifying safe access routes and obtaining assurances to reach remote locations are 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. The establishment of humanitarian civil-military coordination (CMCoord) mechanisms at national and sub-national level support negotiations in critical areas. More consistent reporting on access restrictions and

Severity of Access Map



bureaucratic impediments as well as increased liaison with Somali and other security actors through increased decentralisation of CMCoord at sub-national level will support coherent and practical approaches to manage risks and strengthen the responsiveness of the humanitarian community.

The Civil-Military Coordination Working Group and the Humanitarian Access Working Group will continue to lead efforts to strengthen common analysis to identify priority issues for joint action of the humanitarian community and to maintain a continuous information exchange with security actors to facilitate humanitarian assistance. Location-specific access and response strategies will be developed based on analysis of localised 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 prioritisation, 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 to address common challenges faced by partners is supported through joint operating principles revised in 2022, the new CMCoord Guidelines for Somalia and the development of advocacy strategies.

DOOLOW/SOMALIA

Aerial view of Ladan IDP site in Doolow. The site is home to drought displaced person mostly from Bay and Bakool regions
Photo: UNOCHA/Giles Clarke



1.8.

Accountability to Affected Populations

In 2022, collective actions were taken to integrate AAP across the Somalia response. The Community Engagement and Accountability (CEA) Task Force was created under the Integrated Office of the DSRSG/RC/HC and a CEA strategy developed and submitted for endorsement by the HCT. A Monitoring & Evaluation and Accountability to Affected Populations (M&E AAP) workstream was created under the Somali Cash Working Group to play a role in mainstreaming AAP in interventions carried out by Cash and Voucher (CVA) providers and the UN-OCHA-led Regional AAP Working Group, that also covers Somalia was established.

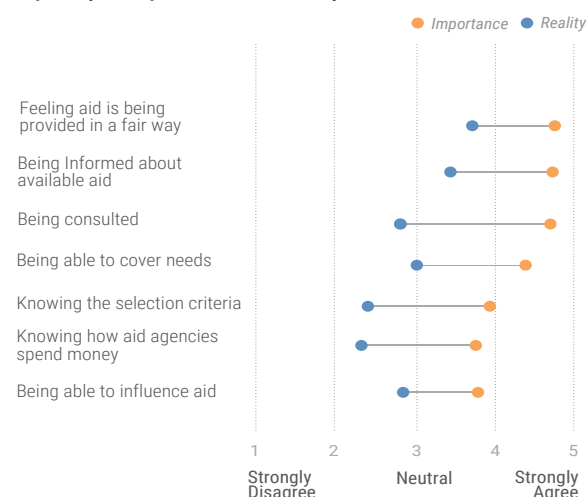
Time series data from Ground Truth Solutions (GTS) show an increase in the community perception of aid delivered by agencies and organisations that share their relevant project information from 45 per cent in 2021 to 63 per cent in 2022. The percentage of affected people who believe that aid providers consider their opinions increased from 25 per cent in 2021 to 40 per cent 2022. Findings from the REACH MSNA 2022 suggest that households receiving humanitarian services are satisfied with the services provided and have largely unhindered access to them. Among the 12 per cent of assessed households in the MSNA, which reportedly received humanitarian services in the 30 days prior to data collection, almost all households were satisfied with the services (91 per cent) and almost all households faced no barrier to receiving services (81 per cent). Among the small subgroup which was not satisfied (nine per cent), 44 per cent stated insufficient quantity while 45 per cent stated insufficient quality as the main reasons for their dissatisfaction with humanitarian services.

These REACH MSNA 2022 findings differed between assessed households in new IDP, old IDP and host community sites which suggests that issues concerning humanitarian services differ per community. Assessed households in new IDP sites which received humanitarian services in the 30 days prior to data collection (four per cent) were least likely to be satisfied with these humanitarian services (21 per cent) compared to old IDP sites (five per cent) and host communities (nine per cent). “We did not receive humanitarian aid on time/there were delays in aid delivery” (62 per cent) was by far most frequently reported reason for dissatisfaction with humanitarian services among the assessed households in new IDP sites. In contrast, insufficient quantity was the most frequently reported reason for dissatisfaction with humanitarian services among assessed households in old IDP sites (44 per cent) and host communities (45 per cent). Findings similarly suggest that households in new IDP sites face more barriers when accessing these services.

Assessed households in new IDP sites which received humanitarian services were more likely to report at least one barrier to humanitarian services (41 per cent) compared to old IDP sites (24 per cent) and host communities (18 per cent). “Lack of information” was the most frequently reported barrier for assessed households in new IDP sites (37 per cent, followed by “time/ date / targeting criteria changed without notice” (16 per cent).

Despite these ongoing efforts, according to GTS, gaps in AAP still exist particularly regarding the coordination and implementation of collective AAP approaches and efforts by organisations. Contrasting people's expectations on key AAP indicators against their perceptions on the realities of achievement of the indicators, as shown in the figure below, revealed significant gaps. The gap analysis highlights priority aspects of AAP for 2023 (see figure) based on what communities perceive as most important for them versus the actual realities of their inclusion. The largest gap in terms of expectations and reality exists with respect to communities being consulted on their needs followed by communities being able to cover their most important needs using aid and thirdly, communities understanding the targeting criteria used by aid providers.

Gap analysis expectations and reality based on mean scores



Amplifying this evidence, according to a UNICEF-conducted AAP survey in 22 districts in southern and central Somalia, covering 4,400 respondents (58.9 per cent female, 41.1 per cent male), shows that 75 per cent of communities are aware of the different services that humanitarian agencies provide. Women (65.8 per cent) are most unaware of the available services while only 52 per cent of the respondents know how to access services. According to the same survey,

55 per cent report to have benefitted from humanitarian assistance, and 63 per cent said they were satisfied with the support. In addition, 53.3 per cent shared complaints through established feedback mechanisms, but over 50 per cent never received a response. Finally, 45 per cent of people have not been involved or participated in any planning process, most of whom are women.

Findings from the MSNA also suggest that awareness of and access to humanitarian services available to households across Somalia remains low. Sixty-eight per cent of all assessed households were reportedly unaware of who to ask about humanitarian services in their community, while only 12 per cent reported receiving humanitarian services in the month prior to data collection. This is just a two per cent increase from the 2021 Joint Multi-Cluster Needs Assessment (JMCNA) despite the L3 scale-up. MSNA findings suggest that the majority of households want to receive humanitarian services. Seventy per cent of all assessed households wanted to receive more information on how to access aid. MSNA 2022 findings may further indicate that households in new IDP sites are least aware of humanitarian services available in their area.

REACH MSNA 2022 findings largely suggest that households receiving assistance are consulted. Among the assessed households that received aid in the 30 days prior to data collection, the majority (76 per cent) reported that they had participated in the planning, decision-making and monitoring of the humanitarian services they received. These findings did not differ greatly between households from new IDP, old IDP and host community sites. GTS also noted that 39 per cent of respondents said that aid providers consulted them on their needs, and 40 per cent felt that people in their community could have a say in how aid is provided. This is corroborated by the fact that only 40 per cent of people who were aware of the CFMs said they used them to share their feedback or submit complaints to aid providers. Regarding information, 63 per cent of the assessed households felt informed about available aid, while not so many people knew specific details about the cash and voucher assistance they receive: only 45 per cent knew how long their aid is going to last, while 27 per cent were aware of the selection criteria. However, GTS time series data shows an increase in perceptions around information and participation from 2021 to 2022.

Findings from both the REACH MSNA and the REACH Hard-to-Reach households in new IDP sites, old IDP sites and host communities. However, key informant interviews and focus group discussions with recent IDPs from hard to reach districts in the H2R assessment similarly suggest that minority clans, elderly, people with disabilities and gender face difficulties in accessing food and non-food items from the market and drinking water due to the cost and distance and are less able to leave H2R communities. This could suggest that these groups would also face difficulties in accessing humanitarian aid even if it was available to the larger community in the hard-to-reach district.

Efforts to ensure incorporation of vulnerability-specific considerations into response planning were undertaken in reference to enhancing the response to IDPs. As part of the HNO process, where the CCCM Cluster conducted a rapid gender analysis in 20 IDP sites throughout Somalia covering approximately 900 women, men and youth to assess points of view on the capacity of camp management structures to cope with the acceleration in new arrivals to IDP sites, the participation of women and youth in camp management and community response to protection risks in IDP sites. Activities to address challenges identified in the RGA are incorporated in the cluster's Inclusion Action Plan. These activities include strengthening conflict-resolution training for camp management committee members; revising committee guidelines and ToRs to reflect core roles and duties to additionally facilitate the participation of women and youth; collaboration with child protection, education and nexus stakeholders to identify youth programming opportunities; and support camp committees to strengthen their engagement with local authorities. Further, CCCM will map community and information centres across sites to identify centres that can be used for multi-sectoral activities allowing sectors such as nutrition, health and child protection to potentially use them for daily/weekly activities.

The collection, referral, and management of community feedback is a core responsibility of humanitarian actors. Last year, community members raised more than 40,000 cases through the CCCM Cluster's integrated feedback mechanism. Ensuring these cases are appropriately referred and addressed by relevant actors is a core commitment of CCCM partners. In order to strengthen and streamline this, the Somalia CCCM Cluster is piloting Zite Manager, a humanitarian data management tool which allows large operational teams to collaborate and collectively contribute towards the collection, referral and resolution of community feedback. Already operational in three countries facing displacement crises, the Zite Manager system has received a total of 150,000 cases this year. Completely customisable, the system is designed to meet the needs of all users and help ensure effective tracking, analysis and protection of community feedback with a focus on minority groups and groups that are historically excluded from assistance.

With the support of a research company in applied anthropology in humanitarian settings, the CEA TF is undergoing a desk review on available drought-related social and behavioural data to define immediate AAP priorities as well as considering next steps to establish a Joint Feedback Trends Analysis for more effective sectoral advocacy and decision-making at national and sub-national levels. Based on these results, gaps in AAP will be further identified to formulate recommendations.

The CEA TF has also developed a guidance note on CEA/AAP to serve as a programmatic guidance document to harmonise the language, voices and considerations of affected people across agencies' proposals in Somalia taking into account different dialects. There is also an Active Engagement

Scorecard to improve the levels of engagement and inclusion of communities which serves as a self-evaluation of the partners to see how well they do on CE/AAP.

In Baidoa, IOM and FAO have established the Sheeko Wadaag (story sharing) community radio listening programme. This activity focuses on relevant events, stories, challenges and issues shared directly through the voices of community members. Independent citizen journalists were hired and trained to collect stories, information and feedback from the community and work with them to develop this into a radio programme.

One episode per week is broadcast by a local radio station (Radio Baidoa) and narrowcast at 14 designated listening stops across Baidoa city. The pilot eight episodes include a mix of stories, interviews and updates around a main theme

chosen by the community (e.g. garbage disposal and value of recycling, malnutrition, measles). As a pilot, citizen journalists will continually collect feedback from listeners to aid the further development and direction of Sheeko Wadaag.

Lastly, based on the synthesis of data and through inter-collaboration across relevant platforms, the CEA TF explores the best method to harmonise call centres across the country and create a unified hotline in each region with options to be presented to the ICCG and HCT for endorsement.

DOOLOW/ SOMALIA

A mother sits in front of the health center with her child. Doolow Referral Health Center
Photo: OCHA Somalia



1.9.

Protection from Sexual Exploitation and Abuse

Protection against Sexual Exploitation and Abuse (PSEA) and Child Safeguarding were established as a core priority of Somalia's Humanitarian Community. Under the leadership of the Humanitarian Coordinator, the HCT seeks to build on the PSEA efforts including endorsement of PSEA Standard Operating Procedures, SEA Action Plan and an active Inter-Agency PSEA Network. Critical to the progress was the UNCT and HCT's vital decision to have a dedicated coordination structure focusing specifically on ensuring common standards for SEA early detection, mitigation, and response. Despite this important progress, however, much more needs to be done on PSEA in Somalia as the country continues to grapple with the negative effects of persistent emergencies which heighten SEA risks among vulnerable communities. Recognising that PSEA needs to be implemented rapidly and effectively, the Somalia Humanitarian Community commits to work closely with the PSEA Network towards developing an Inter-Agency Accountability Culture that fully protects and supports Affected Populations. For 2023, the Somalia Humanitarian Community with the technical support of the Inter Agency PSEA Network will work on scaling up priorities enshrined in the Somalia 2023 Action Plan to prevent and respond to SEA.

Focus will be on three main thematic areas as below:

a. Prevention and risk mitigation by focusing on the following tasks:

- Training leadership dialogues and town hall meetings to ensure that UNCT/HCT personnel know the standards on SEA
- Training of field-based cluster PSEA Focal Points.
- Joint PSEA assessments and capacity building for all implementing partners in the humanitarian response
- Joint assessments targeting beneficiaries in the drought-affected areas integrating Protection, CP, GBV, PSEA and AAP
- Dissemination of the UN whistleblower policy to empower, encourage and protect staff who report cases of SEA ([ST/SGB/2017/2/Rev.1](#))
- Facilitate production and dissemination of culturally sensitive PSEA advocacy materials and GBV referral pathways across clusters and task forces
- Integrating SEA questions in the safety audit checklist

b. Reporting, by focusing on the following tasks:

- Dissemination of SEA Reporting SOPs to all staff, partners, related personnel and affected communities
- Consultations with affected communities on barriers to reporting and their preferred reporting channels
- Development of an Inter-Agency reporting mechanism to complement the existing multiple organisational reporting channels including PSEA mainstreaming in existing channels
- Establishment of a central platform that consolidates all data collected by different actors to avoid that too many fragmented data end up in different hands (AAP/ PSEA/ Protection Cluster, including GBV& CP AORs)

c. Response /implementation of the protocol on the provision of assistance to Victims of Sexual Exploitation and Abuse.

Since the GBV referral pathway is already integrated in SEA Reporting SOPs for Somalia as part of an integrated approach with GBV services, the response will focus on the following tasks:

- Advocacy on referral of SEA victims to the GBV referral pathway to ensure they access and receive adequate assistance from GBV service providers
- Joint PSEA, Protection, GBV and Child Protection initiatives, risk assessments, training and awareness-raising campaigns
- Integration of the Somalia GBV Referral Pathways in PSEA training modules and Information, Education and Communications (IEC) materials
- Establishment of a joint and fully-funded budget for implementation of the PSEA Action Plan
- Accountability of SEA cases through a central repository for reporting and trend analysis
- Establishment of a pool of standby investigators to serve upon request of partners without internal investigation capacities.

1.10.

Multi-Purpose Cash Assistance

Multi-Purpose Cash Assistance (MPCA) has been widely used in the Somalia response in recent years. In 2022, partners scaled up MPCA to respond to the drought emergency. MPCA partners in Somalia reached some 7,198,731 individuals by September 2022, compared to 1,484,610 in 2021. MPCA currently accounts for about 23 per cent of the Cash and Voucher Assistance (CVA) used to provide emergency relief in Somalia.

In addition, MPCA partners disbursed approximately \$26.6 million by the end of September 2022. MPCA remains one of the most common response modalities in Somalia thanks to its timely delivery and ability to provide choice to target beneficiaries on how to prioritise their needs. Favourable market conditions in Somalia have also enabled MPCA to further expand as part of the 2022 drought response.

MPCA Strategy

Objective: The overall objective of MPCA is to support the most vulnerable households to meet their urgent basic needs. This objective contributes to the 2023 HRP strategic objectives 1 and 2. MPCA will be used as: (1) a first-line response to enable access to basic needs and services for newly displaced populations and urban and rural populations in extreme access constraints and hard-to-reach areas; (2) a second-line response to protracted Internally Displaced Persons and urban and rural populations in moderate and low access constraint areas.

Transfer Value: The Cash Working Group (CWG) will continue to use FSNAU, Vulnerability Analysis & Mapping (VAM) and Joint Market Monitoring Initiative (JMMI) data to monitor the market performance and prices of items in the Minimum Expenditure Basket (MEB) (both food and non-food items), which will inform MPCA transfer values. Currently, the CWG has recommended that MPCA transfer values per household cover at least 80 per cent of the full MEB amount, any change to the methodology going forward will be discussed and communicated to CWG partners. Changes to the items and prices in the MEB will also be discussed and agreed with the clusters contributing to the MEB (FSC, WASH, Shelter & Shelter NFIs, Education and Health) based on results of the joint market monitoring initiatives before adoption. The period of transfer will vary depending on the objectives to be achieved: for first-line response this is currently set at a minimum of three months.

Targeting: MPCA in Somalia will target the most vulnerable and food insecure households. As MPCA is not a sector-spe-

cific response, partners should make efforts to complement it with the provision of essential services, such as health, nutrition and WASH, among others. In 2023, MPCA partners' estimated target is 426,804 households including 355,240 households in accessible areas (urban and rural) and 71,564 households in hard-to-reach areas. Targeting should prioritise households with socio-economic vulnerabilities, including vulnerable-headed households and households with vulnerable members, households from minority and marginalised groups, large households and households resorting to negating coping strategies for survival.

Role of the Cash Working Group (CWG)

The CWG will coordinate, track, monitor and report MPCA interventions at the national and sub-national levels. This will build on the ongoing collaboration with Food Security and other sectors to delink MPCA from sector-specific cluster responses and to ensure transparent reporting of the partners' activities through dedicated MPCA 5Ws and dashboards. The CWG will continue to advocate for funding for MPCA which includes direct advocacy to donors, running technical task forces and workstreams to develop and review guidelines, harmonising tools and sharing information to strengthen MPCA implementation. The CWG will regularly monitor and review the transfer values to account for changes in market prices of the MEB which was updated in December 2021. Meanwhile, the CWG will remain a forum for technical discussions for all partners implementing sectoral CVA as well as a coordination mechanism for safety nets/social transfers programmes to promote operational linkage between humanitarian and long-term assistance. In line with the IASC cash coordination model, the CWG will be linked to the ICCG to support its priorities in ensuring that CVA and MPC are used consistently in the response, where applicable and feasible.

Humanitarian Social Protection Linkage

In 2023, the CWG will continue to work closely with the Federal Government of Somalia, the World Bank, the European Union and other partners on the linkage between humanitarian cash assistance and social transfers/safety nets programmes. The CWG will hinge its collaboration on the areas identified in 2022 including: i) targeting, ii) registration, iii) mapping iv) delivery systems, v) feedback and complaints mechanisms, vi) transfer values and vii) coordination.

Transition Plan

In 2022, the IASC principals endorsed a new cash coordination model that ensures predictable and accountable mechanisms for country-level cash coordination through programmatic and non-programmatic co-chairs. The Somalia CWG is currently co-led by the World Food Programme (WFP) and Concern Worldwide. OCHA, WFP and Concern are currently drafting a transition plan to handover to OCHA the co-lead

(non-operational agency) role and run an open election to select a programmatic co-lead which will be nominated among the INGOs/NGOs partners. In 2023, the CWG will be organising sessions on the new cash coordination model and transition plan to ensure accountability to partners.

BAIDOA, SOMALIA

A woman sitting outside her makeshift shelter at Raama Cadeey IDP camp
Photo: UN Photo/Fardosa Hussein



Part 2:

Response Monitoring

GALBEED/SOMALIA

A displaced mother comes back home after collecting firewood in Badbaado II IDP site in Kismayo's Galbeed district that is hosting some 450 drought-displaced families

Photo: UNOCHA/Giles Clarke



2.1. Monitoring Approaches

In partnership with Federal Government and Federal Member states authorities and other relevant government institutions, the ICCG under the guidance of the HCT will regularly monitor and track progress towards the three overarching Strategic Objectives of the 2023 HRP and ensure that resources are channeled in a principled manner according to the highest and most urgent needs and response is equivalent to the needs of the targeted population.

A joint humanitarian coordination mechanism will be established to ensure regular information sharing to minimize duplications of efforts and resources. A senior level strategic and operational coordination with SoDMA, FMS and MoHADMs will enhance effectiveness and efficiency of the response through regular analysis of response gaps.

Through the Information Management Working Group (IMWG), OCHA coordinates the primary level of monitoring at the cluster objective level and above. The established indicators will then be used for specific and strategic objective monitoring. Based on the regular response monitoring data, the ICCG makes recommendations to the HCT regarding the scope and direction of the response operation to inform course correction, if any.

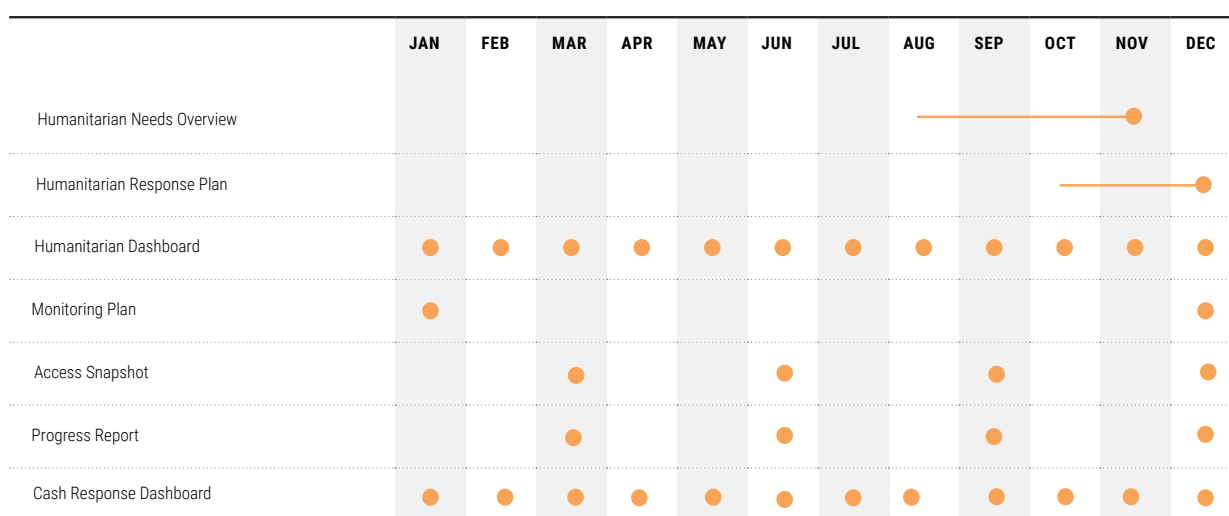
Somalia has a robust output monitoring framework utilising the Response Planning and Monitoring Module (RPM). On a monthly basis, all clusters upload their 4W and partner output data onto the RPM which allows OCHA to track the reach and accessibility of the response in relation to each Strategic and

Cluster Objective. This includes the collection of and reporting on sex, age and disability disaggregated data. Each month, all relevant RPM data is published on the Humanitarian Action website which is a newly launched global platform maintained and disseminated by OCHA for all humanitarian operations around the world.

In 2023, the humanitarian community in Somalia will prioritise improving the quality of response through strengthening inter-cluster monitoring approaches to enable agility and granularity in response analysis that corresponds with the fast-evolving situation, emerging needs and priorities. To achieve this, several components of the inter-cluster response monitoring framework will be adjusted/strengthened as follows.

- At population level, it will be aligned with the five population sub-groups used for needs analysis in the HNO^{vii} (as opposed to three in 2022) as different responses are designed to address the different vulnerabilities and needs of these different population sub-groups.
- At geographic level, monitoring will be done at “operational zone”^{viii} within a district^{ix}. While the achievement will continue to be reported at district level, the “operational zone” approach seeks to provide a more nuanced overview of the response, taking into account existing contextual differences in each district instead of treating each district as a homogenous unit.

Needs and response monitoring timeline



- The frequency of cash and voucher response dashboard will increase (from quarterly to monthly).
- The feasibility of decentralising RPM to the clusters will be explored. This includes delegating reporting responsibility and authority to each cluster, while OCHA continues to provide overall technical support. This would allow a quick turnaround in reporting monitoring progress while optimising the technical expertise of each cluster within their areas of responsibility.
- The linkages between the multi-cluster/multi-stakeholder working group on assessment coordination and the ICCG will be strengthened*. This is to ensure that the group will better support the ICCG in delivering on the workplan and agreed priorities related to the Humanitarian Programme Cycle by serving as a forum for consultations, preparations and roll-out of coordinated multisectoral needs assessments and joint analysis to provide an evidence base for the humanitarian needs of populations affected directly by the crisis.
- Finally, the methodology for calculating the number of people reached by humanitarian response is being reviewed and updated to facilitate a more robust and effective monitoring that is aligned with global standards.

Meanwhile, monthly situation monitoring will be bolstered through the cross-reference of other existing monitoring data, including FSNAU WFP mVAM, IOM Displacement Tracking Monitoring (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 and assess broadly how needs evolve among the main categories of people in need. They provide an overall indication of the trends and are useful in triggering further detailed or rapid assessments to look at specific population sub-groups who are likely to be most affected.

On a monthly basis, the ICCG will review the context analysis based on the context indicators and the response dashboard. For instance, the FSNAU early warning dashboard is a key product that will be used by the ICCG to continuously monitor the context and adjust programming as required.

The analysis from critical response indicators will be overlaid with relevant access severity and needs severity data to provide granular information on assistance delivered in hard to reach areas and/or to the most vulnerable people.

