**2018**

# HUMANITARIAN
# RESPONSE PLAN

—— JANUARY-DECEMBER 2018 ——

SOMALIA

| TOTAL POPULATION | PEOPLE IN NEED | PEOPLE TARGETED |
|---|---|---|
| 12.3M | 6.2M | 5.4M |

| INTERNALLY DISPLACED PERSONS (IDPS) | NUMBER OF HUMANITARIAN PARTNERS | FUNDING REQUIREMENTS (US$) |
|---|---|---|
| 2.1M | 231 | 1.5BN |

YEMEN

GULF OF ADEN

Djibouti

DJIBOUTI

AWDAL
11,019

WOQOOYI GALBEED
38,717

TOGDHEER
58,706

SANAAG
60,304

BARI
17,911

SOOL
73,435

NUGAAL
6,016

ETHIOPIA

MUDUG
40,617

INDIAN OCEAN

GALGADUUD
39,537

BAKOOL
41,745

HIRAAN
11,166

KENYA

GEDO
34,414

BAY
253,162

MIDDLE SHABELLE
19,578

BANADIR

LOWER SHABELLE

Mogadishu
239,130

MIDDLE JUBA
11,837

87,585

LOWER JUBA
16,363
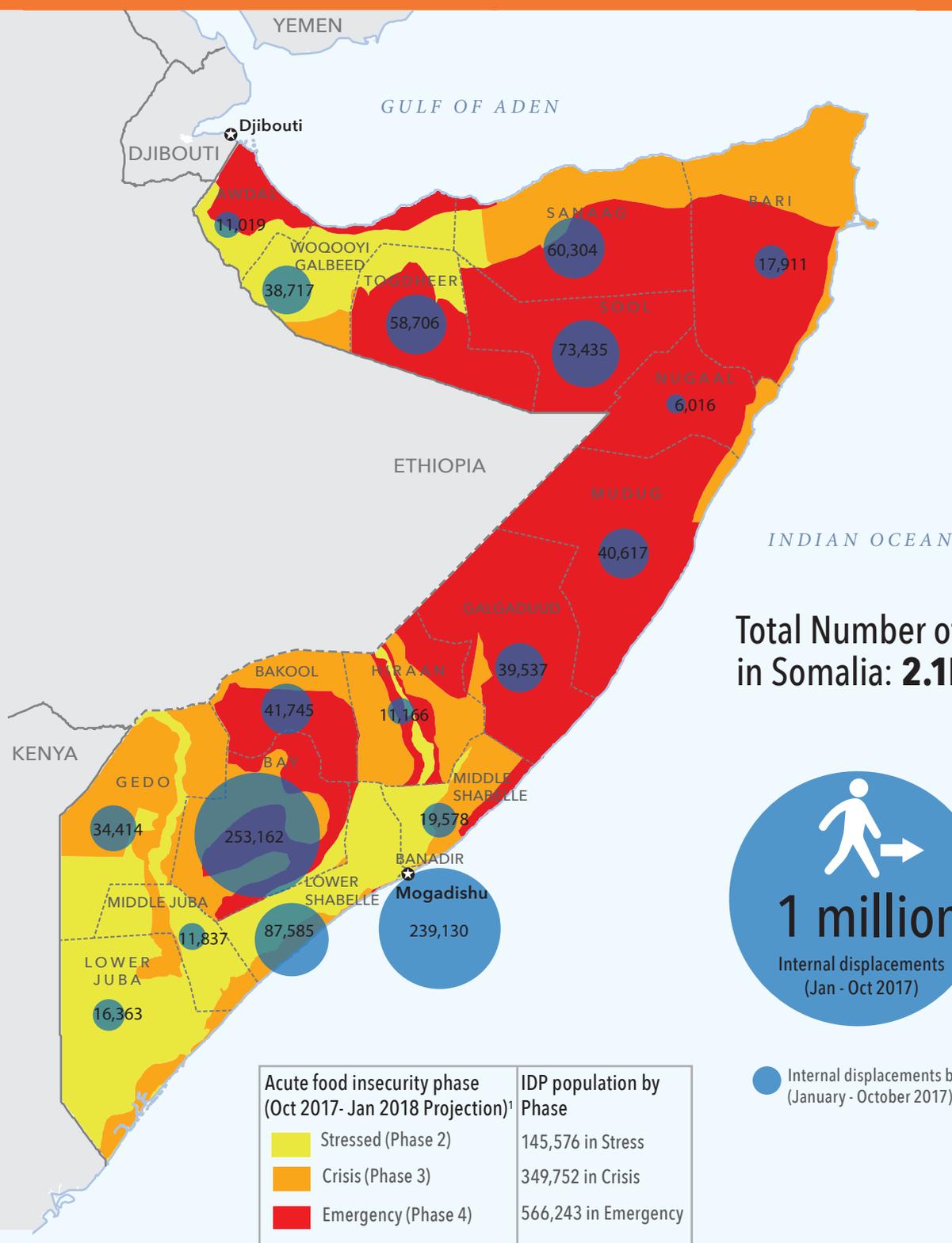
**Total Number of IDPs in Somalia: 2.1M**

**1 million**
Internal displacements
(Jan - Oct 2017)
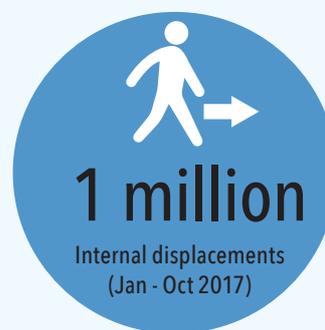
Internal displacements by region
(January - October 2017)[2]

Acute food insecurity phase
(Oct 2017- Jan 2018 Projection)[1]

IDP population by Phase

| | | |
|---|---|---|
| | Stressed (Phase 2) | 145,576 in Stress |
| | Crisis (Phase 3) | 349,752 in Crisis |
| | Emergency (Phase 4) | 566,243 in Emergency |

1. The integrated food security phase classification (IPC) is a set of tools and procedures to classify the severity of food insecurity using a widely accepted five-phase scale. At the area level, it divides areas into the following phases: IPC Phase 1=Minimal; Phase 2=Stress; Phase 3=Crisis; Phase 4=Emergency; and Phase 5 = Famine.   data source: FAO- FSNAU, FEWSNET
2. Internal Displament data source: UNHCR - PRMN

The boundaries and names shown and the designations used on the maps in this document do not imply official endorsement or acceptance by the United Nations.

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# FOREWORD BY

# THE HUMANITARIAN COORDINATOR

Somalia continues to make important progress with the establishment of permanent political institutions, paving the way towards a future with greater peace. This is yet, however, to translate into an improvement for the majority of Somalis in terms of their daily food security and nutrition, access to safe water, sanitation and health care and protection. Following four consecutive poor rainy seasons in 2016 and 2017, the humanitarian situation has deteriorated to a point where over half of the population is in need of assistance, jeopardizing critical gains made in recent years. The working environment for humanitarian staff remains challenging and high-risk in spite of strong Government efforts to create a conducive climate of convergence and cooperation.

Humanitarian assistance was scaled-up massively in 2017 and famine has successfully been averted so far, thanks to collective Somali and international efforts. However, all indications are that the effects of the continuing drought will extend into 2018, with the current 2017 *Deyr* season already underperforming and the *Gu* rains (April-June) projected to be below average. The devastating drought is referred to as *"sima"* in Somali, meaning the great leveler, making all equal, reflecting how the drought has touched nearly every part of the country with crushing effects. More than one million people have been displaced, malnutrition rates are above emergency levels and major outbreaks of Acute Watery Diarrhea/cholera and measles have taken a heavy toll on the most vulnerable. All of this comes in the context of conflict in many portions of the country. We should not let our collective and effective response thus far lull us into thinking that the requirement has been fulfilled.

Despite the challenging operating environment, local and international humanitarian partners are reaching more than three million people per month, and are committed to build on achievements from 2017 and continue highly targeted famine prevention efforts in 2018. The 2018 Humanitarian Response Plan (HRP), developed by the Somalia Humanitarian Country Team (HCT) in close consultations with Federal and State authorities, extends famine prevention efforts into 2018. Based on assessed needs and projection for the coming year, the HRP is focused on four key strategic objectives: (1) Providing life-saving assistance; (2) reducing acute malnutrition; (3) reinforcing provision of protection services to affected communities; and (4)

strengthening resilience. The response strategy has an emphasis on integrated, multi-sectoral service provision, and is underpinned by the centrality of protection in all interventions. Centrality of protection is paramount in the response strategy, and key protection risks related to exclusion, displacement and conflict, identified in the HCT Centrality of Protection Strategy for 2018-2019, are integrated into the sector-specific operational response plans. Cash programming, which proved so crucial in the famine prevention effort in 2017, will again feature prominently.

The extent of growing and increasingly severe humanitarian needs underline the urgent requirement for investment in longer-term efforts to build Somalia's structural resilience to climatic and humanitarian shocks. The increasingly frequent droughts are the new reality of Somalia and require a complementary effort to address the underlying causes of crises, and enable more sustainable solutions to the recurrence of cyclical famine risk. In line with the New Way of Working, humanitarian and development partners are strengthening complementarity and working towards collective outcomes that will help reduce needs, risks and vulnerabilities, increase (both community and institutional) resilience and ensure that future droughts do not lead to crises. This is being done by aligning the ongoing Drought Impact Needs Assessment (DINA) and ensuing complementarity with the Recovery and Resilience Framework (RRF) on recommended mid- to long-term recovery and resilience solutions with humanitarian interventions across clusters.

I thank donors for their robust, timely support and solidarity in 2017, and appeal to the international community to continue to extend its support to the non-governmental organizations and UN agencies taking part in the HRP, to save lives and livelihoods, provide protection services and strengthen resilience. Effective and collective drought response has been successful in preventing famine thus far, and sustained humanitarian relief effort is necessary to ensure the protracted drought conditions do not lead to a famine in 2018. At the same time, and for the first time, there is very strong collective commitment to "break the cycle", based on a simultaneous and closely interconnected set of collective actions. This, however, can only be done if we don't lose track of the enormous humanitarian needs in Somalia as outlined in this plan.

**Peter de Clercq**
**Humanitarian Coordinator**
**Mogadishu, Somalia**

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# THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE

### STRATEGIC OBJECTIVE 1
### Life-saving

Provide life-saving and life-sustaining integrated, multi-sectoral assistance to reduce acute humanitarian needs and excess mortality among the most vulnerable people.

### STRATEGIC OBJECTIVE 2
### Nutrition

Reduce emergency levels of acute malnutrition through integrated, multi-sectoral response. Enhance integration of Nutrition, WASH, Health and Food Security programmes to strengthen nutrition sensitive programming.

### STRATEGIC OBJECTIVE 3
### Protection

Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.

### STRATEGIC OBJECTIVE 4
### Resilience

Support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions for those affected, including marginalized communities.

## PEOPLE IN NEED

6.2M

## NUMBER OF PARTNERS

INGOs (64)
NNGOs (159)
Other (2)
UN (6)
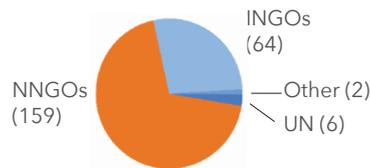
## REQUIREMENTS PER CLUSTER

| Cluster | Value |
| --- | --- |
| Logistics | 10M |
| Enabling Programmes | 26M |
| CCCM | 42M |
| Education | 51M |
| Shelter | 70M |
| Protection | 98M |
| Health | 124M |
| WASH | 129M |
| Nutrition | 254M |
| Food Security | 632M |

## PEOPLE TARGETED

5.4M

## REQUIREMENTS (US$)

1.5BN

05
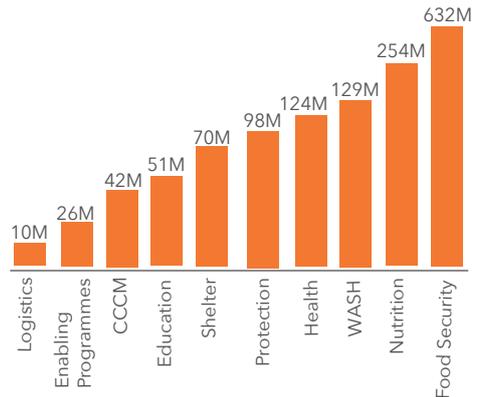
## 6.2M PEOPLE IN NEED
### Stressed, Crisis and Emergency

GULF OF ADEN

DJIBOUTI
AWDAL 273
WOQOOYI GALBEED 588
TOGDHEER 373
SANAAG 348
BARI 345
SOOL 225
NUGAAL 178
ETHIOPIA
MUDUG 427
GALGADUUD 395
BAKOOL 222
HIRAAN 323
GEDO 251
BAY 444
MIDDLE SHABELLE 210
475
802
KENYA
MIDDLE JUBA 126
LOWER SHABELLE
LOWER JUBA 224
INDIAN OCEAN

Figures represent thousands
Source: FSNAU/FEWS NET
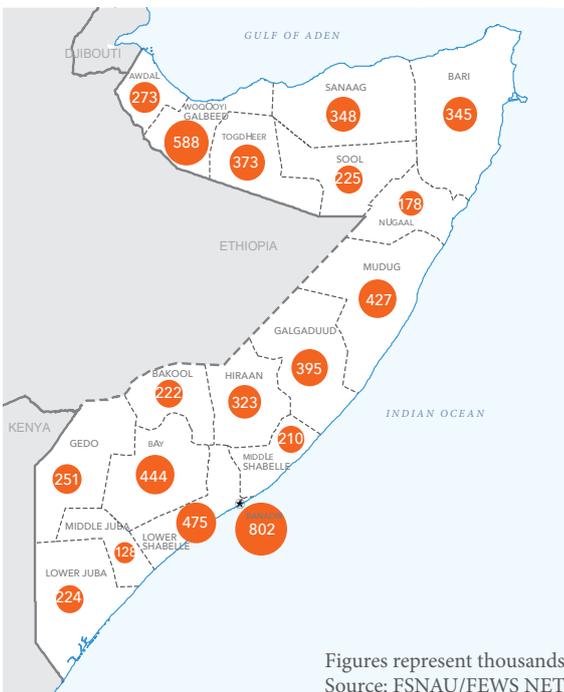
## 2.1M IDPs
### Internal Displacement (Jan-Oct 2017)

GULF OF ADEN

DJIBOUTI
AWDAL 1,019
WOQOOYI GALBEED 38,717
TOGDHEER 58,706
SANAAG 60,304
BARI 17,911
SOOL 73,435
NUGAAL 6,016
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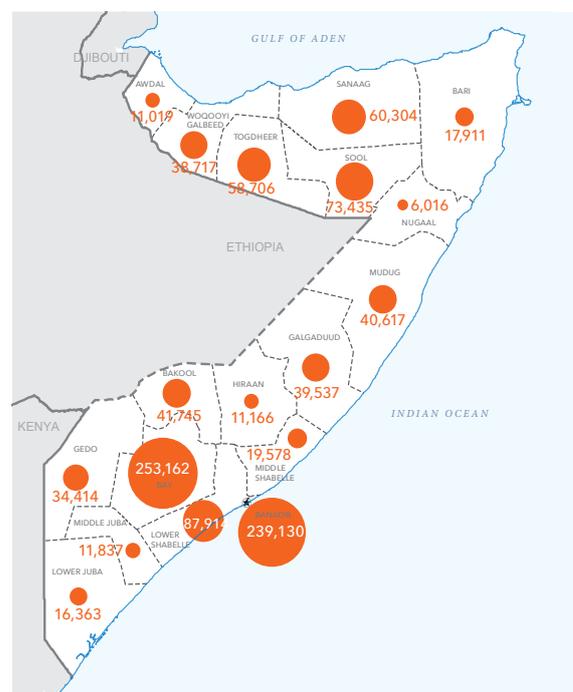
**OVERVIEW OF**

# THE CONTINUING CRISIS

The collective response by national and international partners when alarms were raised of a deteriorating situation in November 2016, and of a possible famine in January 2017, demonstrated a clear commitment to never again let a famine unfold in Somalia. Humanitarian assistance was scaled-up massively and the worst has successfully been averted. The unprecedented drought spanning over four consecutive poor rainy seasons has, however, severely aggravated the crisis. Humanitarian needs have increased drastically due to limited rain, large-scale displacement, lack of access to basic services and, at its root, ongoing conflict. Humanitarian partners are reaching more than three million people per month, and are committed to build on the robust response systems establised in 2017 and continue highly targeted famine prevention efforts in 2018.