Critical indicators for situation monitoring

Indicator	Sources
1- % of the population in IPC 3 and 4 by population group (rural, urban, IDPs) compared to baseline	IPC
2- Prevalence of Global Acute Malnutrition in children under five based on MUAC and WHZ	IPC and SMART surveys
3- Civilian population killed or injured by violence, conflict, or natural hazards	Protection Cluster
4- Percentage of IDPs versus host population	Population Datasets
5- Ratio of births attended by skilled health professional	Health
6- SWALIM Combined Drought Index	SWALIM

Critical response indicators

Indicator	Sources
1- Number of individuals provided with life-saving, humanitarian food and cash assistance by population groups (non-IDPs, IDPs) and location (rural, urban)	Food Security Cluster
2- Number of girls and boys aged 6-59 month with severe and moderate acute malnutrition who are admitted for treatment	Nutrition Cluster
3- Number of individuals reached with specialised protection services and/or assistance	Protection Cluster
4- Number of people benefiting from site improvement projects with disaggregation by gender, disability, and minority clan membership wherever possible	CCCM
5- Number of deliveries attended by a skilled birth attendant	Health
6- Number of people reached with emergency water services in targeted settlements and communities	WASH Cluster

Part 3:

Cluster Objectives and Response Strategies

DOLOOW/SOMALIA

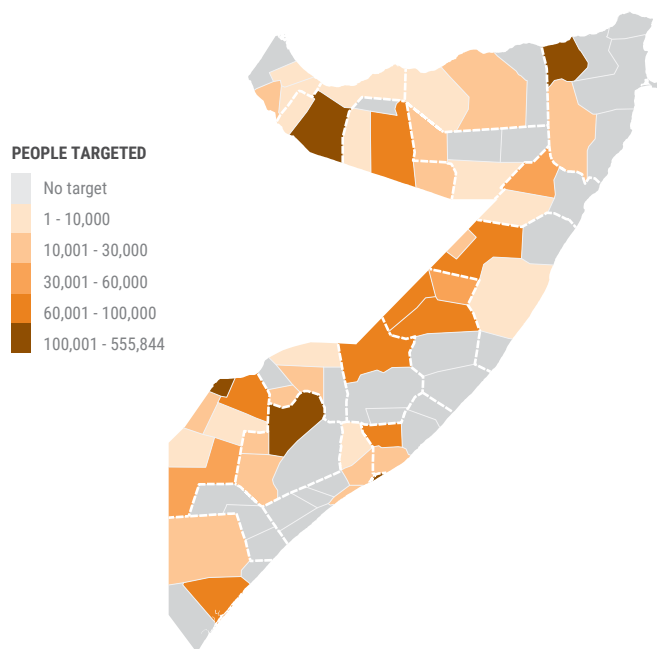
A group of young girls in Kaharey IDP site in Doolow District, Somalia. Thousands of children risk dropping out of school due to the impact of drought and other shocks

Photo: UNOCHA/Yao Chen

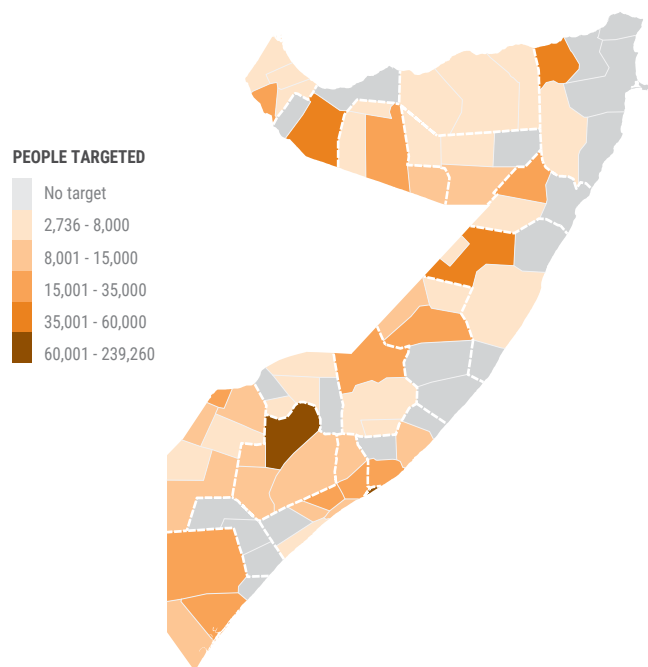


1.1 Camp Coordination and Camp Management (CCCM)

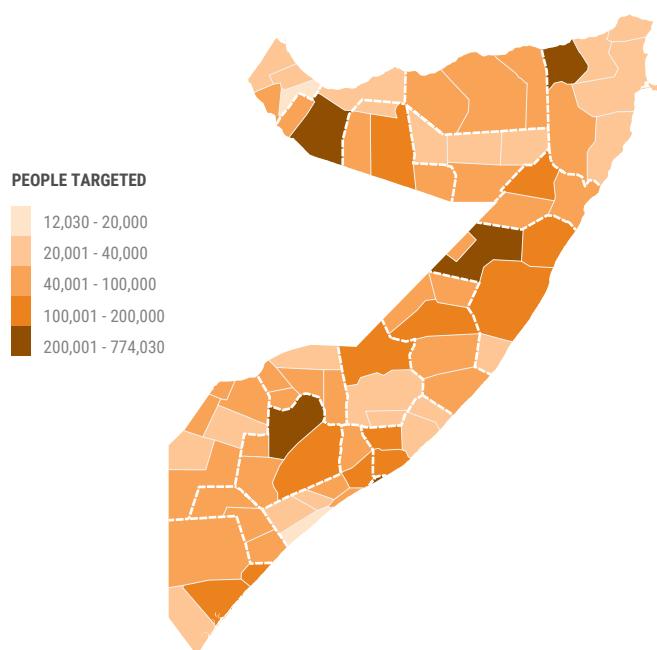
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
2.8M	2.45M	\$65.9M

**1.2 Education**

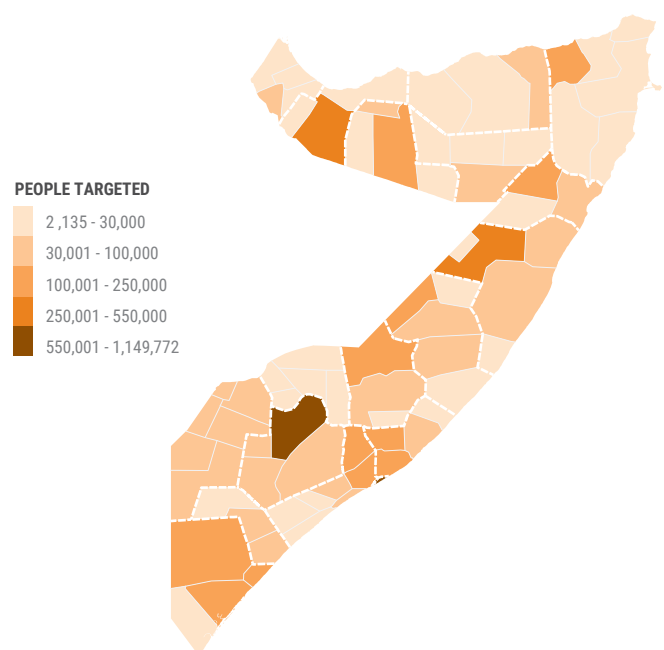
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
3.9M	0.96M	\$105.7M

**1.3 Food Security**

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.7M	6.7M	\$1.1B

**1.4 Health**

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.7M	5.9M	\$197.7M

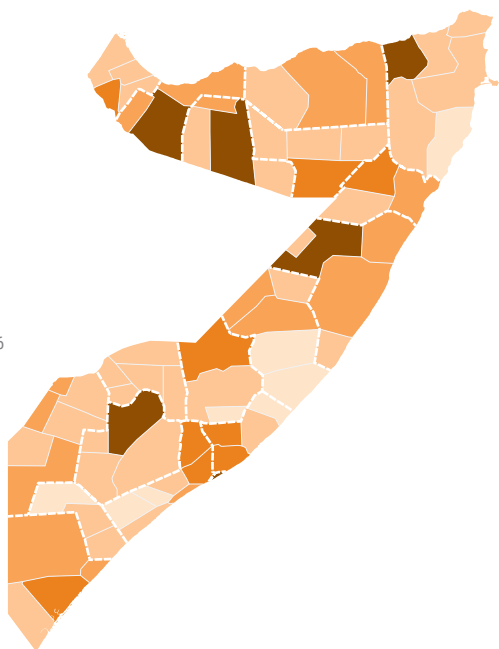


1.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
4.9M	4.7M	\$431.3M

PEOPLE TARGETED

- 6,069 - 10,000
- 10,001 - 30,000
- 30,001 - 50,000
- 50,001 - 100,000
- 100,001 - 480,816

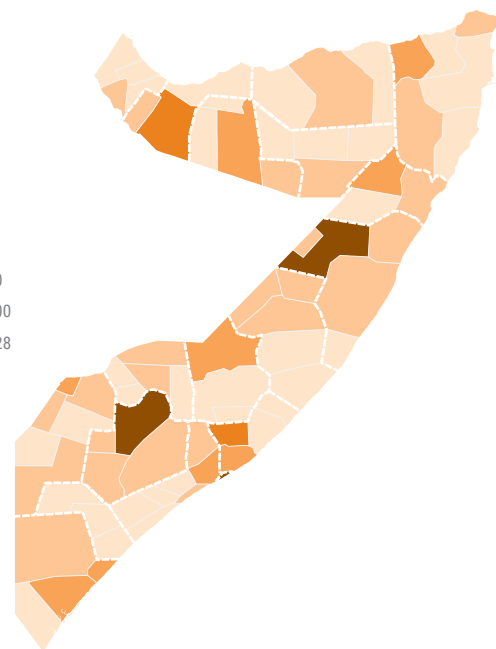


1.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5M	3.2M	\$211M

PEOPLE TARGETED

- 3,768 - 15,000
- 15,001 - 60,000
- 60,001 - 100,000
- 100,001 - 200,000
- 200,001 - 689,828

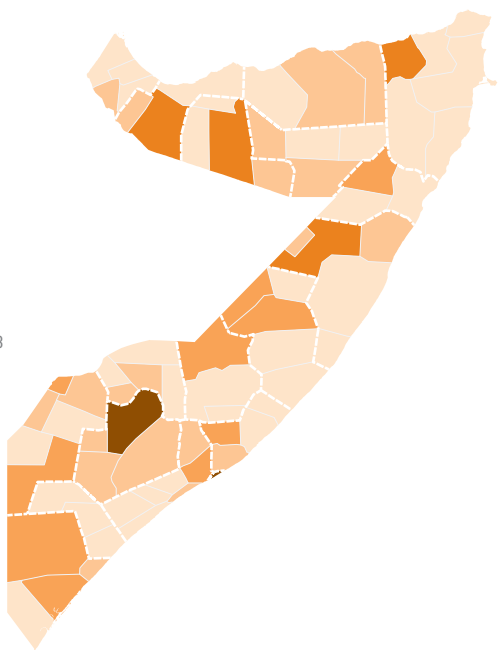


1.6.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.5M	2.1M	\$71.3M

PEOPLE TARGETED

- 1,364 - 10,000
- 10,001 - 30,000
- 30,001 - 60,000
- 60,001 - 130,000
- 130,001 - 525,663

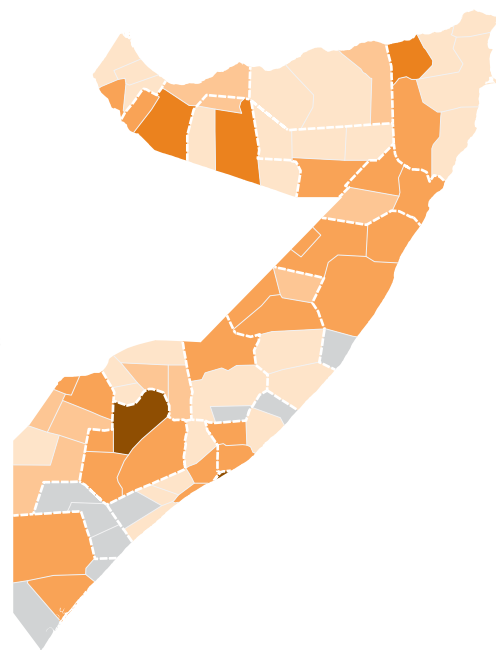


1.6.2 Explosive Hazards

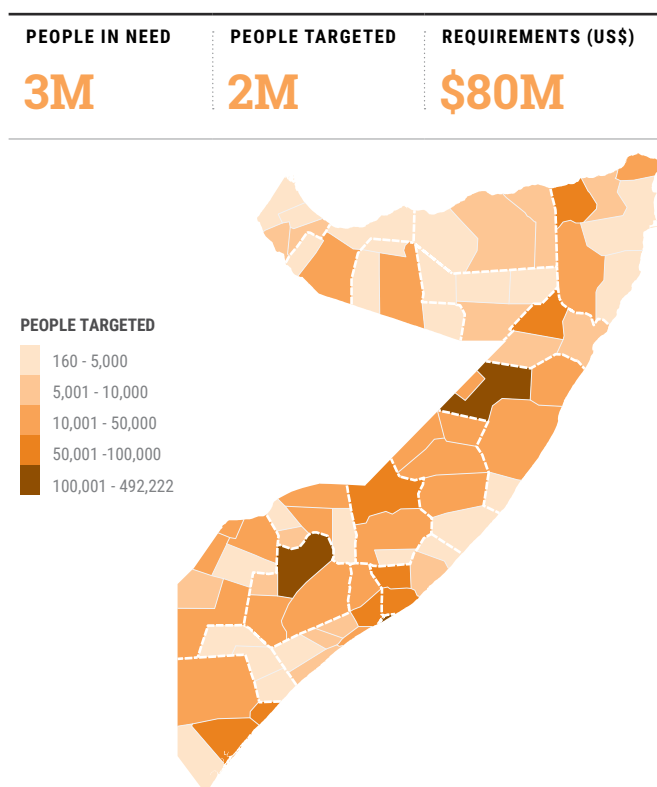
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.5M	0.4M	\$8M

PEOPLE TARGETED

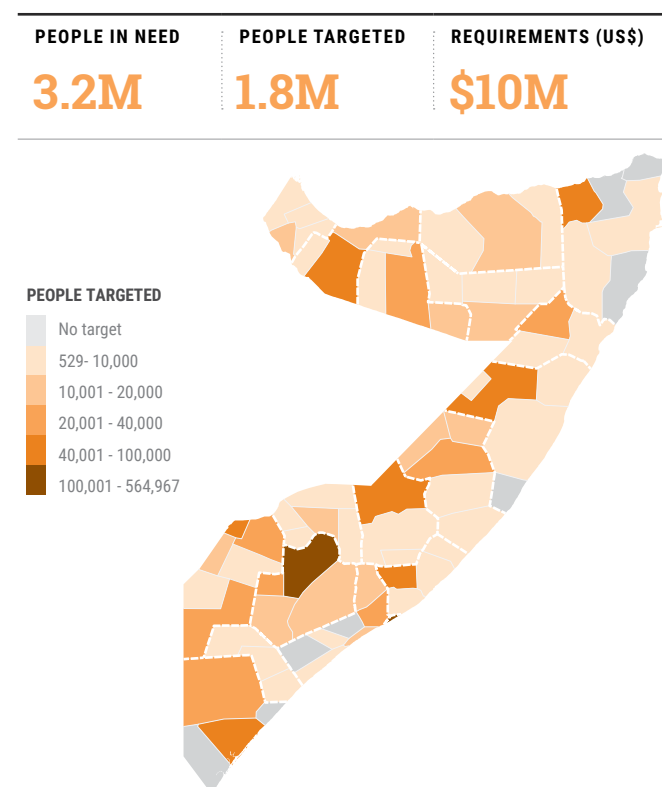
- No target
- 149 - 3,000
- 3,001 - 5,000
- 5,001 - 20,000
- 20,001 - 40,000
- 40,001 - 113,333



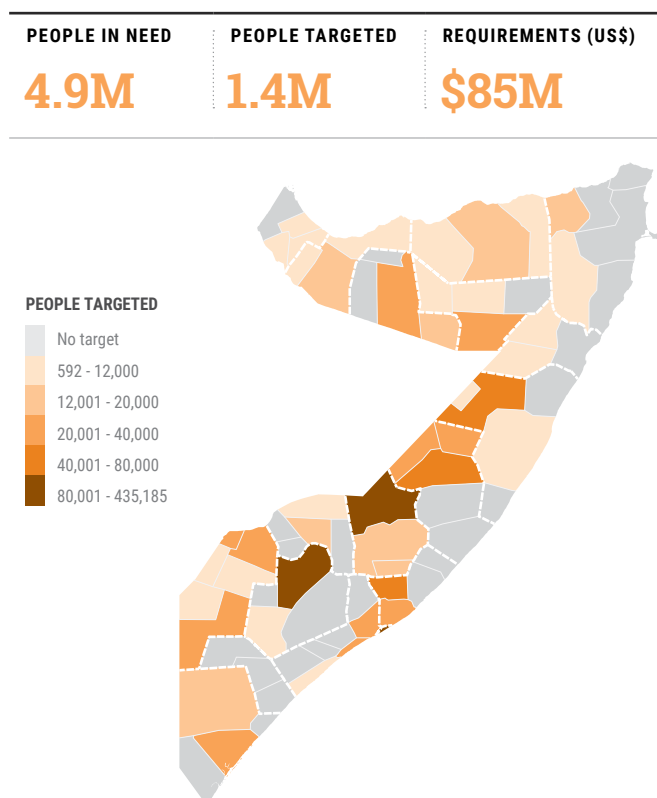
1.6.3 Gender-Based Violence



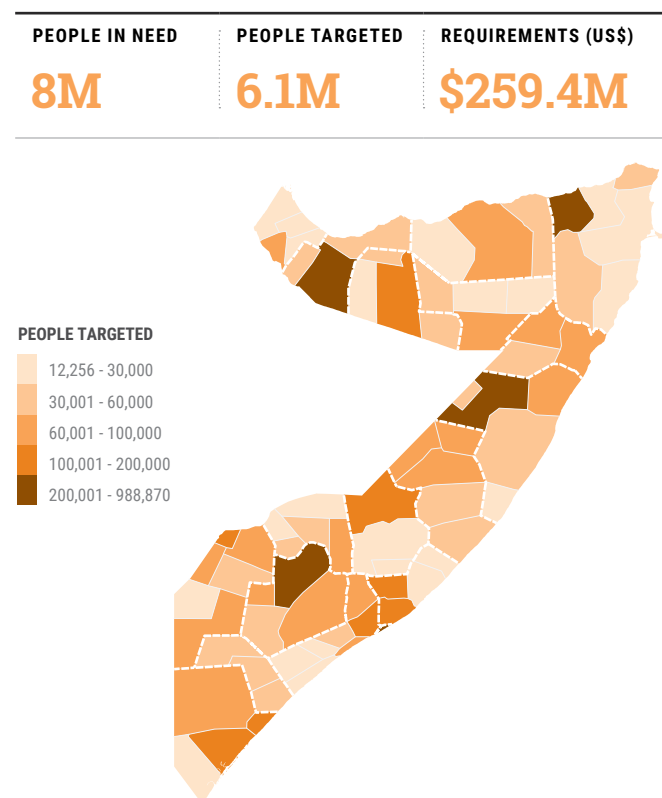
1.6.4 Housing, Land and Property



1.7 Shelter and Non Food Items (NFI)



1.8 Water, Sanitation and Hygiene (WASH)



3.1

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
2.8M	2.45M	\$65.9M	37

Cluster Objectives

The cluster targets 600,000 newly displaced persons and 1.8 million in protracted displacement, out of which 26,000 IDPs are from rural areas; the definition of 'rural' was established in consultation with IDMC and the IDP Working Group. Based on the analysis there are 229 rural IDP sites. The cluster objectives seek to strengthen safe access to multisectoral services through effective site management and coordination of services while focusing on improving living conditions of displaced people through risk identification, site maintenance and decongestion initiatives. The cluster will also strengthen community self-management enhancing community engagement and accountability, information awareness and supporting opportunities for displaced people to achieve durable solutions. These objectives will contribute to the HRP strategic and specific objectives of preventing loss of life, building resilience and addressing protection risks faced by IDPs including persons with disabilities, women, children, minorities and other vulnerable groups.

The cluster will coordinate the identification and registration of new arrivals including mid-upper arm circumference screening and referrals. The cluster will conduct annual safety audits across the sites to inform its response and site maintenance activities. Community representation systems in sites will be supported to promote peaceful coexistence and social cohesion between pre-existing and new IDPs. The cluster aims to enhance complaints and feedback mechanisms (CFM) to expedite referrals for service response in sites, while the targeted population in rural areas will be reached through inter-cluster and integrated response.

The CCCM Cluster prioritises addressing specific needs of youth, women, persons with disabilities, minority and other vulnerable groups in sites. The site mapping in which exclusion due to minority status is reported will continue to guide its advocacy for increased access to services in those sites. The cluster will endeavour to provide assistive devices to PwD while mapping the number and types of disabilities using the Washington Group Questions (WGQ) to enable identification of PwD needs for inter-cluster response. Moreover, through community leadership structures, the cluster will enhance affected populations based-site governance for the inclusion

of youth, women, minority groups and PwDs to ensure equitable and fair representation and effective participation of IDP communities in sites.

Clusters Response Strategy

To support IDPs across Somalia, the CCCM cluster seeks to enhance the area-based approach for coordination through its sub-national mechanisms. At both national and sub-national level, the cluster will apply multi-cluster and inter-cluster approaches to lead the coordination of CCCM interventions and activities in IDP sites. The cluster will map and monitor services, identify service gaps, capture trends and provide evidence-based data analysis for its own operation as well as inter-cluster and local authority-led responses. CCCM minimum response activities will be integrated into the IRF ensuring orientation of new arrivals and protracted IDP on; services availability, messaging on "free of charge" nature of services, providing emergency contact, conduction awareness on services referral pathways and registration of new arrival IDPs entering CCCM managed sites within 48 hours. Following the December 2022 HCT recommendation on "standardizing CCCM Registration: CCCM Cluster (IOM, UNHCR) harmonizing registration systems through KoBo to facilitate speedy provision of assistance to the affected people." CCCM will enhance the New Arrival Tracker to include systemized enrollment of new arrival IDPs entering CCCM managed sites with the aim of standardized registration forms in IDP sites mitigating duplication and improving efficiencies. Registered household data will be provided to the immediate response cluster and partner upon formal request for this information.

CCCM will continue IDPs' engagement through rights-based and community-based approaches to ensure diverse and inclusive community governance. The structures will be made up of elected women and men on equal representation to enhance decision-making of matters affecting the community in IDP sites which is part of our accountability to affected persons. The cluster will apply recommendations from the CCCM Rapid Gender Assessment to enhance inclusivity of PwD, youth and minority groups. Various capacity building

initiatives will be used to empower community governance structures on their rights and responsibilities.

The cluster and partners will conduct safety audits across sites in coordination with Protection, GBV, Child Protection and PSEA partners. This is to ensure women's and girls' views are included in promoting their protection and safety in sites. Site maintenance, improvement and decongestion activities will also incorporate site safety audits outputs and recommendations to improve the living conditions of site residents. Site maintenance activities seek to promote proper living standards for all populations in IDP sites and will be implemented through cash-based interventions to support economic well-being and livelihoods targeted specifically persons with disabilities, women and minority groups.

CCCM will continue to collaborate and coordinate with the Protection Cluster and its AoR to enhance inclusion, protection mainstreaming and service provision through existing referral pathways. To ensure accountability to affected people, the cluster will conduct community awareness and consultations as well as provide CFM monthly reports with trends and analysis. To mitigate eviction risk, CCCM will collaborate with HLP AoR and local authorities to map sites facing eviction risks, advocating for longer land tenures or permanent land title and enhanced durable solutions for IDPs across Somalia. Further work will be done to operationalise IDP site criteria standards which were formalised in 2022 within the overall response. CCCM cluster will continue to implement its localisation strategy aimed at enhancing local partners' capacity and liaising with local authorities to respond to IDP needs.

Capacity to Respond

In 2023, the CCCM cluster will target sites across 44 districts where it has partner presence. This will help to increase the CCCM coverage to 60 per cent. The sub-national cluster teams that include a roving coordinator will provide operational support to partners, while the national cluster team of coordinators and information management specialists will provide coordination services and technical guidance for CCCM interventions. This will support better information analysis and information products that will enable partners and sub-national cluster teams to better identify service gaps in IDP sites for multisectoral response. The cluster will also build upon data collected through new arrivals in IDP sites to gather some of the constraints in areas of origin causing displacements. This will facilitate advocacy for assistance

to be provided in those areas to mitigate or reduce the displacement cycle.

Cost of Response

The cluster will require \$65.9 million to provide essential support to 2,456,143 people in IDP sites. The response cost utilises an average cost of \$27 per person as analysed based on the 2021/22 programming data. Primary cost drivers for CCCM activities are site improvement and decongestion activities which involve the procurement of toolkits and equipment necessary for site maintenance, working with communities in clearing drainages to mitigate flooding risk and other community works such as cleaning campaigns to improve public hygiene. These activities are conducted through the Cash for Work (CfW) modality, which has proven essential and life-saving, particularly for women, youth, minority and persons with disabilities who reported spending cash to improve their living standards such as buying water, food and other basic household items. Construction of CCCM community structures such as community and information centres, erection of solar lights and information boards are part of the large infrastructure primary cost. Furthermore, critical capacity building, partner-led workshops, community engagement and awareness raising as well as maintaining CFM system are cost drivers for CCCM operations.