The humanitarian crisis in Somalia is among the most complex and longstanding emergencies in the world. In 2018, an estimated 6.2 million people, half of the population, will continue to need humanitarian assistance and protection, of whom 3.3 million will require urgent life-saving assistance.[1] More than one-third of those in need are internally displaced persons (IDPs). This includes 866,000 people in Emergency (IPC Phase 4) as of November 2017, reflecting a sharp spike in the number of most vulnerable people, up from 83,000 people in Emergency in January 2017.[2] The ongoing conflict continues to undermine the resilience of communities, trigger displacement and impede crisis-affected civilians' access to available, yet limited basic services as well as humanitarians' access to those in need. Exclusion and discrimination of socially marginalized groups are contributing to high levels of acute humanitarian needs and lack of protection among some of the most vulnerable. Disease outbreaks such as Acute Watery Diarrhea (AWD)/cholera and measles continue to lead to preventable deaths across the country.

The ongoing drought conditions, which began in northern Somalia in mid-2015, have resulted in successive poor crop harvests, substantial livestock losses and large-scale displacement from rural to urban areas. The upsurge in displacement has increased protection concerns and disease outbreaks and exacerbated existing vulnerabilities, particularly among women, children, elderly, persons with disabilities and marginalized communities. Inter-communal tensions over access to water and grazing lands are also on the rise. Competition over depleted resources due to drought has intensified clan conflicts, especially in Hirshabelle state and Galguduud region. From May to August 2017, the inter-clan conflicts resulted in 175 civilian casualties, compared with 77 between January and April 2017.[3] These factors combined have

## CRISIS TIMELINE

**November 2016**
- HCT issues *Consequences of Drought in Somalia*-document

**February 2017**
- The Operational Plan for Famine Prevention (January-June 2017) US$ 825M
- The national DOCC in Mogadishu opens
- The President of Somalia declares drought a national disaster

**April 2017**
- IASC Emergency Directors Group visits Somalia
- The FGS launched the National Humanitarian Coordination Centre (NHCC) in Mogadishu
- SHF Reserve Integrated Response Allocation launched

**June 2017**
- 761,000 internal displacements since November 2016

**January 2017**
- FSNAU/FEWSNET issues a famine alert
- 2017 HRP US$ 864M

**March 2017**
- The UN SG and ERC visit Somalia
- Regional DOCCs operational in Baidoa and Garowe
- 1st mass cholera vaccination campaign
- 536,000 internal displacements since November 2016
- US$ 64M by SHF and CERF for famine prevention

**May 2017**
- FSNAU/FEWSNET warns of an elevated risk of famine in Somalia
- Revised 2017 HRP presented at the London Somalia Conference US$ 1.5BN
- AWD/cholera cases surpass a five-year high

resulted in a significant increase in the number of people in need of assistance, up from 4.9 million in late 2015 to 6.2 million in late 2017, amounting to more than half of the population of Somalia. At the same time, vulnerability levels have risen sharply, with half of those in need now estimated to be in Crisis and Emergency (IPC Phase 3 and 4), compared to 20 per cent in late 2015. Malnutrition rates are on the rise, with the overall median prevalence of Global Acute Malnutrition (GAM) rate at 17.4 per cent, significantly above the emergency threshold of 15 per cent.[4] This is reflective of a serious deterioration in the humanitarian situation compared to late 2015, when the overall median prevalence of GAM was at 12.2 per cent.

## Humanitarian needs growing and increasingly severe

The 2017 *Deyr* rains (October-December) started late in several areas and have performed below average in many parts of the country. This constitutes the fourth consecutive season of poor rainfall in Somalia, limiting pasture generation and water availability, reducing rainfed crop harvests and exacerbating already high levels of acute food insecurity. As a result, more regions are likely to deteriorate to Emergency (IPC Phase 4).[5] Forecasts indicate that due to a 65-75 per cent likelihood of a La Niña phenomenon from October 2017 to February 2018, which is typically associated with below average rainfall totals in the Horn of Africa region, the 2018 *Gu* season (April-June) could potentially become the fifth consecutive poor rainy season in Somalia.[6]

The impact of prolonged drought on the livelihoods of both pastoral and agro-pastoral communities has been severe. Pastoralists have suffered massive livestock losses due to drought. The re-establishment of productive assets will require several seasons of good rainfall and recovery investments to support the affected population.

Extending famine prevention efforts into 2018, humanitarian partners will prioritize immediate relief operations in areas where the number of people in Crisis and Emergency (IPC Phases 3 and 4) are significant. These include portions of Galmudug, Hirshabelle and South West states as well as Awdal and Togdheer regions in Somaliland.[7] However, the erratic

**Trend in number of people in Crisis and Emergency (IPC Phase 3 and 4)**
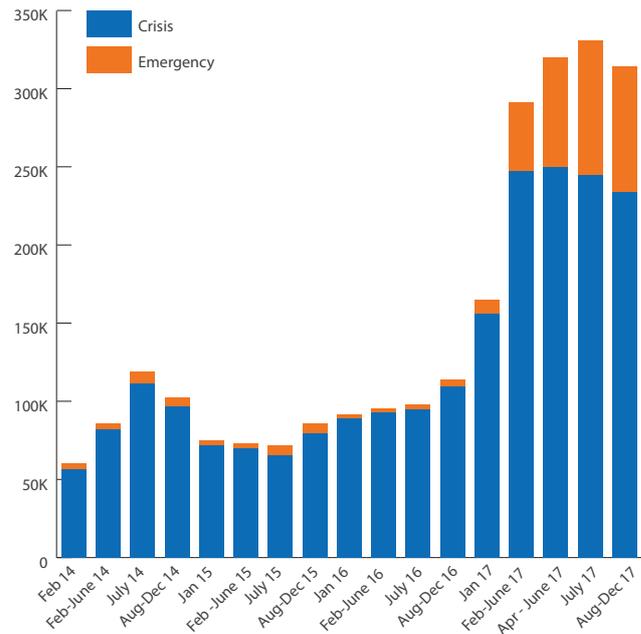


Source: FAO-FSNAU /FEWS NET

rainfall distribution and varying intensity of humanitarian aid contributes to frequent shifts in some of the crisis hotspots. Considering that the improvements tend to be fragile, a risk of relapse into worsening food insecurity remains in many areas. Flexibility in targeting will be crucial to prioritize response activities in new emerging areas at risk of sliding to Emergency (IPC Phase 4) during 2018. Vulnerable IDP populations in areas such as Baidoa, Mogadishu, Dhusamarreeb and Doolow with high levels of acute malnutrition will also be prioritized. Efforts will be made to improve targeting and quality of response through the integrated, multi-sectoral response. Subject to the availability of resources, the response will be extended and complemented with efforts to prevent the most vulnerable population from sliding into Crisis and Emergency.