Monitoring

The cluster has developed various monitoring tools and inter-cluster indicators to track the progress of its activities. This is to ensure services are provided at site level in accordance with the minimum SPHERE standards. The cluster also provides a monthly analysis of various intersectoral service gaps to support the improvement of service standards. In addition to the cluster monthly site monitoring tool, activities such as service mapping, site-level CFMs and annual safety audits will monitor and evaluate progress against the established indicators. Various assessments such as the Detailed Site Assessment (DSA), bi-annual site verifications, annual rapid gender assessments, and annual satisfaction surveys will contribute to analysing the response. The site prioritisation matrix developed through the DSA enables the identification of sites with extreme needs which, in turn, supports the cluster in advocating for service delivery in those locations. Tools such as satisfaction surveys enable affected communities to directly report on cluster performance, while the site verification assessment collects disaggregated data based on age, gender and diversity to inform response planning.

3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
3.9M	0.96M	\$105.7M	54

Cluster Objectives

The prolonged drought has had a devastating impact on education as children account for the majority of the affected population^{xi}. The number of out-of-school children has increased from 4.1 to 4.84 million representing a 15 per cent increase from 2021^{xii} and seven per cent higher than the total impact of the 2017 drought on education^{xiii}. An estimated 3.84 million children and school personnel are in need of humanitarian education assistance, 1.7 million of whom are displaced. Around 91 per cent of the displaced school-aged children live in urban and peri-urban areas with acute and immediate need of humanitarian education assistance^{xiv}.

In 2023, Education Cluster partners plan to reach 965,000 children - 636,000 displaced and 329,000 vulnerable non-displaced children - with access to age-appropriate protective education services. The education response has three specific outcomes:

- Outcome 1: Increased access to education for disaster and conflict-affected children
- Outcome 2: Enhance the quality of formal and non-formal education within a protective environment
- Outcome 3: Strengthen the capacity of the education system, partners and communities to deliver a timely, coordinated and evidence-based education response

Education contributes to all three HRP strategic objectives. The response focuses on urban and peri-urban areas where the need is greatest among displaced school-aged children. Rural areas have low caseloads of IDP (only nine per cent), but children are affected by drop-out. The response prioritises children who are the most vulnerable: displaced, out-of-school and dropouts while servicing children in-school where the most vulnerable access education. Interlinkage with child protection and protection services is an essential component of the response. Children cannot be meaningfully protected without access to education in a safe environment.

Girls and children with disabilities are given a particular focus in the response. The enrolment of girls is consistently lower than boys with Gender Parity Index (GPI) of 0.8 and is given priority at all stages of response planning^{xv}. Children with disabilities consist of 10 per cent of cluster target with 96,500 children^{xvi}.

Cluster Response Strategy

The main drivers for school dropout in Somalia are the direct and indirect costs of education and the lack of formal and non-formal education services. Displaced children are disproportionately affected as displacement sites lack education services for existing and new IDP children effectively disrupting their access to protective education services. Experience from past drought indicate that 90 per cent of children who lost access to education never returned^{xvii}. For this reason, the education response places a priority on creating opportunities for those children who are out of school or are displaced due to conflict and disasters with strategies to enable their access to education services.

The Education Cluster response strategy seeks to address these barriers through three objectives:

The first objective is to expand access into formal and non-formal education through a reduction of barriers to (re-) integrate children. Vulnerable displaced, non-displaced and marginalised out-of-school children will be integrated into existing public schools through the removal of cost barriers and/or establishment of Temporary Learning Spaces (TLS) near IDP settlements. Where possible, preference is given to existing public schools to promote sustainability. Targeted schools will receive support to ensure they have sufficient capacity to receive additional children. This support includes expansion/rehabilitation of classrooms including gender-sensitive, disability-friendly WASH facilities, hygiene promotion activities and the use of cash grants, both targeting institutions or learners at household level. Responses will be tailored to be gender, disability and age-appropriate taking into account the prior low access to education of the general school-aged population, the specific needs of disability-affected children, marginalised and, in particular, the barriers to education faced by girls.

The second objective aims to ensure that vulnerable school-aged children access safe and protected learning environments and meaningful quality education. The teaching staff is supported through incentives to ensure adequate staffing, and children and teachers are provided with adequate teaching and learning materials. Lack of institutionalised teacher training in Somalia has contributed to huge skills gaps in teachers' capacities. Teachers will be trained in core subjects to improve their capacity in domains supporting child protection including child-centred protective pedagogy, life skills and psychosocial support, and protected environment to enable identification of children who may require specialised services. Referral pathways will be mapped in collaboration with child protection actors to ensure availability and awareness of these specialised services. Children will also benefit from structured, gender-appropriate school-based psychosocial support activities including recreational activities which are crucial for the children's well-being. School feeding programmes may complement where out-of-school children are being integrated following cluster guidelines and criteria on emergency school feeding. As a lesson learned from the 2022 response, stand-alone school feeding programmes are highly discouraged.

The third objective is to strengthen the capacity of the education system, partners and communities to deliver a timely, coordinated and evidence-based education response that ensures the protection of children and existence of accountability mechanisms. The capacity at community level is built through training of Community Education Committees on school management and risk mitigation of all types of child abuse practices to enhance children's access, retention and well-being. Communities in dialogue will be engaged to ensure accountability. Furthermore, the education Cluster strives to build the technical capacity of humanitarian actors in domains such as data collection, analysis and dissemination, development of relevant response standards for an informed response. The response strives equally to improve the technical capacity of sub-national coordination and education authorities in delivering emergency services.

Cash programming is a proven tool to address financial barriers to education and can be used as an intervention modality under objectives 1 and 2. Cash can be used as an element of a comprehensive package to address access barriers to encourage vulnerable groups to enrol in and attend schools both at the level of household and school. As a lesson learned from 2022, objective, harmonised guidance on cash-based approaches will be strengthened.

Capacity to Respond

The Education Cluster has 231 registered partners in Somalia: 43 international NGOs, 184 national NGOs and four UN agencies. Of these organizations, 54 have reported activities through the 5W reporting tool of the Education Cluster. Education in Emergencies partners received a total of \$70.7 million.

Partner capacity is spread across the country with a strong presence in South Central, with Bay, Gedo, Lower Juba, Lower Shabelle, Banadiir, Hiraan and Mudug all having over 15 partners respectively. The only district without an education

partner is Middle Juba. Hard-to-reach areas, in particular where security is an issue, have low partner presence due to specific risks associated with provision of education services. The Education Cluster has not encouraged partners to seek expansion to areas considered at risk due to ethical and physical security challenges related to education service provision.

Cost of Response

The estimated cost of the education in emergencies response for 965,000 children is \$106 million. The average cost per child is \$110 which is calculated using a weighted median of partner costing of a standard package. The cost has been estimated both for the integration of children into host community schools and for the establishment of accelerated basic education (ABE) programmes.

The HRP adopts unit-based costing methodology to establish unit costs for key activities such as the establishment of temporary learning centres, classroom rehabilitation, WASH as well as teaching and learning materials. Through this methodology, targets are adjusted accordingly. It is important to note that these costs are only for HRP planning purposes and should not be referred as standard costs across the response as many factors influence operational organisations' individual costs.

As a lesson learned from the 2022 response, School Feeding Programs (SFP) target has been lowered due to the high cost per child. School Feeding Programmes cost \$143 per child in addition to the standard Education in Emergencies package which is approximately \$95 without SFP based on partner median costs. Education recommends SFPs implemented only where partners provide a full Education in Emergencies package addressing the main barriers to education (cost of education and availability of services). The Education Cluster does not recommend partners to implement stand-alone SFPs, while guidance will be developed during 2023.

Monitoring

The Education in Emergencies response is monitored through the cluster 5W monitoring tool. The Education Cluster at national level collects data from partners and produces analysis on response, gaps and duplication for state-level clusters on their state-specific response. The Education Cluster 5W has been amended for 2023 to capture data on the status of children (displaced / out of school) to ensure partner responses provide accurate information on the progress of the response servicing the most vulnerable children. Data collected is also disaggregated by gender and disability to ensure that these aspects are captured and analysed appropriately. On attacks on education, the Education Cluster has strengthened its linkage with the Monitoring and Reporting Mechanism (MRM), Access Monitoring and Response Framework (AMRF) including a data-sharing protocol and plans to conduct training for partners to ensure incidents of attacks on education are adequately understood and captured where they take place.

GAROWE/SOMALIA

Omar (middle) and his friends in Jilib displacement site in Somalia
Photo: UNOCHA/Basma Ourfali





3.3

Enabling Programmes

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
—	—	\$32.7M	8

Objectives

In 2023, Enabling Programmes partners will sustain an efficient coordination system to enable an effective humanitarian response and promote a coherent and prioritised response to emergencies across Somalia.

Enabling Programmes partners will continue to prioritise inter-cluster and humanitarian access and civil-military coordination, information management, field coordination, safety and security of humanitarian workers, preparedness and contingency planning, resource mobilisation and advocacy.

Enabling Programmes will intensify efforts to ensure that specific vulnerabilities related to gender, age and disability are adequately considered across the humanitarian response. Partners will continue to advocate for inclusive approaches, particularly with respect to vulnerable or marginalised groups.

Response Strategy

The Enabling Programmes partners will support the humanitarian community in providing assistance to the 7.6 million people targeted in 2023 including newly displaced people, protracted displaced persons, crisis-affected people in urban areas and rural areas, refugees, asylum seekers and returnees.

The following activities are foreseen by partners in 2023:

- The Somali NGO Consortium (SNC) will work towards achieving a conducive working environment for NGOs through coordination meetings with the Government, advocacy initiatives, and workshops for minority and disabled persons. SNC will support NGOs in operating without bureaucratic impediments and are in line with applicable laws.
- The Puntland Non-State Actors Association plans to continue its coordination, capacity-building, information sharing and policy advocacy support for humanitarian and development members in the Puntland State of Somalia.
- The Food and Agriculture Organisation of the UN (FAO) will provide information and analysis on the current and emerging food security and nutrition situation through seasonal and follow up assessments. FAO will also conduct climate data information and analysis to facilitate and support effective evidence-based decision-making in support of humanitarian, recovery and development interventions.
- REACH Initiative plans to expand its multi-sector needs assessment – the largest statistically representative multi-sectoral assessment in Somalia – to include two surveys on nutrition and mortality.
- The International Organisation for Migration (IOM) will collect data on populations affected by displacement through a country-wide mapping and quantitative estimates. IOM will also continue to monitor drought induced displacement in key regions. The analysis on displacement dynamics will inform strategic and operational decision-making by the humanitarian community.
- The International NGO Safety Organisation (INSO) will assist humanitarian and non-profit organisations in fulfilling their mandates through the provision of essential security coordination and information services.
- Radio Ergo will produce and broadcast content on humanitarian and developmental issues and manage an audience feedback platform for listeners to raise their voices and concerns. Radio Ergo will also support local FM radios in producing quality content.
- The UN Office for the Coordination of Humanitarian Affairs (OCHA) will maintain humanitarian coordination for a principle and effective response, reinforce collaboration with the Federal Government of Somalia, enhance advocacy and improve safe, timely and unimpeded access to people in need. The Somalia Humanitarian Fund (SHF) – a multi-donor pooled fund managed by OCHA – will support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs in alignment with the HRP. The SHF will support localisation through progressive increments in allocations to local NGOs.

Cost of Response

- The financial requirements for activities planned in 2023 amount to \$32.7 million representing a 17 per cent increase compared to 2022. The increase is reflective of the ongoing scale up of humanitarian operations in Somalia in support of the drought response and famine interventions.
- The financial requirements encompass the estimated costs of eight partner organisations, including UN agencies and international and national NGOs.

Monitoring

- Partners will report back on the progress of their interventions using as a reference the monitoring framework of Enabling Programmes.

BAIDOA/SOMALIA

Dr. Yusuf comforts a child suffering from severe acute malnutrition, inside the children's emergency ICU ward at Baidoa's Regional Hospital
Photo: UNOCHA/Giles Clarke





3.4

Emergency Telecommunications

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
—	—	\$2M	1

Cluster Objectives

Emergency Telecommunications Cluster ETC assessment carried out in Somalia in August 2022, it was found that although the telecommunications infrastructure in Somalia is relatively robust, with several providers offering services across the country, some remote locations do not have reliable mobile network coverage. Further telecommunications services are vulnerable to attack forcing the closure of these services. An existing independent radio communication network as well as Security Operation Centres (SOC) are in place but needs to be expanded and upgraded to support this response.

In support of Strategic Objective 1 of the Humanitarian Response Plan for Somalia and in order to address needs expressed by humanitarian partners, the ETC in Somalia will:

- Engage with partners and local actors to support effective coordination and delivery of services and support decision-making through the dissemination of timely operational information and reporting.
- Enable a more efficient humanitarian response and contribute to a secure environment for humanitarian personnel through the provision of reliable independent communication services.
- Contribute to enhancing accountability to the affected population by enabling two-way communications between affected communities and humanitarian organisations providing assistance.

Cluster Response Strategy

The ETC response modality is service-based. Activities serving humanitarian organisations will focus on the provision of emergency security communications services (radio communications), Internet access and support to users of the services. The cluster will also aim to facilitate two-way communications between communities and assistance providers and enhance the accountability of the humanitarian

community to the affected population through the provision of an interagency Common Feedback Mechanism (CFM).

The cluster will focus on filling shared communications gaps and avoiding any duplication of efforts by working with local actors and leveraging existing capacity.

The ETC will work with local authorities to ensure it complies with importation and licensing regulations for the equipment required to deliver its services.

Finally, through its coordination activities, the ETC will ensure collaboration with relevant ICT actors involved in the humanitarian response. Specific coordination activities include close engagement with the local ICT Working Group and participation in interagency assessment and planning activities. Coordination will be supported through information management to ensure that relevant operational information is shared with inter-agency and local stakeholders and to support the monitoring and evaluation of ETC activities and services.

Capacity to Respond

The ETC will rely on the support of its local lead agency WFP as well as key partners such as UNDSS that operate and maintain SOC and security communications network as well as UNSOS who have established infrastructure in some common operational areas. It will also engage with local providers and leverage its global partner capacity to deploy services temporarily in the locations identified.

Cost of Response

The ETC requires \$2 million for its overall response interventions as part of the 2023 HRP. This cost will cover information management and coordination of ETC activities with local actors and partners, upgrades to the security communications infrastructures in nine common operational areas, secure Internet connection in three humanitarian hubs and up to five camps, an interagency CFM, and the provision of in-country security communications training available to all humanitarians.

Monitoring

The ETC will conduct a user satisfaction survey at the end of the year or at the end of its project to capture feedback from humanitarians from all organisations using ETC services and to evaluate the quality of services being rendered. Based on the results of the survey, the cluster will readjust its response or improve the services as needed.

In addition, the ETC will monitor and measure its progress against a set of indicators and set targets. The indicators and their targets are:

- User Satisfaction survey (target: 80 per cent satisfaction rate)
- # of common operational areas provided with data connectivity services (target: 6)

- # of common operational areas provided with security communications services (target: 9)
- # of inter-agency Common Feedback Mechanism platform set up (target: 1)

The ETC will also monitor the relevance of its activities and services by conducting regular assessment missions and engaging with local actors in the ICT working group meetings.

BAIDOA/SOMALIA

Al Baraka displacement camp in South West state

Photo: UNOCHA/ Mukhtar Nuur



3.5 Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.7M	6.7M	\$1.1B	199

Cluster Objectives

The Food Security Cluster (FSC) aims to reach 6.7 million (696,329 newly displaced IDPs; 1,551,131 protracted IDPs; 3,202,070 people in rural areas; and 1,231,240 urban poor) with urgent life-saving humanitarian food and cash assistance as well as emergency livelihoods support to prevent further displacement, family separation, irreversible loss of livelihoods, adoption of negative coping strategies and excess mortality for people facing extreme levels of hunger and risk of famine.

The 2023 Food Security Cluster objectives are:

- To improve availability and access to food for 6.7 million people facing severe acute food insecurity by the end of 2023. This will contribute to the HRP Strategic Objective 1 (SO1) by providing urgent life-saving humanitarian food and cash assistance targeting people most at risk of famine to ensure immediate access to food, decrease the prevalence of hunger and prevent any associated mortality.
- To protect rural livelihoods and related food and income sources for 2.8 million people by the end of 2023. At least 70 per cent of the FSC livelihoods response will be directed to rural farmers, pastoralists and agro-pastoralists who have faced five consecutive seasons of substantially below-average or failed harvests, the loss of agricultural income and the continued loss of livestock contributing to worsening food security and nutrition outcomes and pushing these vulnerable groups to the brink of starvation. Assistance will also be directed to protracted IDP populations that have resettled in urban areas and the urban poor. The FSC activities will contribute to the HRP Strategic Objective 2 (SO2) by providing life-sustaining emergency livelihoods assistance targeting rural populations facing drought and at risk of famine. These interventions aim at strengthening self-reliance by enabling vulnerable groups to increasingly cover their own food requirements through increased production and income generation.

FSC partners will prioritise extremely vulnerable households facing severe to catastrophic levels of hunger and risk of famine with a particular focus on new arrivals in sites, persons in protracted displacement, vulnerable rural pastoral

and agro-pastoral populations and the urban poor. Based on an elaborate targeting mechanism, the focus will be on households with acute malnourished children and pregnant and lactating women, households of marginalised or minority groups, households who lost all or most of their livelihood assets, female-headed households with many children, child-headed households lacking an adult support, households headed by a person with disabilities lacking regular income, households headed by an older person lacking regular income and households hosting a high number of displaced people and lacking any income or social support.

Cluster Response Strategy

FSC partners will target 6.7 million people facing extreme and catastrophic levels of hunger with urgent life-saving humanitarian food and cash assistance and emergency livelihood interventions in districts with severe levels of food insecurity to ensure immediate availability and access to food and prevent any associated mortality. The focus will be on locations and population groups facing an increased risk of famine where malnutrition and mortality levels are very high.

The main population groups of concern are IDPs and agro-pastoralists who face comparatively worse food, nutrition and security outcomes based on recent IPC analyses. IDPs face deplorable living conditions due to limited livelihood assets, few income-earning opportunities, low access to social support systems and a high reliance on external humanitarian assistance. Agro-pastoralists, on the other hand, have eroded livelihood assets due to the fifth consecutive below-average rainy season and other compounding shocks that limit their coping capacity. This has driven a surge in population displacement from rural areas to existing IDP sites and urban areas.

Priority life-saving humanitarian food and cash response activities include both unconditional transfers (cash or vouchers), and conditional and season-specific cash transfers to provide immediate availability and access to food, increase household incomes and provide seasonal employment opportunities while supporting rehabilitation and establishment of critical community assets and infrastructure. Cash+ activities will also be undertaken to improve availability and access to food, enabling vulnerable households to get back into

production, sustain animal health and avert further livelihood assets depletion.

Emergency life-sustaining livelihoods response activities to protect livelihoods and related food and income sources. 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, water trucking, distribution of fodder; emergency coastal-based livelihoods assistance such as provision of basic fishing gear and fish processing; relevant technical and vocational trainings, literacy and numeracy; livelihood diversification including small business startup support and linkage to labor markets/employment opportunities; and prevention and response to food chain threats like fall armyworm, desert locust, and transboundary animal diseases

Cluster Response Strategy

The FSC will focus on enhanced vulnerability targeting, addressing the specific needs identified by location and vulnerable population groups. The response planning will be centred on four targeted population groups (newly displaced IDPs, protracted IDPs, crisis-affected people in rural areas and the urban poor). Cluster partners will utilise the twin-track strategy of “saving lives and livelihoods” that combines the provision of immediate life-saving emergency food assistance allowing severely food insecure households to meet their basic food needs, complement nutrition treatment support to help households with acutely malnourished children and pregnant and lactating women recover and the provision of emergency livelihoods support to protect, strengthen and restore livelihoods.

Area-based integrated response targeting the same beneficiaries with multisectoral services, e.g. food and cash assistance, emergency livelihood inputs, essential health and nutrition services, and water and sanitation services, will be utilised to reach the population in need, leverage efforts and avoid duplication of efforts. Through the famine prevention response mechanism, FSC partners will coordinate the delivery of assistance and create synergies with different ongoing programmatic activities including food and cash assistance, nutrition, livelihoods and safety nets. Vulnerable households previously on emergency assistance will be targeted through transitional cash and livelihood interventions to cushion the households from recurrent shocks and facilitate a transition from humanitarian needs to early recovery by building on the gains realised through humanitarian assistance.

FSC will continue to scale-up assistance in hard-to-reach areas working in close coordination with the Access Working Group. As part of a localization approach, the FSC will continue the capacity strengthening initiatives to local partners through tailored trainings for better programming and enhanced outreach.

FSC partners will employ diverse response options such as in-kind assistance, unconditional and conditional cash-based transfers, cash for assets, cash+ approaches and provision of basic services to improve availability and access to food and protect the livelihoods of the affected people. The choice of modality will be based on market functionality in a given area while the cash transfer values will be informed by the joint FSC and Cash Working Group guidance and will differ by region.

The cluster will prioritise assistance modalities that expand access to people at the highest risk of famine such as minority and marginalized groups, and that ensure better protection for vulnerable people, including persons with disabilities and older persons. The cluster will continue to engage with the Minority Rights Groups to ensure inclusion of vulnerable households of communities with minority affiliations.

Equality, protection, accountability to affected people, participation and empowerment of people and other cross-cutting issues remain key principles of food security and livelihoods programming. Community Feedback Mechanisms (CFMs) that are accessible, safe, age and gender-responsive responsive, uphold confidentiality and are inclusive have been enacted by FSC partners to improve the quality of the programme as well as, the understanding of people and community perceptions, and promote empowerment.

FSC partners will prioritise integrating inclusion commitment in its programming to ensure the quality and equity of assistance and services for vulnerable groups of people. Partner activities will integrate gender, age and disability responsiveness to respond to the distinct needs and situations of women, girls, boys and men, older persons and persons with disabilities. This includes applying gender analysis using sex, age, and disability disaggregated data (SADDD) to understand different food security needs, capacities, barriers and identify and prioritize the most vulnerable groups with special food security support needs. It also involves response to the special needs of pregnant and lactating women, children under the age of five, older people, and persons with disabilities. Targeting criteria takes into account gender, age, disability, protection and other vulnerability factors.

Capacity to Respond

There are currently 199 active FSC partners (2 government agencies, 2 UN agencies, 1 Red Crescent/Red Cross Movement, 33 INGOs, and 161 NNGOs) operational in 69 districts^{xviii}, including in hard-to-reach areas. As part of its localization strategy, the FSC has invested in strengthening the capacity of local and national organisations who deliver a substantial component of the food security response both independently and as implementing partners of UN agencies and INGOs. The major operational constraints include insecurity and conflict-impeding access to some locations which, in turn, result in low partner presence, particularly in areas with severe access constraints. The lack of timely and sustainable

resourcing for the food security and livelihoods response is leading to response gaps in some priority locations.

A more targeted response in hard-to-reach areas and locations at highest risk of famine has enabled a massive response scale-up from 1.25 million people in January to over 5.8 million in November 2022 demonstrating scale and capacity in view of the evolving operational context. Employing diverse response options depending on severity and cause of acute food insecurity and status of market functionality in a given area has also been integral in expanding and increasing response.

FSC partners will continue to generate and share information to advise the ongoing system-wide response to ensure efficient and effective targeting of different people's needs. A critical part of this will be the roll-out of the common Post-Distribution Monitoring (PDM) tool that will tap into the wide coverage of FSC partners to generate information on the process, impact and programmatic issues requiring attention and course correction during implementation.

Cost of Response

The FSC HRP requires \$ 1.1 billion to address the prioritised humanitarian needs. This is based on a full cost recovery model that includes service fees for delivering cash transfers, the procurement of in-kind food rations and livelihood inputs on the local and international markets as well as costs related to security, port charges, airfreight, warehousing, transportation, distribution and monitoring. While local procurement could minimise costs for certain items, local markets are unable to consistently meet demands at scale due to limited local capacity.

Although FSC partners will scale up cash-based modalities, the use of this modality will be rooted in in-depth market assessments and feasibility analyses with the aim of minimising operational costs and improving the effectiveness, efficiency and timely and safe delivery of food, cash, 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 2023 due to many factors including the heightened military operation in some areas, inflation, increased 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.

Monitoring

Progress on the FSC response will be monitored through the following indicators:

- Improve availability and access to food: # of individuals provided with life-saving humanitarian food and cash assistance by population group (non IDPs, IDPs) and location (rural, urban)
- Protect livelihoods and related food and income sources: # of individuals provided with life-sustaining emergency

livelihood assistance by population profile (agriculture, livestock, fisheries, others) and location (rural, urban)

The overall monitoring of the evolving food security situation will be based on the FSNAU rapid seasonal food security assessments and IPC analysis results. Special emphasis will be given to monitoring food security in locations and population groups at the highest risk of famine. FSC partners will employ a combination of various output and outcome monitoring approaches through face-to-face and remote monitoring methods in cognizance of the difficult operational environment. This is 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. Monitoring information on vulnerability and the evolving situation will enable well-informed decision-making for programme design and targeting purposes, as well as provide evidence for the expansion of future food security and livelihoods assistance programmes.

FSC will rely on the FSNAU Early Warning - Early Action Dashboard to identify specific populations and areas that are at an increased risk to food, nutrition and livelihood security (e.g. as a result of the drought), in order to provide early warning to decision makers for appropriate timely support and interventions. The SWALIM Combined Drought Index (CDI) dataset will provide complementary monthly situational updates regarding the prevailing drought situation in the country.

Response data, including 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)" interactive dashboard. This will enable partners to visualise gaps and potential overlaps of assistance which helps them to avoid duplication, and enable key stakeholders to monitor monthly achievements in relation to the cluster HRP targets. It will also inform complementarity of emergency food security and livelihoods assistance and nutrition response with referral mechanisms between nutrition and FSC partners. The data will be disaggregated by age, gender and disability to facilitate impact monitoring, informed policymaking and programme development.

The cluster partners will monitor markets and the prices of key commodities in the Food MEB on a monthly basis through FSNAU, WFP-VAM and common Post Distribution Monitoring (PDM) data based on operational presence in most districts, including in hard-to-reach areas. FSC partners will also monitor communities perception of and satisfaction with service provision and support the collective monitoring of whether the targeted population feels consulted and informed throughout the entire response cycle.

3.6 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.7M	5.9M	\$197.7M	55

Cluster Objectives

Health Cluster partners aim to reach 354,062 newly displaced persons, 1,567,669 protracted IDPs (with 89 per cent of all targeted IDPs in urban areas) and 4,054,479 non-displaced (69 per cent in rural areas) with life-saving and life-sustaining health services. Three cluster objectives contributing to achieving the HRP strategic objectives are:

- Reduce of excess morbidity and mortality; prepare, prevent, detect and timely respond to epidemic-prone and endemic diseases driven by climatic shocks and conflict among million IDPs and non-displaced
- To ensure access to safe, effective, equitable and inclusive humanitarian lifesaving and life-sustaining health services to the crisis affected population of 1,711,906 displaced persons and 4,054,479 non-displaced population
- Contribute to improve the physical and mental wellbeing of the population affected by conflict and displacement which are 5,976,204 displaced and non-displaced persons, including 896,431 persons with disabilities

The Health Cluster will continue to scale up preventive and curative health services to affected people through the multi-sectoral and cross-sectoral integration in coordination with other sectors particularly the WASH, Nutrition, Food Security and Protection Clusters. Children and pregnant women in newly established IDP sites and residents in rural and hard-to-reach areas with insufficient access to essential life-saving health services will be prioritised. Referral pathways will be strengthened to ensure access to essential health services will be available to vulnerable people particularly malnourished children with complications and survivors of gender-based and sexual violence. Health Cluster partners will increasingly be capacitated to provide mental health and psychosocial support services as well as physical rehabilitative services for physical trauma patients and persons with disabilities (PwD).

Cluster Response Strategy

The WHO food insecurity and health strategic framework^{xix} will continue to guide the Somalia Health cluster strategy to ensure effective coordination among health cluster partners

and with other relevant sectors, particularly Nutrition, WASH, Food Security and Protection. These include collecting, analysing and acting upon disease and nutritional surveillance data ensuring essential nutritional services, providing essential health services, and reducing the barriers experienced by affected people to reach and utilise health services.

The Health Cluster will scale up life-saving interventions to people at risk of famine and increase their access to adequate healthcare by providing health services as close as possible to where they live. Early treatment of malnutrition and illness saves lives. Children and pregnant and lactating women will be prioritised to ensure early detection and treatment of diseases. Access to and referral from community to health facilities will be reinforced especially for newly displaced IDPs and affected people living in hard-to-reach rural areas.

Prevention and response to outbreaks of diseases will be achieved by early detection and early treatment. Activities include strengthened surveillance of epidemic prone diseases, rapid field and laboratory investigation of alerts and case management of diseases in the community and health facilities. Prevention services include measles vaccination (outreach and supplementary immunisation activities), cholera vaccination for people in cholera hotspot areas, micro-nutrient supplementation for children, pregnant and lactating women, promotion of breastfeeding, vitamin A supplementation, deworming of children and promotion of kangaroo care for premature and underweight babies. Response capacities will be strengthened by reinforced logistical hubs with prepositioned emergency supplies for outbreak response and effective movement of medical commodities.

Health and nutrition services for affected and vulnerable people will be provided at community level by community healthcare workers complemented by outreach services through mobile teams. Mobile teams will provide integrated nutritional and health services coordinated and converged with other humanitarian assistance services as described in the 2022 HCT-endorsed integrated response framework approach. Health Cluster partners will continue to manage and run fixed health facilities with service packages as determined in the Somalia essential package of health services

(EPHS 2020), with the addition of specialised services for the treatment of severe acute malnutrition, medical complication in stabilisation centers, mental health and psychosocial services and physical rehabilitation services.

Referral pathways from the community to fixed health facilities for the necessary care will be reinforced. This will be done by increasing community awareness on existing free-of-charge services supported by Health Cluster partners and provision of transport to reach these services, especially for children and women of reproductive age among the newly displaced and the hard-to-reach population in rural areas.

Health Cluster partners need to increase the number of functional fixed healthcare facilities with a complete package of healthcare services as stipulated in the Essential Package of Health Services (EPHS 2020) as well as additional case management services for the severely malnourished with complications and possible responses to outbreaks of cholera and measles. More health facilities will need Scorecard Comprehensive Emergency Obstetric and Newborn Care (CEMONC) service delivery so that women with complications can be referred to these facilities before and during delivery.

Capacity to Respond

In 2022, a total of 55 Health Cluster partners reported service delivery to the cluster, 55 per cent of these were national NGOs. Collectively, partners reported to have received a total funding of \$108 million in 2022. All 55 Health Cluster partners reported provision of outpatient care while 16 reported to provide services to the severely malnourished with complications. A total of 633 locations including health facilities in 68 of 74 districts in Somalia reported receiving the services provided by Health Cluster partners in 2022.

Rural and pastoral population in the districts with the highest humanitarian needs remain only partially accessible due to severe security constraints. To reach these areas, mobile outreach is expected to be the main modality for health and nutrition service delivery while its capacity will be enhanced to support the referral of patients to fixed health-care facilities in towns or the vicinity.

Cost of Response

In 2023, the Hhealth Ccluster requires \$198 million to assist 5.9 million people to access life-saving and life-sustaining health services and referral. With the continuation of the drought and barriers for patients to access and reach preventive and curative health services in a timely manner, the overall health condition of affected people is expected to deteriorate.

In comparison to 2022, the cost of Hhealth Ccluster activities continues to rise as more patients will need more expensive, specialized health services. Delay in detection and response to cases of disease and potential outbreak result in increased costs for the response. Rapid turnover of skilled medical

staff available to provide health services warrants continuous training efforts.

To ensure the continuation of the response scale-up, the sub-national Hhealth Ccluster coordination capacity will need to be enhanced, with at least one full-time sub-national Hhealth Ccluster coordinator and an information management officer in each priority state. The capacity of the national Hhealth Ccluster team also needs to be maintained, with a national coordinator, a co-coordinator, support officer, two information management officers and the inter-cluster technical working group coordinator for Mental Health and Psychosocial Support (TWG-MHPSS).

Monitoring

Health Cluster partners will report on a monthly basis sex and age disaggregated service delivery data into ReportHub, which is the cluster's main reporting tool. Service delivery and availability of health services will continue to be presented and shared publicly using dynamic dashboards on the [Somalia humanitarianresponse page](#).

Health needs and gaps as determined by needs assessments conducted at inter-agency, inter-cluster or cluster-specific level will guide the cluster's response, scale-up or redirection of resources.

Weekly surveillance data from WHO and MoH combined with community-based and facility-based surveillance data from Health Cluster partners will provide early warnings to disease occurrences with potential outbreaks (with special attention to cholera and AWD, measles and COVID 19).

Indicators to monitor the response:

Health C01:

- Number (#) of reported alerts investigated and responded to timely within 48 – 72 hours of notification,
- Number (#) of children aged six months to 15 years who received measles vaccine (coverage >95 urban and camps, >90 per cent rural)
- Number (#) of children 0-12 months who received the third dose of DPT/PENTA vaccine (coverage >90 per cent)
- Case Fatality Ratio (CFR) for AWD/Cholera (<1 per cent)

Health C02:

- Number (#) of functional primary health care facilities per population (1 unit/10K pop)
- Number (#) of outpatient consultations per person per year (Target ≥ 1 new visit / [targeted] person / year)
- Number (#) of ante natal care (ANC) visits a pregnant woman has received during her pregnancy (=>4 visits per pregnancy)

- Number (#) of deliveries attended by a skilled birth attendant (>80 per cent)
 - Number (#) of basic EmONC units per 500,000 population (>= 4 health facilities with BEmOC/ 500,000 population)
 - Proportion (%) of children under five years treated for SAM with complications died (<10 per cent)
 - Proportion (%) of functional health facilities with disaggregated reporting for persons with a disability
 - Percentage (%) of functional health facilities with clinical management of rape survivor services
 - Number (#) of rape victims receiving treatment and post-exposure prophylaxis within 72 hours.
 - Number (#) of individuals with injuries and disabilities treated and referred for further care
- Health C03:**
- Proportion (%) of functional health facilities providing MHPSS services

BARDHEERE DISTRICTSOMALIA

Sadiyo Nurow, 35 and a mother of 5 children lost a baby girl 7 days ago and the father of the children is in Qansax dheere in Bay region, South West state where they left due to drought

Photo: UNOCHA Somalia



3.7 Logistics



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
—	—	\$29M	42*

Cluster Objectives

The Logistics Cluster will continue to support all partners to implement their programmes and interventions by enabling effective supply chains including the facilitation of common services for the delivery of life-saving interventions. The end users for the Logistics Cluster's coordination, common logistics and information management services are humanitarian partners and not the directly affected populations. The cluster will continue to support the scale-up of services in response to the ongoing drought.

The Logistics Cluster will prioritize its resources in 2023 to serve partners targeting the most affected locations. As air transport demand and local capacities are unbalanced, the provision of safe and secure air passenger and urgent cargo transport will continue to be prioritised, where needed including the recurrent utilisation of helicopters.

Furthermore, passenger services will be implemented through the UN Humanitarian Air Services (UNHAS). UNHAS will provide cost-effective air passenger transportation and the delivery of critical relief items to hard-to-reach and drought-affected locations as well as prioritise medical evacuations and security relocations for the humanitarian community.

Finally, partners have demonstrated the need for more efficient customs clearance and tax exemption processes as well as timely guidance on trade procedures. Therefore, the cluster will continue, in collaboration with Importation and Custom Clearance Together (IMPACCT), to coordinate its corresponding technical working group to unite efforts and advocate for reduced delays. As part of its 2023 Information Management services, the Logistics Cluster will provide timely information on available logistics resources and access ensuring the logistics gaps are captured in intersectoral discussions and access is mapped and published on the website to support transport planning.

Cluster Response Strategy

The Logistics Cluster will facilitate access to the provision of logistics, coordination and information management services on behalf of the humanitarian community – whenever a gap is identified. Leveraging the logistics expertise of WFP, the Logistics Cluster aims to meet, based on demand, the needs for support of all partners responding in Somalia. These services will be provided based on the level of requirements as requested by the humanitarian community without the intention to replace organisations' internal capacity.

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

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

UNHAS will support humanitarian organisations to access hard-to-reach areas, including drought-affected locations and deliver urgent cargo/critical relief items to the populations in need and to implement life-saving interventions. In 2023, UNHAS will provide regular and ad-hoc passenger flights, delivery of essential/urgent cargo and relief items and

* For the Logistics Clusters, the 42 partners are humanitarian organisations that benefitted from its services in 2022.

coverage for medical evacuations and security relocations to/from 14 regular destinations in addition to ad-hoc destinations. The intensified drought emergency has increased the humanitarian need for access to priority locations within the South-Central regions of Bay and Bakool. UNHAS has augmented its fleet (operating six plus one ad-hoc aircraft) and flight schedule to meet the increased demands. UNHAS will continue to reinforce established security protocols and ensure controls are adhered to. Lastly, UNHAS will continue to monitor demands, optimise air assets and resources and maintain agility in its operations to meet the future demand.

Capacity to Respond

The cluster will prioritise the most efficient and effective mode of transportation to support humanitarian partners to deliver relief items across Somalia. Road access continues to be challenging, particularly for secondary and last mile transport with the temporary cross border movement between Kenya and Somalia being one of the few important breakthroughs in this modality. Therefore, the heavy reliance on air services to access hard-to-reach locations is expected and has been worsened by recent security developments.

The Logistics Cluster will continue to design common services to prioritise the most efficient mode of transport and the use of assets that allows a logistics response with the best value for resources. This entails leveraging WFP logistics operations to benefit from its capacity and granularity to make resources and expertise available to the wide community.

Air transport services through UNHAS has proved vital in previous response operations, especially enabling access to drought-affected areas based on a flexible and agile approach. UNHAS currently serves 14 regular destinations in addition to ad-hoc locations and has a mixed fleet of aircraft (fixed and rotary wing) that ensure access to critical locations. UNHAS has also augmented its schedule to the south and central regions to respond to the increased access needs.

Cost of Response

The Logistics Cluster is seeking \$29.2 million for its response in Somalia in 2023. This increase of \$3.6 million in comparison to 2022 is proportionate to the current and projected needs of humanitarian and development partners to continue

to scale up their efforts to effectively respond to the drought. Additionally, transport and deliveries via air dramatically increase the costs of delivering life-saving supplies which is worsened by the global fuel prices and deterioration of accessibility in key areas depending on rotary wing aircraft. Further, due to the scale-up, the cluster is aiming to support partners in transporting more supplies. In 2022, targets were between 120 and 150MT per month while in 2023, the Logistics Cluster target has increased to 150 to 200 MT per month.

Due to the drought, more people are in acute need of humanitarian assistance particularly in areas where insecurity exacerbates humanitarian access. Despite milestone achievements in logistics accessibility in 2022, the continuous deterioration of logistics infrastructure and access constraints have further deteriorated the continuous flow of humanitarian supplies in the country, particularly in the southern regions where key airstrips became inaccessible by fixed wings or have seen a sustained increase in demand. Such conditions further increase dependence on airlifts and specialised assets which are exponentially more expensive than road transport.

Monitoring

The Logistics Cluster will monitor its ability to meet the needs of humanitarian partners and the logistics capacity in the country. For common services, the amount of cargo moved through the use of WFP's internal platforms will be tracked through registered requests. Additionally, the regular national and subnational meetings will continue to give a platform to humanitarian partners to share ad-hoc needs and identify any operational gaps. The 2023 mid-year survey will further enable monitoring of the cluster's partners' satisfaction rates.

UNHAS will monitor the needs of its users through routine user group, UNHAS Board of Directors and meetings. These meetings will be complemented by two satisfaction surveys: the Passenger Satisfaction Survey and the Provision of Access Satisfaction Survey.

3.8 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
4.9M	4.7M	\$431.3M	80

Cluster objectives

In 2023, the Nutrition Cluster plans to reach 4.7 million children under five years of age as well as pregnant and lactating women with life-saving nutrition interventions. These include 3,638,303 non-displaced (75 per cent of the target) and 1,032,805 displaced people (25 per cent of the target).

To provide equitable access to quality life-saving curative nutrition services; strengthen the prevention of acute malnutrition among vulnerable groups. The Nutrition Cluster objectives contribute to the HRP SO1, SO2 and SO3.

The Nutrition Cluster will provide life-saving nutrition services to address the nutritional needs of acutely malnourished children under five and pregnant and lactating women. The cluster activities will include the provision of services to prevent acute malnutrition and sustain the optimal nutrition status of children and women. Nutrition services will be provided in all parts of the country targeting children under five years and pregnant and lactating women. The prevention support will be prioritised for IPC 3+ districts with GAM prevalence above 15 per cent.

Nutrition Cluster priorities includes children younger than five years of age, pregnant and lactating women and the population sub-group disproportionately affected by drought and conflict-induced displacement. Children under five years of age as well as pregnant and lactating women are usually the most physiologically vulnerable to nutrition-related diseases and mortality. Malnourished children, particularly those with severe acute malnutrition (SAM), are 11 times more likely to die than their healthy peers as SAM has been shown to increase the risk of death from common childhood illnesses such as diarrhoea, pneumonia, measles and malaria.

The treatment of acute malnutrition will be implemented in all accessible locations across the country but in the context of limited resources. The displaced persons (new arrivals) and hard-to-reach accessible areas will be prioritised to ensure the maximum impact of the nutrition interventions. Prevention

of acute malnutrition will target all children under five and pregnant and lactating women in the accessible districts with populations in IPC 3+ with GAM prevalence above 15 per cent and progressively expanded as access improves and the available funding.

Cluster response strategy

The Nutrition Cluster will primarily target children and pregnant and lactating women who are at a significantly increased risk of morbidity and death due to acute malnutrition with both curative and preventative nutrition interventions. The curative interventions include treatment of severe and moderate acute malnutrition among children under five and pregnant and lactating women. The nutrition-specific preventative interventions include the provision of blanket supplementary feeding, micronutrient supplementation and the promotion of appropriate maternal, infant and young children feeding and care practices. The Nutrition Cluster response will particularly target the new arrivals. People in hard-to-reach locations or in areas known to have a high proportion of minorities and marginalised groups and households with persons living with disabilities who face barriers to access health, nutrition and WASH services and are disproportionately food insecure due to high levels of exclusion from livelihood opportunities are more likely to be malnourished.

The cluster strategy to prevent overall deterioration of the population nutrition status includes targeting over 90 per cent of all estimated severely malnourished children; 100 per cent of all moderately malnourished children and pregnant and lactating women; and 100 per cent of all children and pregnant and lactating women in districts with populations in IPC 3 and above. To ensure that the optimal nutrition status of all children with severe acute malnutrition is maintained, they will be referred to continue treatment in the Targeted Supplementary Feeding Programme (TSFP).

The nutrition response will be contextualised based on the following categorisation:-

1. Displaced persons e.g., Baidoa, Mogadishu, and Beledweyne, where acute malnutrition rates are high due to

poor access to food, WASH, and health services among displaced populations. In particular, the new arrival IDPs face challenges in accessing the available services due to poor awareness, gatekeeping, delayed registration and marginalization. To increase IDPs' access to and uptake of nutrition services, the Nnutrition Ccluster, in collaboration with the CCCM and Hhealth Ccluster partners, will strengthen nutrition screening for new arrivals IDPs, conduct regular MUAC mass screenings, support referrals, and conduct awareness creation to improve health-seeking behaviour practices. The nutrition response will also leverage and support the scale-up of the first-line integrated response approach to ensure that new arrivals IDPs receive life-saving interventions in a timely manner initiative to ensure all new arrival IDPs receive life-saving interventions in a timely manner.

2. In hard-to-reach areas, e.g. Diinsoor, Qansax Dheere, Tiye glow, etc., the key strategy will include integrated health and nutrition mobile teams, and the use of simplified protocols/ approaches such as reduced frequency of follow-up visits, the use of MUAC-only as admission criteria, and the use of one product to treat acute malnutrition. The nutrition response will participate in the ongoing integrated first-line response to improve access to the hard-to-reach areas. In addition, nutrition partners will adopt Integrated Community Case Management as part of delivering nutrition programmes to the hard-to-reach areas in Somaliland, where female health workers (FHWs) can provide treatment for SAM and MAM with a single product to save lives and strengthen the continuum of care.
3. Accessible areas of urban and rural areas, e.g., Somaliland, where the rates of acute malnutrition are lower, the population has adequate access to land and other livelihood activities, and the health system capacity level is at an acceptable level. The approach will include supporting the local authorities in strengthening the nutrition services in the health system (health system strengthening) and promotion of nutrition-sensitive interventions, e.g., scaling up complementary feeding practices by establishing kitchen/home gardens and cooking demonstrations at the nutrition sites.

The nutrition response is primarily through the provision of services and in-kind donations (drugs, therapeutic food, equipment). The cluster partners will employ the use of cash/ voucher assistance where feasible through collaboration and guidance of the Cash Working Group to fill the nutrient gap in the Nutrition/Food Minimum Expenditure Basket to ensure the population has access to a varied diet, e.g. CVA for animal protein and vegetables. The Nnutrition Ccluster will strengthen the referrals of all households with children and pregnant

lactating women enrolled in the treatment programmes to ongoing relief assistance and other food security and livelihood interventions, including interventions that promote the prevention of acute malnutrition through food-based

approaches, e.g. home gardens. To further promote optimum nutrition, the cluster will provide support to the scale-up of prevention of acute malnutrition in IPC4+ districts with GAM prevalence above 15 per cent. A pilot will assess the effectiveness of cash-based prevention support combined with Social Behaviour Communication Change (SBCC) in preventing acute malnutrition.

The nutrition response will strengthen the integration of WASH, hHealth, fFood sSecurity, and pProtection (GBV, PSEA) into its interventions. For example, WASH messages on hygiene and sanitation are included in the nutrition Infant and Young Child Feeding (IYCF) counseling package and distribution of hygiene kits to caregivers of children admitted to the nutrition center centres. All children and pregnant and breastfeeding women screened and/or treated for malnutrition are referred for immunization, aAntenatal care (ANC), and pPostnatal care (PNC) services, if necessary. The mother-to-mother support groups will be used as an entry point for the promotion of prevention of acute malnutrition, through Social Behaviour Change communication and integration of livelihoods and income-generating activities.

The nutrition response will strengthen the integration of measures that address the needs of children, pregnant and lactating women and persons living with disabilities. These include improving access through increasing geographical coverage (fixed and outreach/mobile teams) and supporting referrals by providing cash for transportation. Other measures include the provision of waiting shelters, breastfeeding-safe areas, separate toilets for males and females, improved privacy for women and promoting the employment of female staff.

The cluster partners will continuously consult with the affected populations i.e. women who are the main users of nutrition services to identify and address any challenges that they face in accessing/using nutrition services. This data will be collected in multiple ways, such as community feedback mechanisms, client satisfaction surveys, focus group discussions with women, and key informants' interviews with women, health staff, and community leaders. The cluster coordination will ensure these adopted measures are meaningfully implemented and adhered to. This will include the integration of key humanitarian principles of "do no harm" enabling meaningful access, participation and empowerment, and accountability to affected populations into activities and planning.

To address the needs of minorities and marginalised groups, the Nutrition Cluster partners will conduct mapping of where groups are converged e.g. displaced persons, and where needed, increase the coverage of nutrition facilities and services. The Nutrition Cluster partners will also strengthen active case finding with a focus on households with people with disabilities, female and children-headed households, and other marginalised groups to ensure they are screened and referred appropriately.

Capacity to Respond

The key underlying causes for acute malnutrition in Somalia include the high proportion of the population facing food insecurity and prevailing a poor WASH and health status. The overall nutrition response includes integration and collaboration with the Health, WASH, FS, and CCCM Clusters to mitigate the impact of the underlying causes.

The Nutrition Cluster has a total of 80 active partners implementing nutrition programmes. These include five UN agencies, 30 INGOs and 40 NNGOs. All Nutrition Cluster partners support or complement the efforts of the Federal and State Ministries of Health. Nutrition Cluster partners are present in 69 of the 74 districts in Somalia including in areas with extreme access constraints, e.g. Tiye glow and Jamaame. The cluster partners, especially UNICEF and WFP, have adequate capacities for the delivery of supplies and monitoring across the country. The key constraint in the delivery of nutrition services is limited access due to security challenges.

Overall, the nutrition partners' capacities to rapidly mobilize resources to respond to changing operating contexts is moderate due to insufficient resources to establish rapid response teams and a lack of infrastructure, e.g. poor roads to deploy staff and deliver nutrition supplies.

To effectively respond to the hard-to-reach areas, the Nutrition Cluster is supporting the localisation process by strengthening the capacities of national and local NGOs, especially those that have the capacity to respond in those areas.

Cost of Response

The approximate financial requirement for the Nutrition Cluster's 2023 response is estimated at \$431.3 million. These include nutrition supplies, salaries, transportation, warehousing and cholera training. Approximately a third of the response cost is towards procurement of nutrition life-saving supplies including Ready to Use Therapeutic Food (RUTF), Ready to Use Supplementary Food (RUSF), Plumpydoz, formulae milk, Super Cereal, Super Cereal plus, drugs and equipment.

The nutrition response's overall financial requirements have significantly increased compared with previous years (70 per cent increase from 2022) due to the planned large-scale implementation of the Blanket Supplementary Feeding Programme (BSFP) targeting over 1.9 million children and 1.1 million pregnant and lactating women. The BSFP support will be provided to each beneficiary for at least six months. Other programmatic changes include adding the costs to ensure a complete continuum of care for all severely malnourished children (all children discharged from outpatient therapeutic programme (OTP) to continue treatment in the targeted supplementary feeding programme (TSFP)). Other key costs include the planned expansion of the in-patient nutrition stabilisation centres and the recently increased costs for

the delivery of supplies due to security restrictions. All of the above is expected to inflate the average cost for service provision. The higher prices for nutrition supplies at the global level coupled with the increased targets will lead to a significant increase of the response cost.