In rural areas, protecting livelihoods remains priority as it constitutes the greatest defense against famine, and the fastest and most cost-effective opportunity for quick recovery. In 2017, partners mounted an unprecedented response to avert

**07**

**August 2017**
- Zero AWD/cholera related deaths reported
- FSNAU/FEWSNET Post-*Gu* Seasonal Assessment released
- National median GAM 17.4 % surpasses the emergency threshold of 15 %
- SHF Reserve Integrated Response II allocation

**October 2017**
- Drought Impact Needs Assessment (DINA) launched
- SHF Standard Allocation 2 launched

**July 2017**
- AWD/cholera cases and related deaths decline

**September 2017**
- 1,029,000 internal displacements since November 2016
- Total reported humanitarian funding for Somalia in 2017 surpasses US$ 1 billion

**November 2017**
- 2018 Humanitarian Needs Overview (HNO) issued

**Early Warning-Early Action maps (January-September 2017)**

| January 2017 | February 2017 | March 2017 | April 2017 | May 2017 | June 2017 |
|---|---|---|---|---|---|



| July 2017 | August 2017 | September 2017 |
|---|---|---|
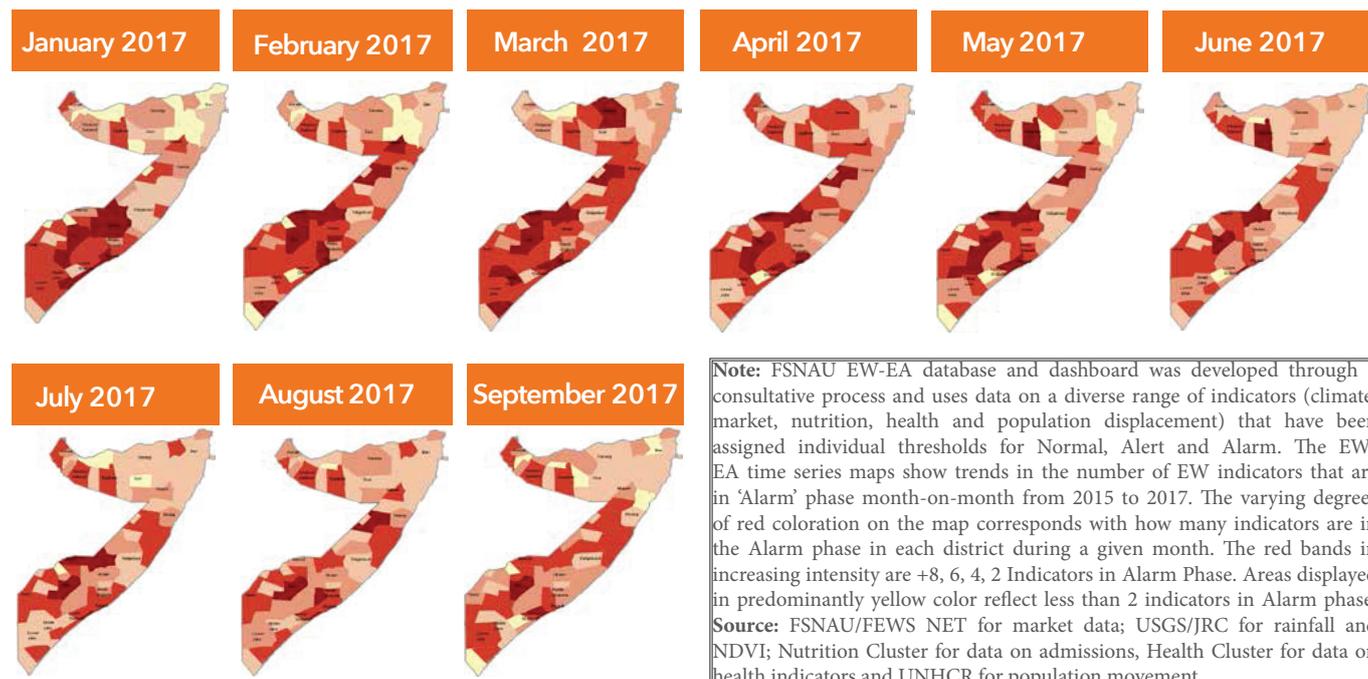


**Note:** FSNAU EW-EA database and dashboard was developed through a consultative process and uses data on a diverse range of indicators (climate, market, nutrition, health and population displacement) that have been assigned individual thresholds for Normal, Alert and Alarm. The EW-EA time series maps show trends in the number of EW indicators that are in 'Alarm' phase month-on-month from 2015 to 2017. The varying degrees of red coloration on the map corresponds with how many indicators are in the Alarm phase in each district during a given month. The red bands in increasing intensity are +8, 6, 4, 2 Indicators in Alarm Phase. Areas displayed in predominantly yellow color reflect less than 2 indicators in Alarm phase. **Source:** FSNAU/FEWS NET for market data; USGS/JRC for rainfall and NDVI; Nutrition Cluster for data on admissions, Health Cluster for data on health indicators and UNHCR for population movement.

famine in rural areas by helping people purchase and produce food. Millions of crisis-affected people benefited from cash transfers and agricultural inputs as well as veterinary care to keep animals alive. Despite these efforts the drought conditions resulted in significant losses for pastoral and agro-pastoral communities, which will take multiple seasons to recover. The 2017 *Gu* season crop yield assessments show that farming families supported with certified quality seeds, land preparation support and training minimized the negative effect of poor rains and secured a good harvest (on average 43 per cent higher yields compared to non-beneficiaries growing maize and sorghum). Each assisted family harvested on average 1.55 tons of sorghum – enough to feed two families for an entire year; and riverine maize farmers reaped on average of 2.9 tons – feeding seven families for six months. These same families also had slightly better food consumption scores, dietary diversity and larger livestock holdings than those not reached with assistance.[8] In 2018, livelihood support will be critical in restoring people's ability to stabilize their own food security, and begin the recovery process.

Given the heavy crop and livestock losses, conflict, displacement and disease outbreaks, it is critical that the life-saving humanitarian response geared towards mitigating a further deterioration of food security is complemented by the simultaneous investment in strengthening the resilience of drought-affected people. This includes preparing for and responding to new threats to food security such as fall armyworm, detected in Somalia in October 2017, and transboundary animal diseases.[9]

Conflict also continues to displace communities, undermining socio-economic well-being and limiting access to and progress on the development and provision of basic services. Women, children and marginalized communities are at particular risk and face specific protection concerns, including as a result of family separation and limitations on the freedom of movement. Large-scale displacement and food insecurity have exacerbated

vulnerabilities and increased protection needs. The drought, taking place in a context of armed conflict, has displaced over one million people in Somalia since the beginning of 2017, mainly from rural areas to urban centres.[10] The upsurge in displacement has doubled the estimated number of those internally displaced by previous crises in Somalia to above two million.

Displacement from rural to urban areas has significantly impacted the demographic patterns of the country, and has led to urban overcrowding. This has put additional pressure on scarce resources and services in cities and towns, and contributed to the inflated property rates, resulting in violations of housing, land and property rights, such as forced evictions, multiple land claims and land grabbing.[11] Overcrowding in urban areas is further increasing the risk of disease outbreaks due to limited access to safe water and poor sanitation, and overburdened health services.

## Key issues

- Risk of localized famine persists
- Malnutrition rates on the rise
- Large-scale displacement from rural areas to urban centres
- Key protection risks: Exclusion, displacement and conflict

The Gender-Based Violence Management System (GBVIMS) managed by the Protection Cluster indicates that 76 per cent of recorded Gender-Based Violence (GBV) incidents were reported by IDPs. From all the reported cases, 96 per cent of GBV survivors are women and girls. Forced child recruitment is again on the rise, especially in areas under the control of non-state armed actors in southern and central Somalia. It presents not only a protection concern but has also triggered displacement as families seek to shield children from forced recruitment. According to the Monitoring and Reporting Mechanism (MRM) on grave violations committed against children in times of conflict (CAAC), from January to August 2017, 1,202 children have been recruited by armed groups, 95 per cent of them in southern and central Somalia.[12] Nomadic pastoralists who have lost all their livestock, present a particularly challenging case in terms of return or local integration or settlement elsewhere. Some communities, often marginalized groups, have seen their land taken over, rendering principled approaches to durable solutions challenging. Exploitative relationships between IDPs, landowners and informal IDP settlement managers ('gatekeepers') are recurrent, affecting, for example, over 100,000 individuals forcibly evicted in 2017. This also affects IDPs' access to assistance, protection and information, and increasing vulnerability and risk of forced eviction.[13]



Photo: WHO

# ACHIEVEMENTS

## CCCM

Detailed Site Assessment verified **1,816** IDP sites as of December 2017

## FOOD SECURITY

Reached over **3M** people per month with activities geared towards improved access to food and safety nets

## LOGISTICS

**2,900MT** of humanitarian relief items transported by air, land and sea to 21 destinations on behalf of 16 partners and the Federal Government

## PROTECTION

Reached over **60,000** girls, boys, women and men per month with protection services and community-based activities

## WASH

Over **400,000** people assisted with temporary access to safe water per month

## EDUCATION

**266,000** school children reached with Education in Emergencies Assistance

## NUTRITION

**983,000** children under age 5 and pregnant and breastfeeding women treated for malnutrition since January 2017

## SHELTER

Over **365,000** IDPs assisted with NFIs and **185,000** IDPs with Emergency Shelter kits between January and November 2017

## HEALTH

**57** Integrated Emergency Response Teams distributed

**167** tonnes of medical supplies to respond to the AWD/cholera outbreak

Oral Cholera Vaccination campaign targeted **2M** people in high-risk districts

# STRATEGIC OBJECTIVES

Famine prevention efforts will continue into 2018 with the humanitarian operation focusing on four core strategic objectives: Life-saving, Nutrition, Protection and Resilience.