The average unit cost for delivering programme services to treat SAM is \$213 per child; treatment of MAM for children under five is \$52 and MAM for pregnant and breastfeeding women is \$83. The unit cost for blanket supplementary feeding programme for children under five and women is \$35 and \$116 respectively (over six months). Other costs include supplementation for TB/HIV patients, cash/voucher programming and food-based approaches for the prevention of acute malnutrition, e.g. home-gardening. The overall costs include cross-cutting interventions including maternal, infant and young child nutrition (MIYCN) promotion, community mobilisation, micronutrient supplementation and training.

Monitoring

The Nutrition Cluster monitoring indicators are categorised into outcome indicators and indicators related to underlying causes of malnutrition. The outcome indicators include GAM rates, under-five mortality rates, exclusive breastfeeding rates and a minimum acceptable diet. The indicators related to causes of malnutrition include access to safe water, morbidity, handwashing and complementary feeding practices.

The Nutrition Cluster monitoring will primarily rely on the FSNAU bi-annual food security and nutrition assessments to monitor the nutritional situation outcome indicators of Global Acute Malnutrition (GAM) levels and under-five mortality rates. The Nutrition Cluster will also rely on the 4W to chart the admission trends in the treatment programme for monthly monitoring of the response and nutrition situation.

Other monitoring and evaluation of nutrition outcomes will involve relying on cluster partners who implement small-scale surveys including geographical coverage surveys, e.g. Semi-Quantitative Evaluation of Access and Coverage (SQUEAC), Knowledge, Attitude and Practices (KAP) surveys and area-based surveillance and Mass MUAC screening exercises.

Currently, the Somalia Nutrition Cluster partners lack the technical and operational capacities to conduct large-scale and regular assessments to collect behavioural practices outcomes such as exclusive breastfeeding rates, minimum acceptable diet, handwashing practices, etc. The Nutrition Cluster will continue to strengthen the overall monitoring and evaluation objective to understand the key immediate drivers of acute malnutrition in Somalia and the projection of trends for an early response.

3.9 Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
5M	3.2M	\$211M	152
Cluster Objectives The Protection Cluster plans to reach 609,386 newly displaced persons, 1.2 million protracted IDPs and 1.3 million non-displaced persons in urban and rural areas who face specific protection needs and/or are at heightened protection risk through providing specialised protection services. The objectives of the Protection Cluster are to: • Provide quality specialised protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected women, girls, boys and men with specific protection needs and/or at heightened risk. • Enhance the capacities of community members and key stakeholders to prevent, mitigate and respond to protection risks. • Strengthen protection monitoring systems to efficiently trigger the response, inform and adapt programming for better protection outcomes, support evidence-based advocacy on protection risks and trends and ensure protection of civilians is at the core of the response. • Support humanitarian actors across all sectors in vulnerability-based prioritisation as well as in the implementation of proactive and inclusive programming measures to mitigate and address the risks of exclusion and denial of assistance and services, particularly for minority and marginalised groups, older persons and persons with disabilities. The Protection Cluster and its Areas of Responsibility (AoRs), through its partners will focus on delivering both life-saving and life-sustaining protection assistance and services for the most vulnerable drought and conflict-affected people across Somalia. Persons from minority and marginalised groups as well as those with disabilities face structural and distinct forms of exclusion and high levels of discrimination while being disproportionately impacted by the drought and armed conflict crisis. The Protection Cluster and its partners will therefore prioritise proactive and adapted measures to ensure their meaningful access to critical assistance and essen-		tial services. The interventions seek to respond to key identified protection risks such as indiscriminate attacks against civilians, widespread forced displacement and family separation, impediments to freedom of movement, forced recruitment into armed groups, sexual and gender-based violence against women and girls, abuse and exploitation against children, forced evictions and destruction of property, impact of explosive ordinances on civilian lives and limbs as well as exclusion and denial of assistance. Cognizant of the critical role affected communities can play in addressing these threats they face, the Protection Cluster, AoRs and its partners will prioritise community-based approaches throughout its response including by supporting community-based protection structures and local social service providers. The active engagement of affected communities will be strongly encouraged throughout the full programme cycle. Cluster Response Strategy The Protection Cluster, its AoRs and protection partners will focus on strengthening the delivery of protection services and assistance to the most vulnerable crisis-affected populations, through a core and complementary protection service package. Core protection services for women, girls, boys and men facing protection risks as a result of the compounded impact of the drought and armed conflict will include, but are not limited to: • Protection, GBV and Child Protection case management and supported referrals. • Psychosocial support services, including psychological first aid (PFA) as well as individual and group-based counselling. • Individual protection assistance (IPA) as one-off cash or non-cash assistance to prevent exposure to further risks. • Community-based protection mechanisms. • Legal aid services.	

- Clinical management of rape (CMR) and medical treatment of intimate partner violence.
- Family Tracing & Reunification (FTR) and Support for unaccompanied and separated children (UASC).
- Forced eviction response through preventative engagement, remedial action and land tenure security.
- Explosive ordnance risk education in contaminated areas and victim assistance.

Core protection services will be accompanied by complementary interventions, including, but not limited to, capacity-building for community members, local and national authorities and key stakeholders as well as community-based awareness raising around critical protection, GBV, child protection, housing, land and property and explosive hazard mitigation and response measures.

The Protection Cluster and partners will use a combination of static, mobile and integrated approaches in the response. In accessible locations (both within in-site and out-of-site response), static modalities will include protection desks and safe spaces for identification, referrals and provision of services, while mobile teams will be used to cover specific catchment areas to ensure access to core protection services for people who are unable to reach static locations. Within in-site locations, close collaboration with CCCM actors will be critical to ensure meaningful access to service delivery. In out-of-site locations, protection partners will promote direct linkages with existing protection and social services and actors. In all cases, protection partners will work alongside other sectors to ensure protection services are integrated in a multisectoral approach. For hard-to-reach areas, protection partners will support multisectoral mobile teams in the first-line response for the immediate identification and referral of urgent protection cases to the necessary services and/or assistance, prioritising people's immediate safety and integrity. They will provide psychological first aid, disseminate life-saving protection messaging and support inclusive approaches in real-time. The Protection Cluster will conduct rapid protection assessments to mobilise protection actors to provide direct surge assistance in locations with limited or no availability of services to respond to urgent cases.

In addition, the Protection Cluster will seek to revamp its current protection monitoring mechanism - the Somalia Protection Monitoring System (SPMS) – to ensure it can effectively trigger needed responses as well as inform and adapt humanitarian programming to meet the evolving needs of affected populations in a timely manner. SPMS will also be used to support evidence-based advocacy on protection risks, trends and considerations around protection of civilians. In complementarity to the SPMS, the Protection Cluster will continue to support its analysis with information provided by the Protection and Return Monitoring Network (PRMN).

Capacity to Respond

The Protection Cluster works with 152 active partners, of which 120 (77 per cent) are national NGOs operating across 72 out of 74 districts in Somalia. Particular focus will be given to strengthen the protection response at both operational and coordination level across the five humanitarian hubs identified within Humanitarian IASC emergency response scale-up, namely Banadir, Baidoa, Belet Weyne, Galkayo and Kismayo. The Protection Cluster will prioritise capacity strengthening for national and local NGOs at sub-national level, including close partnerships with minority-led NNGOs and organisations working with persons with disabilities.

As vast areas of the country are under non-state armed groups' control with very limited to no humanitarian access, protection partners face challenges to reach people in need in certain locations. Current and future military operations will continue to influence changes in the security and access landscape.

Cost of Response

In order to respond to the protection needs of 3.2 million people in 2023, the Protection Cluster AoRs requires \$211 million dollars. This amount is estimated based on the average unit cost and targets per activity in consultation with the cluster partners as well as through coordinated efforts to align costing methodologies by the Protection Cluster and the CP, GBV, HLP and EH AoR teams.

Programmatic personnel costs of the protection response constitute a substantial part of this amount given that protection service delivery requires qualified human resources to perform up-to-standard labour-intensive activities, in particular supported referrals, case management, psycho-social support, legal services, victim assistance and eviction response.

Some highly specialised protection interventions such as the reintegration of former children associated with armed forces and armed groups (CAAFAG) as well as family tracing and family reunification (FTR) will also contribute to higher personnel costs. Additional protection activities that are less labour-intensive such as awareness raising, information dissemination, community-based protection, mine risk education, protection monitoring and analysis, advocacy, research and study as well as capacity building activities will also require adequate human resource capacity by the protection partners.

Material costs involved in the protection response include construction or establishment of safe spaces, protection desks, community centres, provision of clinical rape management or psychosocial support kits, non-cash individual protection assistance (IPA) as well as visibility materials. The Protection, Child Protection and GBV response will also incorporate costs related to cash modalities to prevent further exposure to protection risks and ensure meaningful access to services. In addition, the costs for highly specialised services provided by Explosive Hazard partners such as manual mine

clearance, quick response and surveys have been calculated based on services per square metre.

Monitoring

The Protection Cluster with its AoRs, will continue to monitor the response through monthly 5W data collection and reporting, ongoing operational and technical liaison with its

protection partners as well as sub-national Protection Clusters and AoR Focal Points. This will support the identification of response gaps, barriers and evolving needs to inform and adapt the adjustment of the protection response accordingly. The Protection Cluster's Somalia Protection Monitoring System (SPMS) as well as UNHCR/NRC's Protection and Return Monitoring Network (PRMN) will also continue to inform the overall response.

DOOLOW/SOMALIA

Sawdo, aged 30, sits with her one-month-old baby in an IDP settlement in Doolow, southeastern Somalia
Photo: OCHA Somalia



3.9.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
3.5M	2.1M	\$71.3M	75

AoR Objectives

The Child Protection (CP) Area of Responsibility (AoR) is committed to ensure a well-coordinated, effective and rights-based response and that protection of children at the core of all humanitarian actions and is recognised as life-saving and essential in the humanitarian-development and peace nexus.

The Child Protection AoR response in 2023 plans to reach 2.1 million people, 273,681 of whom are newly displaced (71,157 boys, 79,368 girls, 30,105 men and 41,052 women) in urban areas and 13,032 are newly displaced in rural areas (3,388 boys, 3,779 girls, 10,434 men and 1,955 women); 1,067,450 protracted IDPs (277,537 boys, 309,561 girls, 117,420 men and 160,118 women) in urban areas; 116,805 protracted IDPs (30,369 boys, 33,873 girls, 12,849 men and 17,521 women) in rural areas; 167,309 non-displaced IDPs (43,500 boys, 48,520 girls, 25,096 men and 18,404 women) in urban areas and 463,106 non-displaced IDPs (120,408 boys, 13,4301 girls, 69,466 men and 50,942 women) in rural areas. Among the people targeted, 15 per cent have disabilities and three per cent older persons.

The CP AoR seeks to deliver specialised child protection services through a combination of static, mobile and integrated approaches in urban, rural and hard-to-reach locations. Core life-saving services include, case management, mental health and psychosocial support, family tracing, reunification and provision of alternative care to children without parental care, rehabilitation and reintegration of children formerly associated with armed groups and armed forces, prevention of and response to gender-based violence against children and adolescents, risk awareness including explosive ordnance risk education targeting children. These core services will be complemented by additional services including but not limited to capacity strengthening of child protection response actors including community volunteers, NGO and government service providers, prevention and risk mitigation. In line with the IRF, the core lifesaving services will be provided for children facing severe protection risks, concerns and imminent threats, particularly children who experience or are at high risk of violence, abuse, exploitation, neglect, family separation, child labour, severe psychosocial distress, physical and sexual violence, GBV, Female Genital mutilation (FGM) and early marriage.

Partners will aim to achieve the following objectives:

- Provide quality specialised well-coordinated and gender-sensitive child protection services to 1.5 million boys and girls including adolescents and children with disabilities who face life-threatening risks of abuse,

neglect, violence, exploitation and severe distress due to various shocks and hazards in 2023.

- The CPAoR has established coordination structures in all of the five humanitarian hubs, at national level the CPAoR is Co-coordinated by dedicated staff from UNICEF and Save the Children. Across all the hubs, the CPAoR is co-coordinated by local NGO staff who are all double hatting. In 2023, the CPAoR will continue strengthening the capacity of subnational coordination mechanisms, while also advocating for dedicated coordination capacity at subnational level.
- Strengthen the coping mechanisms and resilience capacity of severely affected children and 600,000 caregivers to prevent and mitigate risks of abuse, violence, exploitation and neglect through integrated, multisectoral and community-based child protection services.
- Strengthening the Child Protection monitoring systems to support evidence-based advocacy on protection risks and trends faced by children and ensuring protection of children is at the centre of the multisectoral humanitarian response to affected population groups in Somalia.
- Building on previous investments, the CP AoR and partners will scale up services to additional areas with the highest severity of needs, including Banadir and Bay regions due to recent displacement, newly accessible areas and areas with limited or no access to services.

The CP AoR will address the acute protection needs of children and their families who are at risk of abuse, violence, exploitation, injury and severe distress and ensure that children receive timely, quality response services and benefit from risk mitigation and prevention measures as assessed in safety audits and child-led participatory approaches. Partners will enhance monitoring and analysis systems to identify and address protection risks, human rights violations and gaps in available services taking into account different levels of risk and capacities due to age, gender and disability. They will also support survivors of serious rights violations in having access to timely life-saving protection services through updated services mappings and referral pathways.

The CP AoR will promote family, community and area-based approaches to ensure that modalities remain flexible and adaptable to local contexts, operational environments, and evolving needs. This entails greater investment in localisation

and national actors. The CP AoR will continue to advocate for direct funding of national actors while promoting organisational capacity strengthening.

AoR Response Strategy

CP AoR partners will focus on providing case management including family tracing and reunification, alternative care by trained case/social workers for those facing high levels of protection risks including survivors of violence, exploitation and abuse. Support will be increased to case management volunteers for a wider outreach. The CP AoR will enhance/strengthen referral pathways and networks, particularly web-based referral pathways through a multisectoral approach and in coordination with GBV and child protection case workers and other actors to ensure a holistic approach. The CP AoR will strengthen the implementation of case management Standard Operating Procedures, roll out the information management platform (CPIMS+/PRIMERO)¹, identify capacity-strengthening needs of caseworkers and address them through training, coaching and mentoring (either face-to-face or remote). Capacity strengthening will include scaling up the Child and Adolescent Survivor Initiative for sexual violence risk mitigation and improved support to child survivors of sexual abuse. In remote and hard-to-reach locations, non-CP front line workers will be trained on safe identification and referral of children in need of protection using the recently developed guidance for non CP actors on safe identification and referrals of children at risk and in need of protection.

Partners will scale up the provision of Mental Health and Psychosocial Support (MHPSS) focusing mainly on direct psychological first aid and psychosocial support to children, supporting caregivers and parents through positive parenting sessions, etc. Children requiring specialised mental health care will be referred to mental health service providers. The CP AoR will develop standardised tools for comprehensive MHPSS and enhance the capacities of different stakeholders to implement these standards. Integration with other sectors to optimise positive CP outcomes will be prioritised. Forty per cent of current child-friendly spaces where structured PSS services are provided will be upgraded into multipurpose child and adolescent community centres that provide comprehensive gender-sensitive, age-appropriate education, psychosocial support, nutrition and life skills and vocational training.

The community-based child protection response in IDP camps and conflict-affected areas such as Hirshebelle, southern Galmudug, Jubaland and Southwest State will be strengthened to support community reintegration of children, mainly boys, who were formerly associated with armed groups to ensure their access to family-based care, MHPSS and medical and physical rehabilitation services. All partners will promote child participation and safeguarding using child-friendly feedback and reporting mechanisms and prioritising localisation efforts. Mobile teams will be deployed to reach children in hard-to-reach locations while youth and community volunteers will be deployed to support targeted awareness-raising activities with a wide range of messages focusing on preven-

tion of child protection risks, peer-to-peer activities and safe child participation initiatives.

The CP AoR will enhance the operationalisation of integrated frameworks with the education, nutrition and GBV sectors. The joint response framework between CP and education focuses on MHPSS in schools and capacity strengthening for teachers to create an enabling environment in which children at risk can be safely identified and referred to specific care. Capacity strengthening efforts will be extended to other sectoral staff, CP community volunteers, and social service workforce including those in the Government's Department of Social Service. The joint CP and Nutrition framework will be operationalised in 200 nutrition treatment sites across the country with a focus on strengthening capacities of community volunteers on case management and nutrition monitoring. Operational coordination and joint capacity strengthening initiatives with child protection and GBV partners will be reinforced to address cases of child GBV survivors and address negative social norms such as child marriage and Female Genital Mutilation. Education and CP partners will work together on improving children's psychosocial well-being through MHPSS programmes at schools and referral pathways to specialised child protection services. For a multisectoral response, the CP AoR will collaborate with Cash, CCCM and Food Security and Livelihoods (FSL) actors on joint assessments and responses and, where possible, partners will continue to provide cash-based assistance to extremely vulnerable children and families. The CP AoR will co-facilitate workshops with other sectors on child protection integration to ensure a more holistic, protection-centred response.

The CP AoR will conduct capacity building through trainings, mentoring, coaching and support supervision methods for child protection workers and community-based volunteers on case management and CPIMS+, mental health and psychosocial support, management of referrals, assessments and community-based protection. In collaboration with the GBV AoR, trainings on GBV risk mitigation and caring for child and adolescent survivors of GBV will also be conducted. In order to diversify monitoring mechanisms, the Country Task force for monitoring and reporting of grave child rights violations (CTFMR) will conduct training for child protection partners on MRM to support the monitoring and surveillance of grave child rights violations across the country. Training for Nutrition and CCCM Cluster partners on risk mitigation, child protection and safe identification and referrals of children in need of protection will also be conducted.

The CP AoR will advocate with duty bearers to enhance measures aimed at preventing and responding to grave violations of children's rights through advocacy and referrals for services. Monitoring of grave child rights violations to promote accountability will also be supported. Evidence generation and documentation, advocacy, situation and response monitoring and linkages with development programmes will underpin the CP AoR operational delivery to leverage resource acquisition, advocacy and impact.

Capacity to Respond

In 2022, the number of active partners in the CP AoR increased from 61 to 75 (51 NNGOs, 19 INGOs, 3 UN partners, 2 government agencies) operational in 65 of 74 districts in Somalia, mainly in urban areas. The 2023 response will be scaled up to service the people in rural areas. The CP response is delivered through approximately 600 static and 20 mobile service delivery points/teams as well as over 10,000 community-based child protection volunteers. Some 711 (55 per cent) specialised social workers provide direct services. The figure is well below the minimum standard of one social worker for every 45 children. The current capacity is one social worker serving 1,400 children. The CP AoR partners will focus on increasing the number of trained social workers to reduce the ratio by 70 per cent.

Main constraints for the CP response include: access challenges (including due to active conflict); underfunding including for coordination weak technical capacity; high turnover of staff; inability to motivate and sustain community-based volunteer services; land evictions in urban areas leading to loss of CP assets; repeated displacement; and negative social norms and coping mechanisms, among others. They affect several aspects of the response including its scale, quality, sustainability and monitoring.

For the past two years, CP AoR partners have been using cash-based modalities to deliver child protection case management and alternative care services at a very small scale. Lessons learned reveal that unconditional cash assistance does increase the capacities of families to provide support to children placed under their care. In 2023, the CP AoR partners will aim to scale up the use of conditional multi-purpose cash modalities to support the provision of alternative family-based care, reintegration of children formerly associated with armed groups or armed forces and referrals.

The Child Protection AoR developed a guidance note on provision of CP services by mobile teams, in the last quarter of 2022. This guidance note will be operationalised in 60 per cent of the rural areas in 2023 while service delivery in static points in IDP camps in urban areas will continue. Multisectoral and integrated response will be scaled up across all areas in line with the existing multisectoral and integrated frameworks developed with the Nutrition, GBV, Education and CCCM Clusters. A focus on inclusion of children with disabilities will be increased in all programming in collaboration with the relevant actors.

Cost of Response

The CP AoR requires \$71.3 million to provide 1,491,983 children and 609,401 caregivers with child protection assistance. The average cost per child is \$34, calculated using a weighted median of partner costing of prioritized package of services including costs for coordination of the response. A unit-based costing methodology was applied to establish unit costs for key activities indicated in the response strategy above. Through this methodology, targets are adjusted accordingly. Child protection services are human resource intense to ensure quality services are 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/multi-purpose child and adolescent centres, childcare centres for unaccompanied and separated children (UASC) and children associated with armed groups and one-stop centres for child and adolescent survivors of GBV. Other resource-intensive interventions involve community reintegration of former children associated with armed forces and armed groups (CAAFAG), case management and tracing and family reunification of UASC.

Monitoring

In 2023, child protection needs and response will continue to be monitored through existing systems including the 5Ws, Monitoring and Reporting Mechanism on Grave Child Rights Violations (MRM+), the Child Protection Information Management System (CPIMS+), service mapping, safety audits, protection monitoring reports such as the Protection and Return Monitoring Network (PRMN). All partners will be trained on how to monitor and report on activity implementation, new identified locations, child rights violations and related responses. To ensure confidentiality of data, partners have agreed on data protection and information sharing protocols. In addition, the CP AoR will be developing a situation and response monitoring toolkit that will serve as an early warning mechanism to be used in the states where the MRM and CPIMS+ are not operational. The CP AoR will roll out the UNICEF digital tools, namely U-REPORT and RapidPro, for real-time monitoring and community engagement with children and adolescents. These tools will also serve as a platform for partners to engage with affected people and to receive feedback on the quality of services they provide. The CP AoR will ensure that children's needs are met and risks are mitigated through integrated services with other sectors.

3.9.2 Explosive Hazards

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
1.5M	0.4M	\$8M	6

AoR Objectives

The Explosive Hazard AoR plans to target 400,000 people including newly displaced and persons in protracted displacement in rural and urban areas in 74 districts. This represents nearly 27 per cent of the estimated people in need. Contributing to the first Strategic Objective of the HRP, the Explosive Hazard AoR objectives are as follows:

Objective-1: Mine action response including survey and clearance among others are provided to individuals who have been exposed to explosive ordnance risk.

Objective-2: Displaced and non-displaced population including women, children and persons with disabilities have increased knowledge of the risk associated with explosive ordnance and benefit from risk reduction measures.

To reduce the risk of explosive ordnance, the AoR will carry out explosive ordnance risk education to address the lack of knowledge and awareness of the risk associated with explosive ordnance to vulnerable community members including displaced people and children. Children account for more than 80 per cent of the total casualties. This is to increase their awareness and promote safe behaviour.

AoR partners will undertake surveys and clear explosive ordnance that endangers the lives of civilians. Assistance services will be provided to survivors of explosive ordnance, while mine clearance will be conducted in communities located in the proximity of minefields in Somalia. Considering the recent military operations, vast areas will require additional surveying and mapping of existing and new risks of explosive ordnance for recording and marking, which serves as a warning to civilians to avoid the areas for own safety. The AoR, in collaboration with the government counterpart, will prioritise carrying out non-technical surveys in accessible areas in accordance with the mine action-related conventions.

AoR Response Strategy

The AoR will carry out explosive ordnance clearance activities to reduce the fatal threat and enable the safe movement of affected people. The clearance will be carried out in accessible districts responding to the needs expressed by the communities, while the known contaminated areas will be clearly defined and recorded. The AoR seeks to remove over 700 explosive objects and release 5.5 million square metres of lands through battle-area clearance, survey and EOD spot tasks. Mine clearance will be prioritised in the areas along the Somalia-Ethiopia border where most of the minefields are

located. In addition, the AoR plans to survey and clear one million square metres of land contaminated with

suspected anti-personnel and/or anti-vehicle landmines to enable communities to use the land for productive purposes and enhance their freedom of movement. The clearance and survey teams will prioritise high-impact minefields to release vital community land resources, access routes and critical infrastructure.

The AoR will deliver explosive ordnance risk education (EORE) for 180,000 vulnerable people to discourage risk-taking practices that would further expose the community to the dangers of explosive ordnance. Affected communities including displaced adults and children in and out of school will benefit from the EORE sessions to increase their knowledge about the risks associated with explosive hazards which will enhance their safety behaviour. The AoR will deploy various means of communications including information, education, and communication materials such as flyers, banners, posters and FM radios to disseminate awareness messages to various segments of the population. The messaging will be developed based on different local contexts and analysis that are tailored according to the different gender, age and other vulnerabilities of the targeted audience to ensure its effectiveness.

Rights-based assistance for the survivors of explosive hazards including medical assistance and physical rehabilitation, will be prioritised to address the needs. The AoR will strengthen coordination with relevant national and international entities to ensure survivors are not left behind and are included in the wider disability assistance initiatives in the country. The AoR will reinforce advocacy, data collection and coordination to ensure the integration of survivor assistance programmes into the broader mine action response.

While the AoR's current response approaches and modality remain valid, emphasis will be given to mine action surveys (both non-technical and technical ones) to determine the level of contamination and inform the future response. This is in line with the priorities set out by the Government of Somalia in the recently approved extension of its clearance obligations under the Anti-Personnel Mine Ban Convention. In addition to the ongoing clearance and risk education activities, the AoR remains flexible and adaptable to the changing dynamics on the ground which is instrumental due to the ongoing military operations in the country.

Capacity to Respond

The Explosive Hazard AoR has six operational partners: four international NGOs, one local NGO and one UN entity. The partners cover almost all accessible districts in the Federal Member States of Somalia and Somaliland implementing a range of mine action activities including clearance,

survey, EORE, Victim Assistance and capacity development. The Somali Explosive Management Authority (SEMA) under the Ministry of Internal Security of the Federal Government of Somalia, which is in all five FMS through its sub-structures, provides an oversight and coordination support to the humanitarian mine action response in Somalia. The Somaliland Mine Action is coordinated under the Ministry of Defense of Somaliland. The AoR Partners are accredited by the Federal Mine Authority and are authorised to carry out humanitarian mine action response in the country.

The main operational constraints are security challenges including limited access to areas controlled by non-state armed groups and in some situations areas affected by clan-affiliated conflicts. Other major constraints include the increasing use of improvised explosive devices (IEDs) which result in a large scale of civilian casualties and insufficient funding to programmatic mine action response to meet the scale of humanitarian needs in this sector.

Cost of Response

The Explosive Hazard AoR will require \$8 million to implement the critical response in 2023 to assist 400,000 people in need of mine action services. The cost is estimated based on the experience of project implementation by local and international NGOs as well as UN agencies over the recent years while taking into account market fluctuation, increased prices, inflation and (in)accessibility of targeted areas. It is predicted that new areas will be recovered and turn accessible for mine action operators. It is anticipated that the demands for mine action services will increase during the course of 2023, but limited funding may force partners to reprioritise their response to ensure the most effective use of limited resources.

Monitoring

Activities will be monitored through regular field visits, remote monitoring, and reporting on the progress of activity implementation based on individual and collective project log frame and M&E plans. Somali Explosive Management Agency (SEMA) will carry out external monitoring and quality assurance to assess ongoing operations in accordance with the established local and international mine action standards.

DOOLOW/SOMALIA

Muslimo Isack Ibrahim, 30 years old, sits with her child Abikar Ibrahim Khalif, 2 years old, who is receiving treatment at the stabilization center. Doolow Referral Health Centre
Photo: UNOCHA/Yao Chen



3.9.3 Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
3M	2M	\$80M	61

AoR Objectives

The GBV AoR Somalia response plan targets two million people of a total of three million people in need of specialised GBV services. The target includes the newly displaced and those experiencing protracted displacement. Eighty per cent of the target population are women and girls at risk of multiple types of GBV including harmful traditional practices while men and boys constitute the remaining 20 per cent. Special attention will be given to persons with disabilities, female-headed households, children experiencing GBV, women and girls from minority clans, widows, divorced as well as pregnant and lactating women at risk of GBV. This is to ensure their safe, adequate and timely access to essential specialised GBV services.

Contributing to the third HRP Strategic Objective, the GBV AoR will seek to improve (a) access to safe, confidential, timely, coordinated and quality GBV/FGM services through integrated multi-cluster referral (including Health, Food, Nutrition, Child Protection, WASH Clusters and Cash Working Group); and (b) access to gender, age and culturally sensitive sex-dis-aggregated data and information on GBV coordination, mitigation, prevention and response for humanitarian actors and vulnerable women and girls. The AoR will promote service adaptation to meet the special needs of persons living with disabilities, older persons and adolescent girl survivors of GBV through the provision of specialised services and care. These include age and culturally sensitive specialised case management, legal aid services, clinical management of rape, psychosocial support and counselling services and legal aid services to support healing and recovery from trauma for women and girls. Widows, female-headed households and women from minority clans will benefit from direct cash and voucher assistance as well as livelihood interventions to enhance their psychosocial resilience and economic security.

AoR Response strategy

The GBV AoR response prioritises key locations of new and protracted displacement such as Baardheere, Banadir, Baidoa, Belet Weyne, Bulo Burto, Burtinle, Buuhoodle, Cabudwaaq, Cadaado, Dhuusamarreeb, Diinsoor, Doolow, Gaalkacyo, Hobyo, Kismaayo, Laas Caanood, Luuq, Waajid and Xudur. The GBV AoR will adopt multi-dimensional strategies including integration, localisation, advocacy, capacity strengthening and community mobilisation for GBV prevention. Key service provision components include clinical management of rape, specialised case management, psychosocial counselling and support as well as legal services and information. It will also support protective housing (GBV shelters) and legal services and information and prioritise the provision of basic hygiene

materials such as dignity and menstrual hygiene kits and solar lanterns to enhance dignity and an overall protection environment. The AoR will adopt integration of GBV/SRH services in GBV service sites to promote comprehensive service provision. Direct cash assistance for female-headed households, persons with disabilities, pregnant and lactating women to access food and health services will be the priority for 2023.

In line with the GBV needs analysis in the HNO, hygiene needs of adolescent girls will be specifically addressed to promote mobility and dignity. Adult women, female-headed households, divorced women, widows, pregnant and lactating women who are exposed to sexual exploitation, harassment and abuse will receive cash and voucher assistance aimed at reducing the impact of food insecurity. Women who incur physical injuries due to intimate partner violence will have access to medical treatment at GBV one-stop service centres and be provided with dignity kits to improve personal dignity and protection.

Mapping of routine service and regular update of integrated referral pathways will also be prioritised to improve services. In remote areas, transportation support to GBV survivors will be provided, while GBV mobile outreach will also be prioritised. The AoR will seek to support capacity strengthening of local GBV service providers and women-led organisations to improve the coordination and the quality-of-service provision, particularly on the GBV survivor-centred approach. The AoR will encourage investment in GBV prevention in IDP camps and host communities to minimise opportunities for GBV to occur. In addition, the AoR will continue to work with key clusters to integrate GBV concerns into their operations and implementation. GBV data collection through the Gender-Based Violence Information Management System (GBVIMS) and integrated multi-cluster/GBV assessment and safety audits will continue to be prioritised. Finally, the AoR will continue its community mobilisation, engagement with men and boys and provide tailored support for them as potential survivors who face stigma in accessing care.

Capacity to Respond

The GBV AoR currently has 80 partners comprising national and international organisations. Of these, 59 have a presence in Operational Areas 1 and 2 in Somalia's humanitarian response. GBV service providers' capacities are routinely updated through capacity assessments undertaken at various levels to ensure a consistent pool of expertise to broaden the geographical scope of service provision. There has been demonstrated improvement in the capacities and

presence of GBV partners in the priority areas for drought response. Access constraints related to security also present major challenges to service provision and coordination in hard-to-reach areas with vast GBV needs. Referral pathways for GBV that link survivors to the nearest service sites will be supported and strengthened especially in remote areas, while cash modality response for transport and other basic needs will be utilised to enhance service accessibility.

Cost of Response

The GBV AoR requires \$78.7 million to provide specialised GBV services and basic hygiene material to 2.1 million vulnerable women and girls including those living with disabilities and women from minority groups. The cost of the 2023 response was estimated using activity-based costing methodology. In consultation with the members of the GBV AoR, the calculation of a unit cost integrated both direct and indirect costs such as human resources and operational expenses. However, the unit cost varies which is subject to the different market rates in different project areas. The requirement also includes the costs of awareness sessions as one of the core activities as they aim to improve public knowledge on GBV, increase self-protection and reduce GBV risks. The cost also includes the production of visibility materials, remuneration for social workers and mobilisers, transportation and capacity strengthening initiatives. Finally, the cost of monitoring interventions was estimated to not exceed three per cent of the overall budget, while the operational costs and overhead were recommended between 25 and 30 per cent of the total budget.

Monitoring

The GBV AoR will monitor response interventions to ensure their alignment with the established priorities, strategies and the different needs of women, men, boys and girls. Partners will also assess the level to which the interventions reflect gender, age, and disability inclusion to ensure that they consider the improvement of meaningful participation of women and girls living with disabilities and those from marginalised and minority groups to enhance the inclusion of assistance. While activity implementation will be monitored against the GBV indicators, efforts will be made to monitor the satisfaction of aid among the different groups of service recipients. Various tools will be developed to support the identification of specific barriers in accessing assistance to inform appropriate mitigation measures tailored to meet the specific needs of different target populations.

The AoR will discuss and disseminate the established targets and indicators among its partners to ensure a shared understanding. 5Ws data collection will take place and be collated on a monthly and quarterly basis and will be published on the GBV AoR dashboards. The dashboard report outlining changes in context and capacity-related challenges will be developed and communicated to the GBV AoR partners on a regular basis.

3.9.4 Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
3.2M	1.8M	\$10M	17

AoR Objectives

The Housing, Land and Property (HLP) Area of Responsibility (AoR) seeks to support 3.2 million vulnerable people with specialised HLP services. This includes 608,791 newly displaced, 192,734 rural displaced, 51,380 refugees, asylum seekers and refugee returnees, 1,446,233 urban displaced and 714,172 non-displaced in rural areas and 250,925 Urban non-displaced.

The AoR objectives will ensure that the people in need (1) have security of land tenure; (2) are protected from HLP violations including forced evictions; and (3) have increased access to legal documentation and are able to resolve HLP disputes. These objectives will contribute to the first and second Strategic Objectives of the HRP.

The AoR will provide a range of HLP support to address the needs identified in the HNO broken down by population groups.

- Newly displaced persons – Provision of legal assistance and information to address common land issues.
- Persons in protracted displacement - Acute HLP needs remain concentrated in areas hosting a large number of IDPs for a prolonged period. This will be addressed through legal aid, information and counter-eviction response.
- Rural non-displaced - Internal displacement not only affects IDPs but also host communities and local governments. This will be addressed through capacity strengthening initiatives.
- Urban displaced – They face the constant risk of secondary displacement due to forced evictions and will benefit from land tenure security support and counter-eviction response.
- Refugee Returnees/Asylum Seekers - They face discrimination and limited access to humanitarian assistance and will be provided with legal assistance and information to enable them to exercise and claim their rights.

Vulnerable groups such as women, children, old persons, persons with disabilities and other vulnerabilities will be prioritised for the response. They will be empowered through the provision of information services and legal aid to increase their access to justice.

The most acute HLP needs remain concentrated in areas affected by the conflict and locations hosting a large number of IDPs and returnees. The majority of people in need of HLP support are located in Banadir, Bay, and Lower Juba, Mudug, Togdheer, Galgaduud, Gedo, Nugal, Waqooyi Galbeed and Middle Shabelle regions. These regions recorded the highest number of forced evictions with over 180,000 individuals evicted in 2022, 77 per cent of which were in Banadir region alone.

Core HLP services will include, but not limited to:

- Legal aid services and supported referrals;
- A robust counter-eviction response, including preventive engagement and remedial actions
- HLP due diligence and Land tenure security support; and
- Information services including a combination of sessions, awareness campaigns, production and dissemination of Information, Education and Communication (IEC) materials.

Core HLP services will be accompanied by complementary interventions, including, but not limited to:

- Capacity strengthening initiatives, including trainings and provision of technical support to local actors and institutions.
- Evidence-based advocacy and policy influence informed by research studies and analyses.

The HLP AoR will apply a multisectoral and integrated approach working with relevant clusters and AoRs. The response modalities will include direct implementation where actors have presence and remote programming for inaccessible and hard-to-reach locations. People in need experiencing or at risk of forced evictions will benefit from in-kind and cash assistance or mixed modalities depending on market functionality. As evidenced by the 2022 integrated drought response, a multisectoral approach guarantees the complementarity and interdependence of actions. It provides a comprehensive approach to bridge the multi-dimensional needs of vulnerable populations, achieves more significant and long-lasting results and reduces risk of duplication.

Building on the positive lessons learned of the 2022 response, the HLP AoR will continue to use the above-mentioned approaches in its 2023 response. Cognizant of the need to increase the investment in HLP and disability, the AoR will introduce interventions that address the special needs of people with disabilities as part of its response strategy in 2023.

Capacity to Respond

The HLP AoR has 17 active partners with capacities to respond in 74 districts of Somalia. Seventy per cent of its partners are national organisations who play a critical role in enhancing HLP response capacity and reducing operational constraints and bureaucratic impediments.

The HLP AoR has established coordination structures in all of the five humanitarian hubs. At national level, the HLP AoR is coordinated by the Norwegian Refugee Council (NRC). Across all the hubs, the HLP AoR is co-coordinated by local NGO and NRC staff who play double hatting roles. In 2023, the HLP AoR will continue strengthening the capacity of sub-national coordination mechanisms, while also advocating for dedicated coordination capacity at subnational levels.

The HLP AoR has the technical and operational capacity to deliver against the established objectives. Its critical roles include, but are not limited to supporting service delivery, undertaking needs assessments and analysis to inform strategic decision-making, planning and implementing response strategies, monitoring, supporting and influencing HLP advocacy and policies.

Given the volatile context in Somalia, the AoR has undertaken a systematic analysis of risk to support the prioritisation of actions required in each situation. Whenever the situation warrants, HLP-related risks are analysed through inclusive consultations with relevant stakeholders.

Cost of Response

To provide adequate HLP support and response to 3.2 million people in 2023, the HLP AoR requires \$10 million. This amount is estimated based on the average of unit costs and targets proposed by the HLP AoR partners.

The HLP AoR will use a mix of different response modalities, hence the variations in terms of costs. The overall costs for each core activity are as per the following:

- Research and studies (\$250,000)
- Assessments and analyses (\$50,000)
- Information services (\$2 million)
- Legal aid services (\$1.17 million)
- Community outreach (\$160,000)

- Counter-eviction response (\$2.19 million)
- Coordination and networking (\$120,000)
- Advocacy and policy Influence (\$100,000)
- HLP due diligence and Land tenure security support (\$3.4 million)
- Trainings (\$375,000)
- Technical support (\$3000,000)

The HLP AoR's emergency response cost per household may vary depending on the nature of the emergency. The HLP emergency response will focus on due diligence and land tenure security. The cost for the provision of due diligence and land tenure security support varies between \$25 and \$100 per household, depending on the context, type of land, location and procedural requirements. Additional HLP expenses may be required for personnel, office rent, office expenditure, transportation, overhead and other related costs.

Monitoring

The HLP AoR partners have agreed to revamp the eviction monitoring system and incorporate a robust monitoring framework for the 2023 response. While the eviction assessments are not a monitoring tool per se, they will be used to facilitate a shared understanding of the HLP situation.

The HLP AoR is the primary coordination forum for conducting regular situational analyses and identifying priority locations for monitoring and response. In addition to monthly meetings, the AoR will convene expert learning events.

The HLP AoR partners will use internal monitoring frameworks and common tools such as the monthly SRF dashboard and 5Ws matrix to report on activities and agreed response indicators.

The HLP AoR will contribute to contingency plans and stock tracking reports and undertake fund mapping exercises on a regular basis using the activity-based costing approach. For cash and in-kind distributions linked to the counter-eviction response, the HLP AoR partners will undertake post-distribution monitoring.

Soft activities such as advocacy, trainings and information services will be monitored through post-activity monitoring to help assess the level of satisfaction among the people assisted by the AoR and measure the impact of the response. Results will help inform learning and influence programme design and adjustment to help assess the level of satisfaction among the people assisted by the AoR and measure the impact of the response. Results will help inform learning and influence programme design and adjustment.

3.10

Shelter and Non Food Items (NFI)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
4.9M	1.4M	\$85M	18

Cluster Objectives

The Shelter/NFI Cluster plans to reach 1.4 million people including 1,052,000 newly displaced, 348,000 people in protracted displacement and 14,000 non-displaced in 45 districts in collaboration with 18 partners. The response will be guided by two cluster objectives:

- To ensure that people affected by conflict, disasters and evictions have protection from harsh weather conditions, privacy and improved safety through provision of plastic sheeting, emergency shelters and NFIs in a timely manner. This will contribute to the first and third Strategic Objective of the HRP.
- To ensure that vulnerable IDPs and affected people have access to transitional or durable shelter including local and environmentally-friendly solutions that enable safer and more dignified living standards and prevent recovering communities from slipping back into humanitarian need. This will contribute to the second and third Strategic Objective of the HRP.

The Shelter/NFI Cluster response will focus on new displacements when people are most vulnerable and do not have access to proper shelter materials nor NFIs. While life-saving activities will be prioritised, cluster partners will also work with local communities and authorities to coordinate recovery efforts to address long-term displacement. This will be done by targeting extremely vulnerable protracted IDPs with transitional or durable shelter assistance in municipalities that have allocated suitable land and ensured more secure land tenure for IDPs. Sustainable shelter solutions - when done within a localised area-based approach - are a critical step towards building the affected people's resilience and breaking the cycle of emergency response. To achieve this, cluster partners will work in close collaboration with local communities and authorities as well as relevant clusters to ensure the response is integrated and that cross-cutting concerns like protection, HLP and environment are mainstreamed and addressed in a holistic manner.

Cluster Response Strategy

As part of the emergency response to newly displaced people, the cluster plans to provide 1,052,000 vulnerable newly displaced IDPs with plastic sheeting, NFIs and emergency shelters. The cluster will also support 99,000 protracted IDPs and 2,300 non-displaced people who have access to land with transitional and durable shelters. HLP partners will support access to land for this targeted group of people. Some 162,455 people who were evicted or are at risk of eviction will receive shelter and/or NFI assistance depending on their needs.

The response will include in-kind, cash or mixed modalities, depending on market functionality, availability of quality shelter materials, access and cost of transportation. Cash-based interventions, especially for shelter through owner-driven approaches, will be the preferred modality. According to post-distribution monitoring (PDM), owner-driven and community-led projects that were implemented with cash for shelter or shelter materials combined with technical assistance are usually more cost-effective than projects implemented by contractors. Such projects empower IDPs, strengthen local economies and increase job opportunities.

To address climate change challenges, the Shelter/NFI Cluster will continue to explore more green housing solutions for IDPs through continuous research on environmentally-friendly and culturally appropriate local construction techniques, materials and approaches. Two partners are piloting new shelter solutions using locally produced materials and construction techniques. The lessons learned from this pilot will help the cluster provide some guidance for a green shelter response.

The cluster will continue to maintain quality assurance on the specifications of different key elements of the response, i.e. provide guidance on how to adhere to the specifications of plastic sheeting to ensure durability as good quality plastic sheeting is difficult to find on the local market. The Common Pipeline can support cluster partners with affordable quality plastic sheeting.

The cluster continues to encourage its members to coordinate their interventions with the HLP AoR to improve the security of land tenure for IDPs, wherever possible, pursuant to the right to adequate housing. When IDPs and returnees have access to and have more secure forms of land tenure, the cluster will support the construction of transitional or durable shelters to

improve their living conditions, protect them against harsh climatic conditions and improve safety, especially for women and girls who are at risk of sexual exploitation and abuse as well as gender-based violence.

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

The cluster will strengthen the capacity of local partners through trainings and workshop on various relevant topics, including GBV risk mitigation, assessments, environment, cash-based interventions, protection mainstreaming, gender equality, inclusion and site planning.

Capacity to Respond

In collaboration with the Protection & Return Monitoring Network (PRMN), the cluster conducted an analysis to identify the districts at the highest risk of flooding and eviction.

Based on previous displacement trends and historical protection data from 2017, the cluster also made a projection on potential locations where IDPs would be likely to move to.

The cluster has 18 active partners in 63 districts. Since 2020, its partners have provided shelter assistance to 1.2 million individuals and NFI assistance to three million people in 58 districts including in hard-to-reach areas. While the cluster is well prepared to respond, the main constraint remains the lack of funding, particularly for local organisations.

Due to the location of IDP sites, predominantly in urban and peri-urban areas, the cluster response focuses on urban areas where most partners face fewer access constraints. At the end of 2022, the cluster updated its strategy to provide a cost-effective and timely first-line response for a much larger population affected by shocks followed by a durable second-line response targeting protracted IDPs.

Cost of Response

To provide an adequate shelter and NFI response to 1.4 million people in 2023, the Shelter/NFI Cluster requires \$82 million. This amount is estimated based on the unit costs of response activities and the targets for NFI assistance (\$25.2 million), plastic sheeting (\$8.9 million), emergency shelters (\$7.7 million), transitional shelters (\$25.1 million) and durable shelters (\$15.1 million).

The emergency response cost per households varies depending on the type of assistance. For example, the cost of two plastic sheets and one NFI kit which includes one mosquito net, two sleeping mats, one kitchen set, two jerry-cans, three blankets and one solar lamp, is around \$168 per family, whereas an NFI kit and emergency shelter cost around \$348 per family. The standard unit cost of NFI kits and shelter assistance varies by region and delivery modality. For instance, the weighted average total cost per household

for in-kind NFIs is \$123 compared to \$116 in cash. Similarly, the cost of in-kind emergency shelter is \$344 compared to \$286 in cash.

The unit cost to provide transitional shelter or durable shelter varies between \$2,000 and \$2,875 and between \$2,400 and \$5,750 respectively depending on size, location, materials and modality. The average cost per household includes expenses for personnel, office rent, office expenditure, transportation, overhead costs and other related operational costs.

Different response modalities have different cost variations. Shelter/NFI conditional cash responses is efficient in terms of value for money as it improves humanitarian outcomes and reduces the response cost. It also provides greater choice and dignity for people while it stimulates local markets and economies. However, due to the poor quality and high cost of plastic sheeting on the local market, international procurement of plastic sheets in bulk for in-kind distribution is recommended.

Monitoring

Shelter/NFI Cluster partners have developed a common monitoring framework and reporting templates. At the cluster level, the following main tools will be used throughout the programme cycle:

- Monthly 5Ws in which partners report on completed activities, including against the indicator that monitors the shelters constructed with environmentally-friendly shelter materials and methods.
- Monthly 4Ws in which partners report on ongoing and planned activities and contingency stock tracking. This enables the cluster to avoid response duplication, track monthly progress against the established targets and outcome-level objectives.
- On a quarterly basis, the cluster will undertake fund mapping exercises capitalising on the activity-based costing approach of the HRP.
- Post-distribution and post-construction monitoring to help assess the satisfaction level among people receiving assistance and measure the impact of the response. Results will help inform lessons learned and adjustments for future strategies.
- Somalia Joint Market Monitoring Initiative (JMMI) to obtain regular market updates and costs of shelter materials and NFIs.

3.11

Water, Sanitation and Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
8.2M	6.1M	\$259.4M	69

Cluster Objectives

In 2023, the WASH Cluster plans to reach about 6.1 million people with life-saving WASH support. This includes 356,356 newly displaced IDPs, 1,471,912 protracted IDPs and 4,274,958 non-displaced vulnerable communities mainly in rural, (including hard-to-reach locations) and a few in urban areas. The response will be guided by two cluster objectives.

- The cluster seeks to provide life-saving emergency WASH services to newly displaced and some protracted IDPs and rural/urban communities affected by drought/floods/ conflicts/ waterborne diseases and other emergencies/ risks by providing temporary water supply, temporary latrine installations as well as key hygiene messages and core hygiene items. The WASH Cluster will ensure that basic WASH needs of the targeted affected people are met in a safe and dignified manner in compliance with cluster response minimum standards. In the event of any new emergency resulting from a cholera outbreak/ acute water diarrhoea, flash floods or sudden new displacement, the cluster will ensure timely emergency WASH response to the affected population in and out of camps. This will contribute to the first Strategic Objective of the HRP.
- The cluster aims to provide sustainable and cost-effective WASH services to IDPs and non-displaced vulnerable communities in schools and health facilities in urban and rural areas. For protracted IDPs and non-displaced in rural areas, the cluster will continuously monitor existing water facilities and sources, identify gaps and ensure new infrastructure construction and repairs of damaged/non-functional water and gender-segregated sanitation facilities. The cluster will support partners and local authorities to promote innovative WASH practices to ensure sustainability. The cluster will promote community-based and targeted hygiene practices including the expansion of a WASH market-based approach. This will contribute to the second Strategic Objective of the HRP.

In accessible rural areas, the cluster will advocate for provision of sustainable WASH services while working closely with other clusters such as the Food Security, Nutrition, Education

and Health Clusters as well as other actors in the humanitarian, development and private sector. Such collaborative efforts will promote the scale-up of an integrated response in hard-to-reach areas and IDP sites while strengthening intersectoral coordination. The cluster will ensure that public-private partnerships are enhanced for sustainable WASH services and further investment in WASH response (ref WASH sector operational plan). Given the WASH needs of the vulnerable groups, the cluster will prioritise accessible WASH interventions across all areas of Somalia while considering disability inclusion and accessibility of services for persons living with disability, the elderly, and minority groups. It will consider the safety for women and girls in the design, planning and delivery of WASH services.

Cluster Response strategy

The WASH Cluster will focus on two specific response objectives to address the WASH needs of affected populations in prioritised locations across Somalia. The cluster will ensure minimum quality and standardised WASH services to IDPs in camps and rural areas meets minimum quality and standards by providing safe drinking water, appropriate sanitation facilities and key hygiene messages including core kits. The cluster will also ensure monitoring, operation and maintenance of water and sanitation facilities and the enhancement of sound hygiene practices. For sustainability, the cluster will invest in cost-effective and resilient solutions regarding water supply (sustainable water systems through water network connections) and sanitation services in protracted IDP sites and WASH in institutions. At the same time, the cluster and its partners will focus on strengthening the capacities of local authorities and community groups to take ownership of the water facilities and conduct regular operations and maintenance.

For the delivery of tailored WASH support packages for newly displaced populations and protracted IDPs who have critically limited WASH services, the cluster will provide emergency WASH services which include emergency water supply, temporary sanitation facilities, hygiene item distributions and contextually appropriate hygiene awareness campaigns to mitigate increased public health risks. For populations in

rural areas, the cluster will emphasise on linking humanitarian WASH interventions with recovery and development partners while meeting the critical life-saving and life-sustaining WASH needs. To ensure that gender, age, minority and disability groups are adequately reflected in the response, integrated WASH interventions (GBV/protection mainstreaming, WASH in schools/health facilities) will be promoted to increase impact and coverage.