**1**

**Life-saving: Provide life-saving and life-sustaining integrated, multi-sectoral assistance to reduce acute humanitarian needs and excess mortality among the most vulnerable people.**
Programming will deliver integrated life-saving assistance to the 3.3 million people in Emergency and Crisis (IPC Phase 3 and 4). This includes households' improved immediate access to food, including conditional and unconditional cash and food vouchers, integrated nutrition, health and Water, Sanitation and Hygiene (WASH) support to reduce morbidity and mortality among most vulnerable; girls, pregnant and breastfeeding women, boys and men, as well as vital emergency education, shelter and protection services, addressing acute risks and upholding dignity. Emergency livelihood support, also extended to people in Stress (IPC Phase 2), must be augmented to strengthen the capacity of affected people to improve their food security in the immediate and mid-term. The centrality of protection will remain at the core of preparedness and life-saving efforts.

**2**

**Nutrition: Reduce emergency levels of acute malnutrition through integrated, multi-sectorial response. Enhance integration of Nutrition, WASH, Health and Food Security programmes to strengthen nutrition-sensitive programming.**
Within the broader framework of the SO1 "Life-saving", the SO2 "Nutrition" will build on nutrition work from 2017 towards the sustainable reduction of emergency levels of acute malnutrition. This will be achieved through integration of nutrition, health, food security and WASH services, and focusing on both nutrition-specific and nutrition-sensitive actions in an integrated manner. The activities will focus on basic life-saving and community resilience-building activities in prioritized geographical areas, including all locations with high prevalence of malnutrition (GAM/SAM), such as IDP settlements and host communities, as well as preventive nutrition programmes across the country. Improving livelihoods of the most vulnerable, addressing underlying protection risks and delivering social protection programmes with focus on children under five and pregnant/breastfeeding mothers will further support this objective.

**3**

**Protection:  Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.**
Protection of affected communities and access to protection services will be enhanced through regular protection monitoring and analysis, strengthened referral pathways, more systematic protection mainstreaming, expanded community engagement, capacity-strengthening of humanitarian partners and increased evidence-based advocacy with duty bearers. Mitigating protection risks and supporting the provision of protection services for conflict and drought-affected communities in hard-to-reach areas, IDP sites, and other areas of elevated risk will be prioritized, as well as addressing the differential protection risks faced by girls, boys, women, and men and the specific needs of marginalized groups. Community mobilization efforts as well as advocacy and capacity building of duty bearers aims to mitigate risks, in particular those related to conflict-related violence and explosive remnants of war, discrimination and marginalization, including barriers to accessing services, GBV, child-rights violations, and housing, land and property disputes.

**4**

**Resilience: Support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions for those affected, including marginalized communities.**
In response to the continued crisis, programming will promote access to food, education, shelter and WASH services, and to ensure that basic needs of the most vulnerable are met. Building resilience against current and future shocks will be based on promoting livelihoods diversification and on protecting and conserving natural resources that provide livelihoods for millions of Somalis. For individuals and households at risk, the provision of targeted safety nets will help mitigate the effects of seasonal risks and contribute to food security. In addition, programming focused on monitoring and responding to emerging food chain threats (such as fall armyworm) will be vital to mitigate the risk of worsening food and livelihoods insecurity.

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## RESPONSE

# STRATEGY

Based on the assessed humanitarian needs and projections for 2018, the response strategy remains focused on providing urgent life-saving, life-sustaining and dignity upholding assistance. An emphasis on integrated, multi-sectoral service provision will continue, underpinned by a focus on protection across all interventions. Bringing assistance closer to affected people and integrating provision of services across clusters, remains central to tackling the causes of malnutrition, disease outbreaks and protection concerns. Complemented by urgently required investments in resilience and recovery, humanitarian partners will work towards enabling more sustainable solutions to the cyclical crises in Somalia and ensuring that the droughts do not turn into crises.

**Famine prevention continues in 2018**

Under the 2018 Somalia Humanitarian Response Plan (HRP), humanitarian partners are committed to build on achievements from 2017 and continue highly targeted famine prevention efforts in 2018. Humanitarian partners aim to reach 5.4 million people with life-saving and life-sustaining assistance, reduce acute malnutrition levels, reinforce protection of the most vulnerable groups, support the protection and restoration of livelihoods, and promote basic services to build resilience to recurrent shocks and catalyze more sustainable solutions. With the *Deyr* rains performing below average in most parts of Somalia and forecasted below average rains during the 2018 *Gu* season, continued emergency relief alongside a further scale-up of livelihoods assistance will be critical to prevent people in Crisis and Emergency (IPC Phase 3 and 4) from sliding into famine. Sustaining the scaled-up humanitarian assistance

is required to avert a catastrophe. To achieve that, humanitarian partners will continue with the two-pronged approach, adopted in 2017, to prevent famine:

**1** In rural areas: Extend humanitarian assistance as close to affected people as possible, to stabilize the situation in rural areas, mitigate the impact of the drought on lives, livelihoods and related acute humanitarian needs, and to minimize further displacement and enable sustainable voluntary returns and recovery where feasible.

**2** In urban and peri-urban areas, particularly IDP sites: Enhance the response capacity and sustain scaled-up humanitarian interventions in main urban hubs throughout the country to meet basic needs of protracted and newly displaced people and other vulnerable groups.

Photo: FAO

# Centrality of Protection

**Multi-layered conflict and climatic shocks, compounded by emergening but still weak governance structures, massive displacement and persistent exclusion and marginalization have led to a complex humanitarian environment, where rights are regularly violated.** This is causing grave protection challenges that can only be addressed through collective humanitarian action. Protection concerns persist in Somalia and continue to put civilian lives at risk. Significant number of people have been forced to flee their homes, exposing them to multiple risks. Cases of abuse against civilians, including widespread GBV, child recruitment, physical attacks, forced early marriages, forced evictions, limited access to humanitarian assistance due to insecurity and/or discriminatory practices and exploitation remain a pervasive feature of the crisis.

**Drought and conflict have triggered massive displacement and further exposed civilians to serious protection threats and the emergence of negative coping mechanisms.** This has led to further erosion of the resilience of communities and social fragmentation. Women, children, persons with disabilities, and marginalized communities are impacted differently by the crisis and displacement, having distinct humanitarian needs and facing specific protection concerns. Therefore, integration of age, gender and diversity principles in humanitarian service delivery and assistance remain critical. With increasing displacement, protection risks in IDP sites are increasing, coupled with the limited options to end displacement through durable solutions. This results in protracted displacement, chronic protection concerns and continued high levels of humanitarian need.

**The centrality of protection is paramount in the response strategy for 2018, and underpins the 2018 Humanitarian Needs Overview (HNO), as well as the sector-specific operational response plans in this HRP.** Humanitarian partners consider protection as a collective responsibility, as the most significant protection challenges and violations faced by affected people require joint analysis and response, as well as common positions and advocacy.