Despite the increased impacts of drought and internal conflicts on the 2022 WASH response, the cluster was able to scale up WASH activities in camps, accessible rural communities and hard-to-reach areas while strengthening collaboration with the Health, Nutrition and CCCM Clusters. In 2023, the cluster will focus on providing standardised WASH services including operation, maintenance, expansion and sustaining WASH services to the displaced camp population and affected communities mainly in rural areas. The response will concentrate on community-orientated hygiene promotions rather than on traditional household-level hygiene promotion activities. Pre- and post-comparisons will be conducted to assess the effectiveness of approaches and tools (radio, SMS, TV, religious centers, Madrasa, and schools).

Where needed, context-specific and customised strategies will be devised based on geographic, demographic, cultural and attitudinal variabilities. Partners will be supported in their preparedness and emergency responses to meet the emergency WASH needs of people in high-risk areas in case of cholera/AWD outbreak and other natural hazards/shocks such as flash floods. Public and climate-linked WASH service delivery will be strengthened in peri-urban areas, including hard-to-reach areas, which will contribute to the resilience strengthening of the affected people. The WASH Cluster will promote cash or voucher assistance where appropriate depending on the individual markets to minimise dependence on in-kind materials support from partners. Linking humanitarian interventions with recovery and development partners will be prioritised to ensure a smooth transition to long-term sustainable and cost-effective WASH approaches, especially in rural areas.

Capacity to Respond

69 partners (UN agencies, INGOs and NNGOs) are still actively engaged in supporting WASH response to the affected population in and out of camps. The WASH Cluster shall continue to build and strengthen the capacities of national NGOs to support sub-national coordination and improve the quality of WASH services and to expand WASH service delivery to hard-to-reach or high-risk areas while empowering local capacities (local community groups) to deliver basic WASH services where there are no WASH partners. The cluster will directly involve the affected people at all stages of the response - from design and installation to maintenance of the facilities. The approach will be community-based while training will be provided to strengthen the local capacity to self-manage WASH services. Community engagement in service provision will be promoted by establishing WASH committees with both female and male user groups. The intervention includes training in operations and maintenance,

which will enable the community to eventually take over the responsibility for management and delivery. This will facilitate the handover of operation and maintenance of water and sanitation facilities directly to the communities. WASH Cluster will engage with local authorities and community groups especially in accessible locations to ensure land provision for temporary and sustainable WASH investments and sanitation infrastructures, etc.

Cost of Response

The WASH Cluster requires \$259.4 million to provide 6.1 million people with life-saving WASH support and services in 2023. The cost for the 2023 response was established by extracting the key activities from the monthly 4W matrix and contextualising the activities based on the scenarios and needs for 2023. Partners costed activities at regional/district level based on the targeted beneficiaries and cost. Subsequently, the costs for key activities were derived from existing SHF-funded projects, and the Costing Guidelines for WASH Services served as a secondary source to verify the calculations shared by partners. Since each activity is combined with a set of activities, the cost per beneficiary for water supply, sanitation and hygiene in the targeted locations is more accurate than the cost for each activity in a particular location which is calculated based on the needs when a comprehensive assessment is not available. The costs for key activities such as water trucking, borehole rehabilitation/drillings and installation of temporary latrines in camps remained stable. But in some cases, the costs increased due to the hike in fuel prices, the inaccessibility of locations, insecurity concerns, movement restrictions and a high demand for items such as soap and buckets. The costs for the response for people in hard-to-reach areas with a high severity of needs and a lack of basic infrastructure also rose significantly. Another important factor is limited access to local markets in hard-to-reach areas as it increases transportation costs due to limited market integration.

Monitoring

The WASH Cluster will monitor the progress in achieving the sector-specific objectives through regular monitoring. A technical working group of key implementing partners will be formed to enable adequate monitoring coverage in compliance with the WASH Cluster's monitoring framework. This will be complemented by regular field visits and spot checks by the cluster team at the national and sub-national level. The cluster has set indicators to measure the progress on the two cluster objectives. Monthly monitoring data will be collected from partners through the monthly 4W report against progress and SWALIM. Needs/gaps will be identified through regular gaps/needs analysis and partners' mapping on the ground. As appropriate, targets will be adjusted based on any significant change in the context that could result in the movement of populations between camp and non-camp settings. and SWALIM. Needs/gaps will be identified through regular gaps/needs analysis and partners' mapping on the ground. As appropriate, targets will be adjusted based on any significant change in the context that could result in the movement of populations between camp and non-camp settings.

Part 4:

Refugee Response Plan

KISMAYO/SOMALIA

Children learning at a makeshift primary school in Buula Qalooc village near Doolow in Somalia. The school was built by village elders in five days and operates two learning shifts a day to accommodate the growing number of children

Photo: UNOCHA/Giles Clarke



Refugee Response Plan



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
51.3K	51.3K	\$79M	-

Objectives

1. Persons of concern benefit from a wider range of durable solutions: improved access to a range of durable solutions including alternative pathways and expanded engagement on responses for 15,085 refugees, asylum Seekers and returnees.
2. Persons of concern have improved living conditions by meeting basic needs and essential services: increased access to essential basic services, enhanced resilience and proactive mitigation of the effects of climate change for affected population ensuring that 51,380 refugees, asylum seekers and returnees receive timely assistance.
3. Persons of concern have increased sustainable livelihood opportunities and socio-economic inclusion: improved self-reliance for 51,380 refugees, asylum seekers and returnees through better access to sustainable socio-economic opportunities and strengthened partnerships with development partners and private sector entities.
4. Persons of concern enjoy their rights and have access to strengthened national frameworks in line with relevant international standards: enhanced protection environment for 51,380 refugees, asylum seekers, returnees and stateless persons in line with national and international frameworks including in the context of mixed movement

Response Strategy

UNHCR will deliver protection and assistance programmes through a combination of in-kind material support distributions, cash-based interventions, self-reliance and livelihoods activities, community and area-based assistance and support to promote peaceful co-existence. UNHCR will also incorporate advocacy interventions and technical support to the Federal Government of Somalia (FGS) and the Federal Member State(FMS) in building and further developing the asylum system in the country. All activities under the Refugee Response Plan will contribute to the HRP strategic objectives. Given the complexities around individual targeting, UNHCR and partners will pursue area-based approaches to the extent possible, in particular when it comes to reintegration support to refugee returnees as well as promotion of peaceful co-existence between different population groups.

The Regional Statelessness Study published in December 2021 and a national statelessness assessment report that is expected to be published in early 2023 will provide a preliminary analysis of qualitative data on statelessness in Somalia. The findings of these reports, as well as the National Action Plan to End Statelessness in Somalia (2021-2024), will strengthen ongoing efforts towards the prevention and eradication of statelessness in the country.

UNHCR and partners' interventions in 2023 will continue to apply the Age, Gender and Diversity (AGD) approach which inter alia aims to promote gender equality and inclusion of vulnerable groups in the response. The interventions will be informed and guided by UNHCR AGD Policy (2018) which focuses on six areas of engagement that comprise the framework for achieving accountability to persons of concern within the AGD approach (AGD-inclusive programming, participation and inclusion, communication and transparency, feedback and response, organisational learning and adaptation and gender equality and commitments for women and girls). All UNHCR interventions will be vulnerability-based. Special emphasis will be on the promotion of gender equality as the commitment to women and girls is one of the areas of UNHCR and partners' engagement as per UNHCR AGD Policy.

Protection from Sexual Exploitation and Abuse (PSEA) mechanisms will continue to be integrated into all protection and assistance programmes.

Capacity to Respond

UNHCR will work with 30 partners (government, national and international NGOs) and private sector actors to provide protection, assistance and most importantly, attain more sustainable solutions for refugees, asylum seekers, returnees as well as stateless persons. This will be achieved through continued efforts in strengthening collaboration with the FGS and the FMS and other stakeholders within the framework of the humanitarian-development-peace nexus.

The strategic engagement with over 15 government interlocutors some of whom are decision-makers, advocates, observers and implementers with control over inclusion of

affected populations in various federal and state development plans/strategies will be maintained. At the federal level, coordination of protection and related activities will be strengthened with key government counterparts including, the National Commission for Refugees and IDPs (NCRI), Ministry of Interior Federal Affairs and Reconciliation (MoIFAR), Ministry of Planning Investment and Economic Development, Office of the Special Envoy for Migrants and Children's Rights (OPM-OSE). UNHCR will also work closely with the UN sister agencies including the HCT and UNCT.

Cost of Response

The estimated cost of the response that targets 51,380 vulnerable refugees, asylum seekers, returnees and people at risk of statelessness is \$79 million. This cost is based on the multi-sectoral needs assessments which was 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 characterised by both recurrent and annual costs. Recurrent costs entail protection-related assistance provided to vulnerable refugees, asylum-seekers, one-off support to refugee returnees including the management and maintenance of the transit and way stations. The one-off support provided to newly arriving refugee returnees is multi-sectoral in nature, vulnerability-based and is aligned to the minimum expenditure

basket. Annual costs entail technical and financial support to government line ministries and other interlocutors and aim 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 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 persons in need of international protection.

Monitoring

The refugee response will be monitored continuously. UNHCR implements a coordinated, participatory and inclusive monitoring and evaluation approach for the different results and thematic areas at varied levels. The operation will strengthen the collection, analysis and usage of M&E data imploring various approaches which include: third party onsite monitoring (especially in hard-to-reach locations), enhancing implementation of recommendations and course correction, strengthening regular multi-functional teams (MFTs), monitoring and risk management and ensuring the participation of persons that UNHCR works with and for. The needs assessments of the targeted population will be conducted with an age, gender and diversity analysis through regular field and monitoring visits. Regular monitoring of the entire response programme will be conducted, and relevant indicators will be tracked and reported on, as appropriate.

DOOLOW/SOMALIA

Displaced Somali women and children queuing at a water disbursement area in the sprawling Kaxareey displacement settlement in Doolow, Gedo region Somalia
Photo: UNOCHA/Giles Clarke



Part 5:

Annexes

DOOLOW/SOMALIA

A student at Kabasa Primary School, Doolow District, Gedo Region. The school with a ratio of 16 teachers: 980 students urgently needs more support to keep the children in school

Photo:UNOCHA/Yao Chen



5.1 Participating Organisations

DISTRICT	TOTAL POPULATION	NO. OF PEOPLE TARGETED	NUMBER OF PARTNERS
Adan Yabaal	92,072	37,409	3
Afgooye	497,389	171,816	38
Afmadow	249,251	104,483	33
Baardheere	180,157	97,358	41
Badhaadhe	74,400	23,267	21
Baki	59,923	19,014	15
Balcad	358,453	206,247	32
Banadir	2,874,431	1,282,966	90
Bandarbeyla	45,459	19,445	17
Baraawe	58,676	18,553	18
Baydhaba	778,536	571,871	71
Belet Weyne	294,061	132,127	53
Belet Xaawo	157,013	49,249	30
Berbera	164,478	49,607	24
Borama	385,549	108,968	23
Bossaso	719,181	250,555	29
Bu'aale	126,355	56,123	3
Bulo Burto	70,620	33,944	20
Burco	471,681	177,744	36
Burtinle	118,031	43,340	24
Buuhoodle	88,269	48,307	28
Buur Hakaba	193,791	154,770	19
Cabudwaaq	191,573	118,371	38
Cadaado	123,332	65,456	39
Cadale	55,227	37,568	17
Caluula	75,601	36,638	21
Caynabo	87,176	31,554	24
Ceel Afweyn	59,729	32,202	20
Ceel Barde	83,022	24,585	19
Ceel Buur	76,475	53,016	7
Ceel Dheer	79,382	34,798	6

DISTRICT	TOTAL POPULATION	NO. OF PEOPLE TARGETED	NUMBER OF PARTNERS
Ceel Waaq	93,835	37,660	19
Ceerigaabo	121,854	75,351	38
Dhuusamarreeb	219,110	105,150	41
Diinsoor	170,128	87,443	26
Doolow	225,794	98,368	33
Eyl	154,079	90,894	28
Gaalkacyo	733,218	239,028	56
Galdogob	167,004	90,852	40
Garbahaarey	134,350	47,696	26
Garowe	300,032	111,500	36
Gebiley	201,063	75,165	22
Hargeysa	947,606	268,574	53
Hobyo	168,392	106,794	30
Iskushuban	54,527	30,727	28
Jalalaqsi	55,379	24,285	13
Jamaame	389,620	206,277	12
Jariiban	174,555	99,947	30
Jilib	153,110	67,744	2
Jowhar	455,802	203,572	39
Kismaayo	325,331	124,614	51
Kurtunwaarey	64,059	31,895	6
Laas Caanood	239,390	93,496	41
Laasqoray	143,553	75,932	27
Lughaye	65,202	36,123	17
Luuq	147,101	64,405	33
Marka	269,429	97,815	19
Owdweyne	88,793	44,415	30
Qandala	55,281	27,218	15
Qansax Dheere	145,131	110,476	24
Qardho	152,711	45,255	28
Qoryooley	128,730	67,927	11

DISTRICT	TOTAL POPULATION	NO. OF PEOPLE TARGETED	NUMBER OF PARTNERS
Rab Dhuure	79,025	40,585	12
Saakow	87,386	38,202	5
Sablaale	64,803	22,683	1
Sheikh	131,349	41,160	8
Taleex	83,573	30,334	28
Tayeeglow	148,669	91,556	4
Waajid	85,277	46,274	26
Wanla Weyn	342,307	150,137	21

DISTRICT	TOTAL POPULATION	NO. OF PEOPLE TARGETED	NUMBER OF PARTNERS
Xarardheere	74,234	27,951	9
Xudun	68,126	25,857	20
Xudur	96,494	60,942	37
Zeylac	60,555	37,769	14

DOOLOW/SOMALIA

Students having lunch in Kabasa Primary School, Doolow District, Gedo Region, Somalia. The school feeding programme supported by WFP is a great motivation for student enrollment and retention at the school

Photo: UNOCHA/Yao Chen



5.2

HRP 2023 Sectoral Objectives and Planning Figures

CCCM Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S03	Strengthen inclusive community self-management and access to information for displaced populations	# of people reached through information sessions	2,456,143
		# of people reached through information sessions held	2,456,143
	Strengthen safe and equitable access to multi sectorial services at site level through improved site management and coordination	# of stakeholders coordination meetings	2,000
		# of CFM facilities items required (Phones, desks, info shades etc)	2,000
		# of sites conducting service mapping & monitoring	2,000
		# of sites conducting site verification	2,000
		# of trainings, staff, service providers trained	1,200
		# of sites with protection and CFM referral pathway	2,000

Education Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S01/SP 1.3 S02/ SP2.1 S03 / SP3.1 and 3.2	Increased access to education for disaster and conflict-affected children	# of children (5-17 years) including children with disabilities supported to enroll in formal primary education	772,346
		# of children (5-17 years) including children with disabilities enrolled in non-formal education	193,086
		# of classrooms constructed or rehabilitated and furnished	5,763
		# of improved or constructed gender sensitive WASH facilities at school	2,048
		# of children (5-17 years, girls/boys) benefitting from water trucking at school	579,259
		# of children (5-17 years) benefitting from WASH supplies and hygiene promotion	579,259
		# of children (5-17 years) targeted with cash-based support at household or institution level	289,630
		# of children (5-17 years) benefitting from School Feeding Programme (SFP)	74,162
		# of teachers (female/male) benefitting from teacher professional development, including PSS	19,309
		# of children (5-17 years) receiving school supplies	965,432
S01/SP 1.3 S02/SP 2.1	Enhance the quality of education for children and youth within a protective environment	# of teachers and facilitators provided with teaching materials in formal and non-formal settings	19,309
		# of teachers (female/male) benefitting from teacher incentives	5,793
		# of community members reached through awareness/community dialogue on education and child protection	40,960
		# of children (5-17 years, girls/boys) benefitting from structured, school-based psychosocial support activities	965,432
S03/SP 3.1	Strengthen the capacity of the education system, partners, and communities to deliver a timely, coordinated and evidence-based education response	# of Community Education Committees (M/F) in school management and safety	2,048

Food Security Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S03	To improve availability and access to food for 6.7 million people facing severe acute food insecurity by end of 2023.	# of individuals provided with lifesaving, humanitarian food and cash assistance by population groups (non IDPs, IDPs) and location (rural,urban)	6,680,770
S02	To protect livelihoods and related food and income sources for 2.9 million people by end of 2023.	# of individuals provided with life-sustaining , emergency livelihood assistance by population profile(agriculture, livestock, fisheries and others) and location (rural, urban)	2,841,855

Protection

General Protection

STRATEGIC OBJECTIVE#	CLUSTER INDICATOR	CLUSTER INDICATOR	TARGET
S01	Provide quality specialized protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected people with specific protection needs and/or at heightened risk.	# of individuals reached with specialized protection services and/or assistance, including case management, individual protection assistance (IPA), psycho-social support (PSS) and referrals # of individuals reached with legal services, including access to civil documentation	350,000
S02	Enhance capacity of community members and key stakeholders to prevent, mitigate and respond to protection risks.	# of individuals reached through community-based protection (CBP) interventions	450,000
		# of individuals reached through capacity building on protection issues	125,000
	Strengthen protection monitoring systems to efficiently trigger the response, inform and adapt programming for better protection outcomes, support evidence-based advocacy on protection risks and trends, and ensure protection of civilians is at the core of the response.	# of individuals directly interviewed during protection monitoring and/or assessment activities	
		# of advocacy reports, events and/or initiatives conducted	
S03	Support humanitarian actors across all sectors on vulnerability-based prioritization as well as in the implementation of proactive and inclusive programming measures to mitigate and address the risks of exclusion and denial of assistance and services, particularly for minority and marginalized groups, older persons and persons with disabilities.	# of clusters supported to incorporate inclusive programming measures	N/A

Child Protection

STRATEGIC OBJECTIVE#	PROTECTION CLUSTER OBJECTIVES	CP AOR OBJECTIVES	INDICATOR	TARGET
S01/SP1.3	Provide quality specialized protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected people with specific protection needs and/or at heightened risk.	Provide quality specialized well-coordinated and gender-sensitive child protection service to 1.5 million boys and girls including adolescents, and children with disabilities, facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress due to various shocks and hazards by the end of 2023.	# of girls and boys at-risk of abuse, violence, exploitation, and neglect in need of lifesaving CP response receiving specialized child protection services through case management	45,000
			# of girls and boys who have suffered from grave child rights violations receiving social, education, economic reintegration and life skill assistance.	2,000
			# of girls and boys that are unaccompanied or separated, identified, documented, and supported to reunify with their families or provided alternative family based care	30,000
			# of children and their caregivers reached with center, mobile and home based activities to improve their protection including mental health and psychosocial support.	125,350
S02/SP2.1	Enhance capacity of community members and key stakeholders to prevent, mitigate and respond to protection risks.	Strengthen the coping mechanisms and resilience capacity of severely affected children and 600,000 caregivers to prevent, mitigate risks to abuse, violence, exploitation, and neglect through integrated, multisectoral and community-based child protection services	# of girls and boys who have suffered from grave child rights violations receiving social, education, economic reintegration and life skill assistance	40,000
			# of boys, girls, men, and women reached with protection risk prevention and mitigation messaging on EORE, PSEA, Child Safeguarding, FGM and Child Marriage	150,000
			# of boys, girls, women and men reached with quality CP prevention and response services through integrated and multisectoral, community based child protection structures	1,606,066
			% of children and their caregivers who report improved access to rights and services as a result of their protection concerns being addressed	50
S03/SP 3.1	Support humanitarian actors across all sectors on vulnerability-based prioritization as well as in the implementation of proactive and inclusive programming measures to mitigate and address the risks of exclusion and denial of assistance and services, particularly for minority and marginalized groups, older persons and persons with disabilities.	Strengthen Child Protection monitoring systems to support evidence-based advocacy on protection risks and trends faced by children and ensure protection of children is at the central in the multisectoral humanitarian response to affected population groups in Somalia	# of children and their caregivers reached with center, mobile and home based activities to improve their protection including mental health and psychosocial support.	72,000

Explosive Hazard

STRATEGIC OBJECTIVE#	PROTECTION CLUSTER OBJECTIVES	EH AOR OBJECTIVE	CLUSTER INDICATOR	TARGET
S01/SP1.3	Provide quality specialised protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected people with specific protection needs and/or at heightened risk.	Mine action response, including survey, clearance, and victim assistance is provided to individuals who have been affected by explosive ordnance.	# of individuals benefiting from specialized mine action services	200,000
S02/SP2.1	Enhance capacities of community members and key stakeholders to prevent, mitigate and respond to protection risks	Displaced and non-displaced population, including women, children, and persons with disabilities, have increased knowledge of the risk associated to explosive ordnance and benefit from risk reduction measures.	# of individuals benefiting from explosive ordnance risk education (EORE) and/or mine action trainings	450,000

Gender-based Violence

STRATEGIC OBJECTIVE#	PROTECTION CLUSTER OBJECTIVES	GBV AOR OBJECTIVE	CLUSTER INDICATOR	TARGET
S01/SP1.3	Provide quality specialized protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected people with specific protection needs and/or at heightened risk.	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 services through integrated community referrals.	# of women, girls, men and boys who have accessed and benefited from age appropriate and quality services of clinical management of rape and treatment for physical injuries as a result of IPV in GBV one-stop centers that meet the minimum standards	42,000
			# of women, girls, men and boys who have accessed and benefited from age appropriate case management services for GBV in existing GBV one stop centers and women and girls' safe spaces that meet the minimum standards.	84,000
			# of women, girls, men and boys who have accessed and benefited from age appropriate psycho-social counselling and support for GBV in existing GBV one stop centers and women and girls' safe spaces that meet the minimum standards	84,000
			# of vulnerable women, girls, men and boys who access age appropriate and gender responsive legal assistance for GBV	45,000
			# of vulnerable women, girls, men and boys who receive cash/ voucher assistance for GBV mitigation.	191,000
			# of vulnerable women and adolescent girls (including those living with disabilities and from minority clans) who receive dignity kits, menstrual hygiene kits and/or solar lanterns.	630,000
			# of women and girls who have accessed and benefited from recreational, life & livelihood skills and information in women and girls' safe spaces	84,000

S02/SP2.1	Enhance capacity of community members and key stakeholders to prevent, mitigate and respond to protection risks.	By 2023, 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	# of national actors (government officials, security personnel, NGOs) cluster field coordinators and focal persons with knowledge on implementing GBV mitigation and service provision for survivor centered approach including PSS, case management, response strategies and PSEA for vulnerable women and girls (including PLWDS and minority clans)	40,000
			# of women, girls, boys and men (including those with disabilities and from minority clans) reached with key GBV information on service availability, prevention and mitigation of GBV	840,000

Housing, Land and Property

STRATEGIC OBJECTIVE#	PROTECTION CLUSTER OBJECTIVES	HLP AOR OBJECTIVES	CLUSTER INDICATOR	TARGET
S01/SP1.3	Provide quality specialized protection services and assistance to prevent, mitigate and respond to protection risks faced by drought and conflict-affected people with specific protection needs and/or at heightened risk.	Strengthen land tenure security to mitigate HLP violations and address HLP specific needs of people in need and/or at heightened risk at settlement and household levels	# of individuals supported to secure land tenure	400,000
S02/SP2.1	Enhance capacity of community members and key stakeholders to prevent, mitigate and respond to protection risks.	Strengthen technical capacities of community members, HLP actors and partners to mitigate and respond to HLP needs"	# of individuals reporting increased knowledge and capacities on HLP	20,000
	Strengthen protection monitoring systems to efficiently trigger the response, inform and adapt programming for better protection outcomes, support evidence-based advocacy on protection risks and trends, and ensure protection of civilians is at the core of the response.	Monitor, prevent and respond to HLP needs and violations and support evidence-based advocacy on HLP specific risks and trends"	# individuals reached through HLP specialised services (eviction monitoring and response, awareness, advocacy on HLP violations and risks, assessments and research)	1,180,000
S03/SP3.1	Support humanitarian actors across all sectors on vulnerability-based prioritization as well as in the implementation of proactive and inclusive programming measures to mitigate and address the risks of exclusion and denial of assistance and services, particularly for minority and marginalized groups, older persons and persons with disabilities.	Increase and improve access to justice for HLP specific cases, particularly for vulnerable and marginalised groups, older persons and persons with disabilities in needs and/or at heightened risk of HLP violations. "	# of individuals provided with legal aid services	200,000

Health Cluster

STRATEGIC OBJECTIVE#	CLUSTER INDICATOR	CLUSTER INDICATOR	TARGET
S01	Reduce of excess morbidity and mortality; prepare, prevent, detect and timely respond to epidemic-prone & endemic diseases, driven by climatic shocks and conflict among millions of IDPs and non-displaced	# of children aged 6 months to 15 years who received measles vaccine (coverage >95% urban and camps, >90% rural)	597,620
S02	To ensure access to safe, effective, equitable and inclusive humanitarian lifesaving and life-sustaining health services to the crisis affected population to 1,737,045 IDPs and 3,664,338 non-displaced persons	# of deliveries attended by a skilled birth attendant (>80%)	268,929
		# of outpatient consultations per person per year (target ≥ 1 new visit / [targeted] person / year), number (#) of functional basic health care facilities per population (1 unit/10K pop)	5,109,655
		# of children aged 6 months to 15 years who received measles vaccine (coverage >95% urban and camps, >90% rural)	597,620

Nutrition Cluster

STRATEGIC OBJECTIVE#	CLUSTER INDICATOR	CLUSTER INDICATOR	TARGET
S01	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	Number of girls and boys aged 6-59 months with moderate acute malnutrition (MAM) who are admitted for treatment	1,272,160
		Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment	464,124
		Number of pregnant and lactating women (PLW) with acute malnutrition who are admitted for treatment	402,659
	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.	Number of girls and boys aged 6-59 months receiving specialised nutrition foods through blanket supplementary feeding programme. (BSFP)	1,926,107
		Number of girls and boys aged 6-59 months who received vitamin A supplement in the past 6 months.	2,802,084
		Number of pregnant and lactating women (PLW) receiving specialised nutritious foods through blanket supplementary feeding programme (BSFP).	1,132,390
		Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition (MIYCN) counselling	1,272,490

Shelter Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S02	Persons affected by conflict, disasters and evictions have, in a timely manner, protection from the weather, privacy and improved safety through provision of plastic sheeting, emergency shelters and NFIs.	# of crisis-affected people provided with timely life-saving and life-sustaining emergency shelter support.	167,183
		# of crisis-affected people provided with timely life-saving and life-sustaining plastic sheeting.	1,141,933
		# of crisis-affected people reached with non-food items assistance.	1,146,660
	Vulnerable displacement and disasters affected populations have access to transitional or durable shelter, including local and environmentally friendly solutions, enabling safer and more dignified living standards and preventing recovering communities from slipping back into humanitarian need.	# of crisis-affected people provided with durable shelter solution.	31,586
		# of crisis-affected people provided with infrastructure support.	25,111
		# of crisis-affected people provided with transitional shelter solution.	73,364

WASH Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S01	Provide full package of emergency WASH services to vulnerable communities affected by drought/floods/conflicts/waterborn diseases and other emergencies/risks.	# of people reached with emergency water services in targeted settlements and communities.	6,041,768
		# of people reached with hygiene kits distribution and hygiene promotion activities in vulnerable settlements and communities.	6,103,226
		# of people reached with sanitation services in vulnerable settlements and communities	2,561,458
S02	Ensure provision of sustainable, durable and cost-effective water supply in recurrent drought hotspot rural areas and IDP population living in urban areas and in schools and health facilities.	# of people reached with sustainable access to safe water in targeted settlements and communities.	2,400,091

Logistics Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S01 S02 S03	Support logistics operations by creating opportunities for joint and synchronised logistics activities through the facilitation of coordinated efforts and strengthening of local logistics capacities.	Number of organisations utilising logistics services and participating in coordination activities	35 humanitarian organisations
		Percentage of Logistics Cluster partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%)	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 including digital	80 IM products
		Number of Logistics Needs Assessment and Mapping including preparedness assessments	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.	Percentage of completed service requests made by partners	96%
		Number of locations reached by common service activities	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 people reached with sustainable access to safe water in targeted settlements and communities.	90%
		Percentage of security and medical evacuations facilitated versus booked	100%

Emergency Telecommunications Cluster

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S01	Engage with partners and local actors to support effective coordination and delivery of services and support decision-making through the dissemination of timely operational information and reporting.	Percentage of ETC partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%)	80% satisfactory rating from partners
		Number of common operational areas provided with data connectivity services	6
	Enable a more efficient humanitarian response and contribute to a secure environment for humanitarian personnel through the provision of reliable independent communication services	Number of common operational areas provided with security communications services	9
		Percentage of ETC partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%)	80% satisfactory rating from partners

Centrality of Protection

STRATEGIC OBJECTIVE#	CLUSTER OBJECTIVE	CLUSTER INDICATOR	TARGET
S03/SP1	Assistance is delivered without discrimination on the basis of gender, age, disability, minority clan affiliation or ethnicity.	% of people who think that aid goes to those who need it most.	70% (of respondents in 5 priority locations)
	All clusters have developed vulnerability-based targeting criteria.	% of cluster partners developing targeting criteria on the basis of analysis of disaggregated data by sex, age and disability and specific vulnerabilities	100%
	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 cluster partners collecting data disaggregated by sex, Age, minority affiliation and disability	80%
S0 /SP2	Assistance is designed and delivered in a manner that reduces the risk of individual harm.	% of people who feel safe at all times travelling to receive the assistance, while receiving assistance, and upon return to their place	70% (of respondents in 5 priority locations)
	Crisis -affected people are assisted in or as close as possible to their area of origin	% increase in cluster partners operating in areas assessed as having moderate or high access severity.	50%
	All areas of origin of IDPs and displacement routes are accessible to maintain humanitarian assistance and protection.	% of area of origin and displacement routes that are accessible for humanitarian assistance	65%
S03/SP3	Emerging threats to the safety of civilians are systematically addressed through appropriate coordination mechanisms.	All sub-national Civil-Military Coordination working groups have emerging protection issues tabled as a standing agenda item with tailored recommendations for action with duty bearers,	6 groups

NOTE: The Strategic Objective on the Centrality of Protection is formulated in line with global policy recommendations that prioritise reducing the critical protection risks faced by crisis affected people. The indicators below represent a system wide pilot to monitor risk reduction across the response. This requires a new approach to data collection using qualitative, protection monitoring and third-party sources to complement cluster reporting. Monitoring efforts to reduce the risks identified by the HCT Centrality of Protection Strategy should be viewed as multi-year investment and refined in the 2024 Humanitarian Programme Cycle.

5.3

Prioritised IDP Sites for Multisectoral Response

Region	District	Settlement	Minority only/ mainly	Minority present in camp	HH	Ind	Neighbourhood
Banadir	Mogadishu, Dayniile	Ciltire	yes	yes	450	995	Alle Suge
Banadir	Mogadishu Dayniile	Allasuge	mixed	yes	165	990	Danwadaag
Banadir	Mogadishu Khada	Fidow	mixed	yes	318	926	
Banadir	Mogadishu Dayniile	Ad Adey	yes	yes	200	828	
Banadir	Mogadishu Dayniile	Gooba	yes	yes	196	784	Orama
Banadir	Mogadishu Dayniile	Rajo	yes	yes	128	768	Kalamashoorto
Banadir	Mogadishu Khada	Goha	yes	yes	113	678	Dani
Banadir	Mogadishu Khada	Mandeeq	yes	yes	107	642	Samadeeq
Banadir	Mogadishu Khada	Roobay	yes	yes	210	630	Bulsho Bile
Banadir	Mogadishu Dayniile	Bakaal	yes	yes	189	614	
Bay	Baidoa	El Bay 1	yes	0.9	67	500	Isha
Banadir	Mogadishu Khada	Cabaanaane	yes	yes	93	500	Bishaaro
Banadir	Mogadishu Khada	Suubagle	yes	yes	120	490	Dulqaad
Banadir	Mogadishu Khada	Al Fatah	mixed	yes	55	486	
Banadir	Mogadishu Dayniile	Cade	yes	yes	95	478	
Banadir	Mogadishu Dayniile	Torotorow	yes	yes	130	454	Caloofi
Banadir	Mogadishu Khada	Kamtan Naas	yes	yes	87	435	Samadeeq
Banadir	Mogadishu Dayniile	Billan	yes	yes	85	427	Daryeel
Banadir	Mogadishu Khada	Bulo Qurac	mixed	yes	150	420	Kaafi
Bay	Baidoa	Elbay-2	yes	0.9	207	1280	Holwadag
Bay	Baidoa	11-Janaay-2	yes	0.9	102	710	Holwadag
Bay	Baidoa	Beer Shibeele	yes	0.9	47	320	Berdale
Bay	Baidoa	War garas			113	450	

Bay	Baidoa	OROOS EBER			105	380	
Bay	Baidoa	All_Xamdu			356	2136	Berdale Town
Bay	Baidoa	Sinan			406	2869	Berdale Town
Bay	Baidoa	Gololka			514	3084	Berdale Town
Bay	Baidoa	GEGSOY	mixed	yes	87	485	Arjac
Bay	Baidoa	Wadaajir			442	3194	Berdale Town
Bay	Baidoa	HARUUN			69	401	Barwaaqo
Bay	Baidoa	Harqan_IDP			33	201	Ciiltire
Bay	Baidoa	Buli_Fuur_ Ooflow			47	326	Holwadag
Bay	Baidoa	Buuli Towsi			30	215	
Bay	Baidoa	Faajar kuus			51	211	
Bay	Baidoa	Madikuri			35	210	

5.4

What if we fail to respond?

Camp Coordination & Camp Management

Without significant actions taken in the CCCM response, the living standards of about 1.5 million IDPs in 1,113 IDP sites across Somalia would deteriorate.¹ This could lead to large-scale secondary displacement and delayed access to lifesaving services such as food, health, and nutrition.

597,600 new arrivals, in 486 IDP sites will face the greatest vulnerability due to the risk of inequitable aid distribution if the CCCM response is not sustained.

The scaling down or withdrawal of the CCCM complaint feedback mechanisms and community engagement work will result in less accountability for service providers, leading to inequitable service delivery across the IDP sites and heightened, protection risks such as GBV, Child Protection, and evictions.

Education

Experience from the 2017 drought shows that 90 per cent of children who lost access to education never returned. Each week, month and year, a child spends out of school further disconnects them from their education pathway and reduces the likelihood of them ever returning to school. This leads to children missing out on the protective and nurturing role of education and is a missed opportunity for the response to capitalise on the potential of education to serve as an entry point for several services.

When education services are deployed later in a response, it becomes not only difficult but expensive to bring out-of-school children back into the system as they require specialised support such as accelerated education programmes and remedial education. At that stage, many children may never return to education and become trapped in the cycle of vulnerability, poverty and exclusion of basic services.

Emergency Telecommunication

The ETC's activities are crucial to the delivery of humanitarian assistance in Somalia. To stay safe while assisting affected communities in hard-to-reach areas, responders need to have reliable backup means of communication to reach colleagues and security operations centres (SOC) at all times. The recent influx of humanitarians in support of the scale-up of the drought response has increased the need for data connectivity services. Without ETC services, the safety of humanitarians and the efficiency of the response are compromised.

The ETC's work would also contribute to enhance the accountability of the humanitarian community to the affected population. By providing a single channel for two-way communications between the affected community and humanitarian organisations, an inter-agency common feedback mechanism (CFM) would facilitate communities' access to information about the assistance available to them and would empower them to register their feedback and complaints. The information received through the CFM can also enhance decision-making by putting affected communities and their needs and preferences at the centre of the humanitarian response. Without a common feedback mechanism facilitated by the ETC, the affected population would face increased difficulty in directing their feedback and accessing information, thus negatively impacting the accountability of the overall humanitarian response.

Food Security

The ongoing delivery of humanitarian food and cash assistance has mitigated the worsening of food security and nutrition outcomes and prevented the onset of a full-blown famine in hot-spot areas. However, it is outpaced by the rising levels of needs.

Without an urgent injection of additional funds, FSC partners will not be able to continue the critical, sustained and scaled-up humanitarian food and cash assistance and emergency livelihood interventions.

These activities are urgently required to prevent massive displacement from rural to urban areas, adoption of negative coping strategies, malnutrition, and excess mortality for 2.5 million people facing catastrophic levels of hunger and risk of famine.

Health

In response to food and nutrition crises and famine, health and health services are crucial elements in preventing, reducing, and reversing the causal relationship between poor nutrition, disease, and death.

Affected people could be at increased risk of vaccine-preventable diseases like measles and cholera if the health response is not adequately scaled up and sustained.

Severely malnourished children with complications could face an increased risk of mortality caused by non-availability and lack of quality case management services.

Maternal, neonatal, infant, and child mortality could increase due to unattended health needs and delivery complications.

Nutrition

A failure to scale up and sustain the nutrition response may result in excess morbidity and mortality associated with acute malnutrition. These include the situation deteriorating to famine with GAM rates above 30 per cent, and mortality rates above the emergency threshold of under-five death rates of at least four deaths per 10,000 per day.

The deterioration may result in the scale of acute malnutrition that overwhelm the current response capacity and health system, increases the use of negative coping mechanisms and exacerbates the impact of drought and displacement on the socioeconomic status of the households/communities.

Without the scale-up of the nutrition response, over 2.4 million acutely malnourished children, and pregnant and breastfeeding women will not receive vital life-saving nutrition assistance and will continue to face the risk of adverse health consequences attributed to acute malnutrition and suffer lifelong impaired physical and mental development.

Untreated acute malnutrition among women of childbearing age will result in increased maternal mortality and an intergenerational cycle of malnutrition.

Protection

Failure to provide principled, non-discriminatory, and quality humanitarian assistance increases the risk of deepening discrimination that will disproportionately exacerbate the vulnerability of minority and marginalised groups.

As per CCCM New Arrival Tracker, one out of five newly displaced people report some form of disability. Without specialised services, their daily survival will be dependent on family or community support networks, which are under extreme strain due to the compounded impact of drought and conflict.

Without humanitarian assistance in areas of origin and en route, as well as in urban and rural areas, the pull factor to IDP sites will continue exposing IDPs to protection risks, including evictions, aid diversion, extortion, and overcrowding.

Failure to prioritise resources and operational support for the prevention, mitigation, and response to violations and/or protection concerns about the military operations leave affected civilians without protective services and mechanisms to facilitate redress.

Child Protection

If the planned response is not implemented, 1.5 million children and over 600,000 caregivers will not receive critical support to access basic needs and the lifesaving services they urgently need. Children will continue to be exposed to child protection risks and violations, while reliance on negative coping mechanisms will further increase.

Without focused child protection, risk mitigation and response, over 1.5 million vulnerable children will face increasing violence, exploitation, abuse, forced recruitment and family separation. Not only will it undermine children's safety, it will negatively impact their long-term development, mental health and psychosocial well-being will due to little or no access to trusted and specialised assistance. Children will continue to be recruited and used by armed groups, while numerous children will have no family-based care leading to a higher likelihood of hazardous child labour, child marriage, abuse and exploitation.

Explosive Hazards

Failure to respond to prevalent explosive hazard threats would lead to an increase in fatal accidents that will cause the loss of lives and maim civilians, resulting in lifelong injuries and disability.

If left unaddressed, explosive hazards will continue to limit people's freedom of movement, particularly in the communities close to contaminated areas.

Heavy contamination of explosive hazards also curbs people's opportunities for a productive life, including farming, grazing their animals, and access to water and other essential resources.

Gender Based Violence

Lack of access to adequate specialised services for GBV prevention, mitigation, and response will lead to the loss of lives of women and girls and deprive them of services in Women and Girls Safe Space (WGSS), GBV One-stop centres (OSC) or GBV shelters essential to their recovery from a traumatic experience.

The non-availability of cash assistance will deprive women and girls of opportunities to mitigate/prevent GBV.

Women and girls in food-insecure families may be coerced to adopt negative coping mechanisms, such as FGM (related to child marriage), child and forced marriages, and the exchange of sex for food.

Housing Land & Property

Over three million people in need will not have access to Housing Land and Property (HLP) support and assistance.

Vulnerable groups, especially women, children, people with disabilities and older people will be exposed to HLP violations and extreme protection risks, including GBV and child protection.

More than 150,000 people will be at risk of forced evictions. IDPs living in unsafe settlements, where tenure is insecure and housing inadequate, will be exposed to additional HLP risks.

Shelter

Without sustained funding support, over 1.4 million people will not have access to life-saving emergency shelters and basic essential items. This will expose vulnerable people, particularly women, children, people with disabilities, and older people to harsh weather conditions and extreme protection risks, including GBV.

Without adequate shelters, family disputes and pressure could increase, which, coupled with the lack of privacy for both men and women, can lead to more frustration and violence against family members.

Vulnerable people, including women, people with disabilities, older people, children, IDPs, refugees, asylum seekers, and

people from minority and marginalised groups, could experience a deterioration of their living standards and resilience.

IDPs living in unsafe settlements where tenure is insecure would be exposed to additional risks, such as forced evictions, fire, and flooding hazards, putting their lives and their dependents at greater risk.

Water, Sanitation & Hygiene

About 6.1 million people of the 8.3 million people will face acute water shortages, including over 1.8 IDPs who will be at risk of secondary displacement in search of basic services.

Severe water shortages and inadequate access to sanitation and hygiene facilities will continue to expose vulnerable people to additional health risks, amid an outbreak of acute watery diarrhoea and cholera in areas affected by drought. About 1,828,268 people (newly arrived and protracted) living in IDP sites not have access to improved functional sanitation facilities while 24 percent of IDP sites across Somalia will be without sanitation facilities.

Child and maternal mortality are likely to increase due to insufficient resources to address preventable health outbreaks and conditions and failure to support integrated health, WASH, and nutrition services.

5.5

How to contribute

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 prioritised 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.

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>

5.6

Acronyms

AAP	Accountability to Affected Populations	DSA	Detailed Site Assessment
ABE	Accelerated Based Education	DSRSG	Deputy Special Representative of the Secretary-General
AGD	Age, Gender and Diversity	DTM	Displacement Tracking Matrix
A-HCGs	Area Humanitarian Coordination Groups	EDG	Emergency Directors Group
ANC	Ante Natal Care	EOD	Explosive Ordnance Disposal
AoR	Area of Responsibility	EORE	Explosive Ordnance Risk Education
ATMIS	African Union Transition Mission in Somalia	EPHS	Essential Package of Health Services
AWD	Acute Watery Diarrhea	ERC	Emergency Relief Coordinator
BSFP	Blanket Supplementary Feeding Programme	ETC	Emergency Telecommunications Cluster
CAAFAG	Children Associated with Armed Forces and Armed Groups	FAO	United Nations Food and Agriculture Organisation
CCCM	Camp Coordination and Camp Management	FGM	Female Genital Mutilation
CDI	Combined Drought Index	FGS	Federal Government of Somalia
CEA-TF	The Community Engagement and Accountability - Task Force	FHW	Female Health Workers
CEMONC	Comprehensive Emergency Obstetric and Newborn Care	FMS	Federal Member State
CFM	Complaint and Feedback Mechanism	FRC	Famine Review Committee
CFR	Case Fatality Ratio	FSC	Food Security Cluster
CfW	Cash for Work	FSL	Food Security and Livelihood
CMCoord	Civil-Military Coordination (CMCoord)	FSNAU	Food Security and Nutrition Analysis Unit
CMR	Clinical Management of Rape	FTR	Family Tracing and Reunification
C P	Child Protection	GAM	Global Acute Malnutrition
CPIMS	Child Protection Information Management System	GBV	Gender-Based Violence
CVA	Cash and Voucher Assistance	GBVIMS	GBV data collection through the Gender-Based Violence Information Management System
CWG	Cash Working Group	GIZ	German Development Agency

GPI	Gender Parity Index	JMMI	Joint Market Monitoring Initiative
GTS	Ground Truth solutions	KAP	Knowledge, Attitude, and Practices
HC	Humanitarian Coordinator	MAM	Moderate Acute Malnutrition
HCT	Humanitarian Country Team	MHPSS	Mental health and Psychosocial support
HDP	Humanitarian-Development-Peacebuilding	MIYCN	Maternal, Infant and Young Child Nutrition
HFA	Humanitarian Food Assistance	MoHADM	Ministry of Humanitarian Affairs and Disaster Management
HLP	Housing, Land and Property	MPC	Multi-purpose Cash
HNO	Humanitarian Needs Overview	MRM	Monitoring Reporting Mechanism
HoHA	Heads of Humanitarian Agencies	MRP	Minimum Response Package
HPC	Humanitarian Programme Cycle	MSNA	Multi-Sectorial Needs Assessment
HRP	Humanitarian Response Plan	MUAC	Mid Upper-Arm Circumference
IASC	Inter-Agency Standing Committee	mVAM	Mobile Vulnerability Analysis and Mapping
ICCG	Inter-Cluster Coordination Group	NADFOR	National Disaster Preparedness and Food Reserve Authority
ICCM	Integrated Community Case Management	NDP	National Development Plan
IDPs	Internally Displaced Persons	NFI	Non-Food Items
IEC	Information, Education and Communication	NGO	National Non-Governmental Organisation
IEDs	Improvised Explosive Devices	OCHA	United Nation's Office for the Coordination of Humanitarian Affairs
IMPACCT	Importation and Custom Clearance Together	ORS	Oral Rehydration Salts
IMU	Information Management Unit	OSC	One Stop Center
IMWG	Information Management Working Group	OTP	Outpatient Therapeutic Programme
INGO	International Non-Governmental Organisation	PDM	Post-Distribution Monitoring
INSO	International NGO Safety Organisation	PiN	People in Need
IOM	International Organisation for Migration	PNC	Postnatal Care
IPA	Individual Protection Assistance	PRMN	Protection and Return Monitoring Network
IPC	Integrated Food Security Phase Classification	PSEA	Protection against Sexual Exploitation and Abuse
IYCF	Infant and Young Child Feeding	PSEA	Prevention of Sexual Exploitation and Abuse
JMCNA	Joint Multi-Cluster Needs Assessment		

PwDs	Persons with Disabilities	TLS	Temporary Learning Spaces
RC	Resident Coordinator	TSFP	Targeted Supplementary Feeding Programme
RPM	Response Planning and Monitoring	UASC	Support for Unaccompanied and Separated Children
RUSF	Ready to Use Supplementary Foods	UCTs	Unconditional Cash Transfers
RUTF	Ready to Use Therapeutic and Supplementary Foods	UNCT	United Nations Country Team
SADD	Sex, Age, and Disability Disaggregated Data	UNDSS	United Nations Department of Safety and Security
SAM	Severe Acute Malnutrition	UNEP	United Nations Environment Programme
SBCC	Social Behaviour Communication Change	UNHAS	United Nations Humanitarian Air Service
SEA	Sexual Exploitation and Abuse	UNHCR	United Nations High Commission for Refugees
SEMA	Somali Explosive Management Authority	UNICEF	United Nations Children's Fund
SFP	School Feeding Programs	UN	United Nations
SG	Secretary General	USR	Unified Social Registry
SHF	Somalia Humanitarian Fund	VSLAs	Village Savings and Loans Associations
S-ICCG	State Inter-Cluster Coordination Group	WFP	World Food Programme
SNC	Somalia NGO Consortium	WGQ	Washington Group Questions
SNHCP	Safety Net for Human Capital Project	WGSS	Women and Girls Safe Space
SOC	Security Operations Centres		
SoDMA	Somali Disaster Management Agency		
SOPs	Standard Operating Procedures		
SO	Strategic Objective		
SPMS	Somalia Protection Monitoring System		
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage		
SSN	Social Safety Net		
SWALIM	Somalia Water and Land Information Management System		
SWS	South West State		
TCLP	Transitional Cash and Livelihoods Assistance Program		

5.7

End Notes

- i 2022 MSNA.
- ii Somalia also has one of the highest incidents of grave violations against children. Children aged between 11 and 17 years, were identified as groups most at risk of forced recruitment. There are also reports of clan elders ordered to recruit a certain number of children from their communities to fight alongside the Somalia National Army. In addition, early marriage of girls, and sending children away have both been widely reported as negative coping mechanisms to reduce household food burden. Families' decision to withdraw children from school has been directly linked to children needing to engage in child labour to help support family income
- iii According to the findings from the Detailed Site Assessment (DSA) conducted in December 2021.
- iv An estimated 72 per cent of the rural population lives in poverty, compared to 64 per cent in urban areas.
- v Including Bossaso, Garowe, Galkaacyo, Dhuusamareeb, Baidoa, Doolow, and Kismayo
- vi Such as Juba Cattle Pastoral, Juba Riverine, South Gedo Pastoral, South Gedo Agropastoral and South Gedo Riverine.
- vii The population group on displacement was split into newly displaced people (those displaced within the past 12 months) and protracted IDPs (those displaced for longer than 12 months). Non-displaced population groups were also broken down into those living in rural and urban areas. The last sub-group was asylum seekers, refugees and returnees. The revision of the population group seeks to enable a more nuanced needs and vulnerability analysis to inform a tailored response design in the HRP.
- viii The "operational zone" approach is determined based on a number of factors, including population density, locations of IDP sites, urban and rural characteristics of the populations, livelihoods patterns, etc.
- ix In Somalia, the lowest administrative boundaries are officially defined at "district" level. The country has a total of 74 districts. Administrative boundaries at sub-district level do not exist.
- x The group is currently a sub-group of the IMWG.
- xi 44.7 % of the total population are children aged 5 – 17 (OCHA).
- xii Somalia 2022 MSNA.
- xiii Education Sector Strategic Plan (ESSP) 2018-2020,p 26
- xiv Somalia 2022 MSNA
- xv Ministry of Education, Culture and Higher Education (MoECHE) Annual Statistics Yearbook.
- xvi This share is lower than the general 15 per cent used for the general population as disability is less prevalent among younger population
- xvii Global Partnership for Education
- xviii 5 districts in Middle Shabelle (Adan Yabaal), Middle Juba (Bu'aale, Jilib, Saakow) and Lower Shabelle (Sablale) are not covered due to extreme access constraints.
- xix <https://openwho.org/courses/food-insecurity-health-framework>.

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SOMALIA