**Three key protection risks/threats have been identified in the Centrality of Protection strategy 2018-2019, adopted by the Somalia Humanitarian Country Team (HCT) in December 2017,** as being critical for the humanitarian response in Somalia. They are centered around the issue of exclusion, displacement and conflict:

1. *Enhancing ways to identify and address differential **risks of exclusion**, including those based on societal discrimination, power structures, vulnerability, age, and gender. Strengthening inclusion with and accountability by, community-based and other non-traditional humanitarian responders for more effective protection to affected populations.*

2. *Addressing increasing Critical Protection Concerns emanating from increasing **displacement** towards IDP sites and collective centres, heightened protection risks/threats that have emerged as a consequence of the multiple obstacles to end displacement through appropriate solutions; local integration, return, and settlement elsewhere.*

3. *Engaging with **conflict-affected communities** and parties to the conflict (national and international), to minimize disproportionate and indiscriminate targeting of civilians and civilian assets vital for survival. This includes enhanced delivery of assistance and support to community based self-protection mechanisms.*

To address these key issues, the HCT will prioritize the following 'ways of working' across the humanitarian system:

1. *Strengthening system-wide data collection and analysis to ensure an effective response and a repository on protection risks/threats. This would enable an overarching 'protection picture' of the humanitarian crisis, including at the national, sub-national and local levels.*

2. *Strengthened protection-influenced HCT advocacy (including for protection funding) and enhanced communication on protection, tailored to the context of Somalia.*

3. *Strengthened Protection Mainstreaming, Accountability to Affected Populations (AAP), and Protection from Sexual Exploitation and Abuse (PSEA) by humanitarian workers across all sectors.*

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Photo: M. Knowles-Coursin/ UNICEF

## Integrated response

As in 2017, the overall famine prevention strategy for 2018 emphasizes integrated response across clusters to provide services more effectively to people in need. The integrated approach to drought response and famine prevention, actively promoted by pooled funds, has enabled more strategic use of limited resources, value for money, enhanced coordination among clusters and led to better coordinated programming of life-saving interventions, particularly in response to AWD/cholera outbreak through Integrated Emergency Response Teams (IERTs) in remote rural areas, by ensuring emergency health, nutrition and WASH services.

In 2017, the Somalia Humanitarian Fund (SHF) conducted three allocation rounds focusing on integrated response to drought and its effects, notably food insecurity, displacements, malnutrition and disease outbreaks. The bedrock of the SHF approach was to define integrated response packages to be adapted to the specific needs in various locations. Integration, however, was not without challenges due to limited number of partners with the appropriate capacity to effectively implement multiple interventions across three or more clusters. The complexity of interventions also required additional time for design and implementation. Building on lessons learnt and gains made in 2017, a joined-up, multi-sectoral approach will continue to be an integral part of the humanitarian response and famine prevention efforts. This takes into account that single-cluster interventions have limited impact in addressing multiple vulnerabilities of the affected people, particularly of IDPs and those in inaccessible areas.

Mechanisms such as the Drought Operations Coordination Centres (DOCCs) in Mogadishu, Baidoa and Garowe will continue to enable enhanced coordination among partners, including Federal and state authorities, prioritization of needs and geographical areas, coherent inter-cluster mission planning and improved information sharing. Improved logistics planning and implementation among all responding partners and the Government will continue through the Logistics Cluster and United Nations Humanitarian Airs Service (UNHAS) common services, also allowing for a more efficient use of resources.

## Enhanced targeting

Strengthened targeting to reach the most vulnerable among displaced, non-displaced and marginalized communities will remain crucial. Enhanced targeting and increased efficiency will be achieved through real-time monitoring of response and identification of needs. Lessons learnt from 2017 have helped humanitarian partners to fine-tune collective response through enhanced integration across clusters, better geographical prioritization of drought-affected populations, targeting children who are especially at risk, as well as marginalized communities. Involving affected communities through engagement, consultative activities and existing feedback mechanisms in various stages of the programme cycle is also critical in achieving improved targeting and a more people-driven response.

As of December 2017, priority geographical areas include regions with significant populations in Crisis and Emergency (IPC Phase 3 and 4) such as Galmudug state in central Somalia; Hiraan region in Hirshabelle state, Bay and Bakool regions in South West state and, Awdal and Togdheer regions in Somaliland. IDP settlements in urban areas such as Mogadishu, Baidoa, Dhusamarreeb, Garowe, Berbera, Bossaso, Doolow and Hargeisa are also prioritized due to high levels of acute malnutrition, all locations surpassing the emergency threshold of 15 per cent, according to the FAO-managed Food Security and Nutrition Analysis Unit (FSNAU)/Famine Early Warning Systems Network (FEWS NET) 2017 Post-*Gu* Seasonal Assessment.[14] The severity of the humanitarian crisis in the drought-affected areas has been shifting in 2016-2017 due to uneven rainfall across the regions, conflict and varying intensity of humanitarian assistance. Given the prolonged nature of the drought and massive loss of assets, compounding underlying vulnerabilities due to years of conflict and marginalization, the improvements are usually fragile and rapid deterioration of food security situation continues to be a real threat in many areas if humanitarian assistance is not sustained. In addition, the risk factors for epidemic disease outbreaks are present although humanitarian partners have been able to contain both AWD/cholera and measles outbreaks during the crisis. To ensure refined targeting, including responding to acute needs in hard-to-reach areas, risk mitigation and management mechanisms have been enhanced throughout the crisis. The improved systems for vetting and monitoring developed based on lessons learned from 2011-2012 have allowed for expansion of activities into areas not regularly serviced since the last famine.

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Photo: Giles Clarke for Getty/OCHA

## Cash assistance

Cash assistance played a central role in the 2017 famine prevention response, reaching nearly three million individuals per month. First piloted in 2003 and later brought to scale in the 2011-2012 famine response, cash assistance has proven an effective humanitarian response tool in Somalia, delivered in cash (unrestricted) or voucher (restricted) form and through multiple delivery mechanisms, including electronic payment cards, mobile money, paper vouchers and cash-in-hand. Somalia has some unique characteristics that make cash-based interventions particularly appropriate. First, Somalia is dependent on food imports to meet its food needs and as such has developed extensive and robust markets to address demand even in the face of local production shortages. Secondly, relatively quick to operationalize, cash assistance has not only played important life-saving and livelihood preserving roles, but has also helped to stimulate markets during times of crisis.

The majority of the cash assistance employed during the famine prevention response (estimated at between 75 to 85 per cent of total assistance) has been reported through the Food Security Cluster and was designed to meet the immediate food needs of affected households. Food Security Cluster's cash response was reaching on average 2.4 million people per month during the height of the crisis. Cash transfers have also been used to meet WASH, shelter and education needs. Some multipurpose cash - unrestricted cash corresponding to the amount of money a household requires to meet their basic needs - is also being delivered each month.[15] Post distribution monitoring reports suggest that recipients of cash transfers spent the majority (one major study suggests 75 per cent) of their support to meet food needs with the rest used for water and sanitation needs, paying off short-term debt, and buying household items or accessing healthcare.

Cash assistance will remain a significant component of the humanitarian response in 2018 across clusters, providing immediate assistance to those affected by drought, including displaced people and host communities, and linking to early recovery efforts to support the rebuilding of resilience and livelihoods. Sourcing of assistance through local markets, that cash-based programming makes possible, will continue to support businesses and market function. As our understanding of how affected people use cash to meet household needs increases and market conditions permit, it is anticipated that more partners will use multipurpose cash assistance in programming. In line with humanitarian principles, cash actors will also work to support the Federal Government of Somalia (FGS) in developing a social protection system to support vulnerable people over the longer term.

The inter-agency Cash Working Group (CWG) was revitalized in February 2017 to spearhead cash-based programming. The group also coordinates cash programming across clusters, ensures uniformity of standards and provides technical and strategic guidance, while working closely with the Inter-Cluster Coordination Group (ICCG) for coherence. The CWG and ICCG support cash partners by undertaking effective mapping, analysis and coordination to ensure multipurpose cash assistance reaches those in greatest need, is flexible in responding to evolving need, and complementary to in-kind and sectoral cash assistance. The group works with FSNAU to monitor market functioning and price levels across the country, and guide the use of market-based responses.

## Community engagement

**The 'Community engagement' umbrella encompasses activities such as Accountability to Affected Persons (AAP) and Communicating with Communities (CwC).** While there is information, feedback and complaints mechanisms in place within the Somalia response, both within IDP sites and in urban and peri-urban environments, a lack of coordinated accountability mechanisms means that key issues raised by drought-affected communities are not addressed response-wide and key information needs are not adequately addressed. Building on progress made in 2017, humanitarians will take

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Photo: M. Knowles-Coursin/ UNICEF

Photo: M. Knowles-Coursin/ UNICEF

further steps to place communities at the centre of humanitarian action and decision-making. This will include: Ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability and inform adjustments in the response and providing opportunities and platforms for community participation in humanitarian action; and engaging local knowledge and resources to promote self-reliance and ownership. This is part of the HCT and the ICCG collective approach to community engagement, which brings together the individual efforts of agencies and Non-Governmental Organizations (NGOs). The collective approach to community engagement will facilitate collection of community feedback and analysis, and response to pertinent issues raised by communities. Incorporating both qualitative feedback data and community perceptions into technical assessments gives greater depth to findings, turning community voices into actionable data that informs humanitarian programming.

Communities affected by crisis in Somalia not only require timely, relevant, and actionable information to make better informed decisions for themselves and their families; but also need channels to provide feedback on challenges and gaps, ask questions, and follow up with service providers. This feedback data will systematically inform and serve as the basis for which humanitarian actors provide and improve their services for affected communities. While individual agencies undertake data collection efforts and integrate AAP into programming, implementing a common approach strengthens accountability, especially when beneficiary feedback is utilized to drive decision-making and strategic processes, in addition to amplifying issues that require particular advocacy from humanitarian leadership.

Significant efforts have been made in 2017 to improve collective services as an integrated part of the DOCCs. The humanitarian information service Radio Ergo has played a key role in feedback collection with their Freedom Fone, through which drought-affected communities in Somalia can call in and give feedback. This qualitative data has been used to inform clusters of perceptions among affected communities and identify gaps relating to information needs. Going forward, the Common Feedback Project will focus on data sharing and a common collation of community views, reinforced by mainstreaming AAP in coordination fora and mechanisms. A response-wide feedback mechanism will gather and analyze feedback data from collective and common sources, to identify and respond to common issues arising from communities. The ICCG will report to the HCT on trends identified and outcomes from community consultations. A network of focal points will ensure feedback from various hard-to-reach locations is captured and followed up. Efforts will continue with media agencies and humanitarian actors to ensure the coordination of messaging and information provision to affected people. A practical mapping of accountability activities will minimize duplication and identify areas where agencies can coordinate at field level and/or identify where there is potential for harmonization of feedback and complaints mechanisms between agencies.

## Localization of aid

Humanitarian action in Somalia continues to be aligned with the policy commitments and outcomes of the 2016 World Humanitarian Summit and the Grand Bargain. These include strengthening the role of local actors in the response and ending needs. International partners have taken strides in 2017 to better support Somali-led approaches to address root causes of the humanitarian crises and remain committed to work with local actors, including local and national NGOs, Somali authorities and private sector community-based organizations, to realize this.

In 2017, one concrete achievement in support of localization agenda has been the prioritization of local partners, where and when possible, by the SHF. The Fund, which remains the

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single largest source of funding for national and local partners, has allocated 37 per cent of its funds to local and national NGOs by November 2017 and the SHF Advisory Board has recommended that this approch continues in 2018. This is above the global target of 25 per cent, to be achieved by 2020, on humanitarian funding to be allocated to local and national responders as directly as possible, as per the Grand Bargain commitment.[16] The pool of SHF partners has expanded to more than 100, of which more than two-thirds are national or local partners. Overall, some 231 humanitarian partners are providing life-saving assistance across the country, of whom 159 are national NGOs. Challenges, however, remain. National actors continue to have limited access to funding and investment in their capacity, which affects the sustainability of their operations. To address such challenges and advance the aid localization agenda in Somalia, international actors, Somali Government, private sector, and local NGOs and youth initiatives have continued to address these challenges. During two localization workshops convened in 2017, strengthening partnerships in support of the localization of aid agenda was discussed, resulting in concrete commitments by stakeholders that should ultimately lead to further improvement in the delivery of assistance in Somalia.

Prioritizing effectiveness, transparency and accountability in the delivery of assistance to the most vulnerable in Somalia remains a key commitment in the humanitarian response. The operating environment, however, remains challenging with the enhanced risks of diversions and fraud. Since 2011, humanitarian partners have strengthened accountability systems and tools. This has been made possible by vastly improved risk management systems which have helped ensure greater efficiency and accountable spending of resources.

## Reducing needs, risks and vulnerability: Building resilience and enabling recovery

Although famine was averted in 2017, with thanks in part to a massive scale-up in humanitarian assistance, it remains a threat in the coming years. The cycle of devastating protracted dry spells over the last 25 years, the unprecedented drought spanning over the last four consecutive, poor rainy seasons and ongoing conflict, have severely aggravated vulnerability in Somalia, and humanitarian needs continue to be more severe.

Decades of insecurity, political instability, drought and food insecurity have disrupted basic social services and livelihoods, devastated human capital and physical infrastructure, and contributed to severe impoverishment and protracted displacement of the population.

Life-saving humanitarian assistance in 2018 will be accompanied by investments in recovery and development-oriented programmes to reduce vulnerability and risks and to ultimately prevent the recurrence of famine risk in Somalia. The fragile progress in the state-building and peace-building process in Somalia since 2012 have made possible targeted efforts to define and implement solutions so that Somalia's citizens will never again face the risk of famine. The FGS has already prioritized a focus on resilience within its National Development Plan (NDP) and there are now opportunities for investment in Government-led policies and medium- and longer-term programmes that can more sustainably reduce risk and vulnerability among the 6.2 million people who are most vulnerable and in need of humanitarian assistance.

In line with the New Way of Working, humanitarian and development partners are strengthening the synergies, complementarity and coherence between the HRP and the national Recovery and Resilience Framework (RRF), which falls under the NDP, to ensure optimal coordination in three broad categories:

- Sustaining immediate life-saving humanitarian operations to continue famine prevention, mitigate the impact of the drought across rural Somalia, and improve the conditions of those displaced into urban centres.

- Expanding early recovery interventions to enable early voluntary return of those displaced to their respective areas of origin if they so choose, with appropriate support to resume livelihoods and to promote minimum standards of safety and dignity, and to expand municipal services to cater to the needs of those who are likely to remain displaced, and may choose an urban life.

- Launching a sustainable RRF to "break the cycle" of drought by building capacity of national and sub-national institutions, boosting productive sectors, and targeting investments in rural and urban infrastructure.

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Photo: UNICEF

## Collective outcomes to be reached by humanitarian, development and other actors

Humanitarian and development partners have begun a process of identifying collective outcomes to be achieved by 2022 to reduce needs, risks and vulnerabilities and increase resilience. This process has taken advantage of the planning processes for the Drought Impact Needs Assessment (DINA) and national Recovery and Resilience Framework (RRF) taking place parallel to the HRP planning process. The aim is to ensure a more complementary and coherent response across the humanitarian-development nexus and maximize effectiveness in action focused on "those furthest behind".

So far, partners have agreed on the below areas around which the collective outcomes will be identified. Before the HRP and RRF are launched in early February 2018, partners would define the targets for each collective outcome, identify what activities need to be undertaken across the humanitarian-development nexus and different sectors, and how these activities need to be layered and sequenced to most effectively reduce needs, vulnerabilities and risks.

Each sector will be expected to contribute towards these outcomes based on their comparative advantage and mode of operation. Humanitarian and development partners will have different and yet complementary activities to achieve them (i.e. with the HRP focused on life-saving assistance for acute needs, basic livelihood maintenance and protection, and the RRF focused on medium-/longer-term support to address the structural and underlying causes of need and vulnerability).

**The collective outcomes will be defined around the following areas:**

- **Current and future droughts do not turn into crises**
- **More sustainable and/or durable solutions for IDPs**
- **Reduce risks to natural hazards**
- **Strengthen access to basic social services for most vulnerable**

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Photo: Giles Clarke for Getty/OCHA

## OPERATIONAL
# CAPACITY & PRESENCE

Humanitarian partners continue to expand their reach across the country, despite the challenging operational environment. A wide range of national and international humanitarian partners are involved in the delivery of humanitarian assistance in all 18 regions of the country with more than 231 humanitarian partners reported actively implementing humanitarian activities. These partners are included in the OCHA-managed 'Who does What, Where' (3W) database.

## # OF HUMANITARIAN PARTNERS

# 231
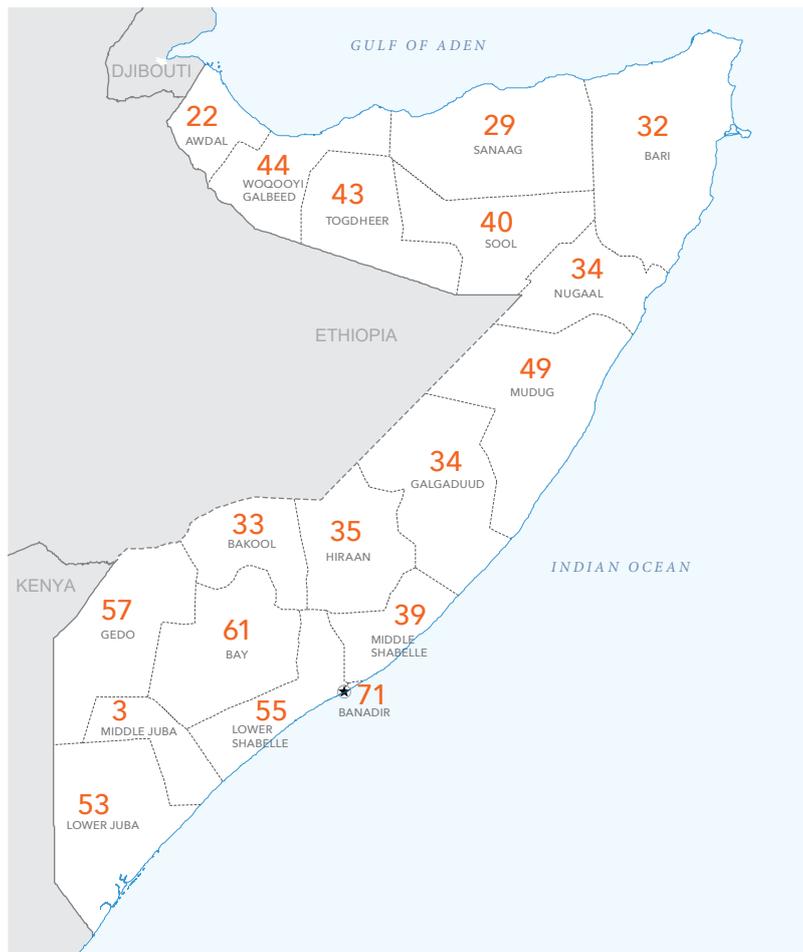


Since 2011, humanitarian partners have increased their presence in Somalia, and have had significantly larger 'footprint' on the ground during the 2017 famine prevention efforts than previous years. Some 231 humanitarian partners provide life-saving and life-sustaining assistance across the country, and nearly 160 of these are national NGOs. The role of the national NGOs, as well as that of other national responders, including volunteers, private sector and youth-led initiatives, has thus become indispensable in providing assistance and services in a challenging and insecure operating environment.

Given significant humanitarian access challenges, the role of the local and national responders has been fundamental to ensure humanitarian assistance and service delivery to people in greatest need. This has been crucial in averting famine and curbing disease outbreaks such as AWD/cholera in 2017 in hard-to-reach areas. National actors, with the support of and resources from Health, Nutrition, WASH and Logistics Clusters, played a critical role by deploying the Integrated Emergency Response Teams (IERTs) to often remote and hard-to-reach locations, equipped with medicine and nutrition supplements to respond and save lives.

Local partners are also engaged in protection monitoring activities, with over 40 local partners deployed throughout Somalia, including in hard-to-reach areas. These partners work with over 150 field monitors to report protection information that informs the humanitarian response. The pool of SHF partners has expanded to more than 100, of which more than two-thirds are national or local partners, from 66 eligible partners in 2016.

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# HUMANITARIAN
# ACCESS

Safe and predictable access is a key prerequisite to effective humanitarian action. However, in most parts of southern and central Somalia and parts of northern Puntland and the disputed regions of Sanaag and Sool, access by humanitarian organizations as well as that of people in need to assistance and basic services is moderately to severely constrained. While access challenges in Somalia are longstanding, 2017 witnessed an increase in physical access challenges as well as violence against humanitarian personnel, facilities and assets that went beyond any commensurate increase in delivery.[17] The challenges continue to take new shapes and dimensions as the political and conflict dynamics in the country evolve.

## # OF VIOLENT INCIDENTS THAT IMPACTED HUMANITARIAN ORGANIZATIONS IN 2017

## 150

**Violent incidents with humanitarian implications (January-November 2017)**



Violent incidents with humanitarian implications (January - November 2017)

Accessible Roads

Severely Constrained Road Access

Districts with severely constrained road access
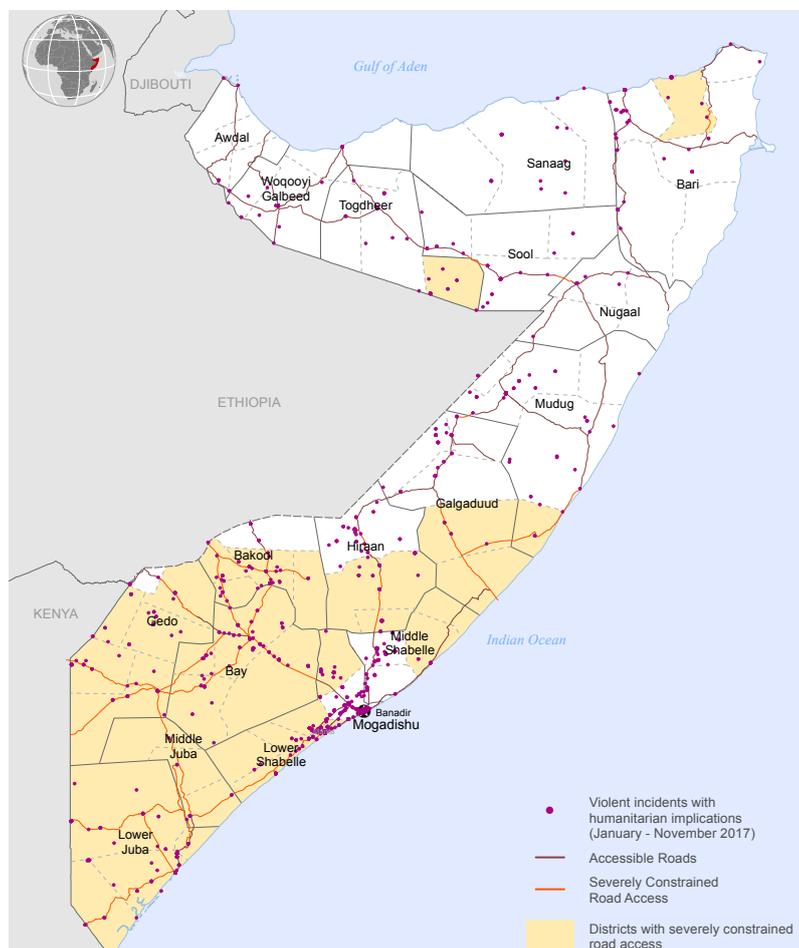
Source: OCHA

Key access challenges in Somalia include bureaucratic impediments imposed by both state actors and non-state armed actors, road access challenges linked to the conflict, active hostilities and policies of non-state armed actors as well as staff safety and security concerns. In addition, interferences in the implementation of humanitarian assistance, physical access challenges linked to inadequate quality or complete lack of infrastructure continue to affect air and road travel as well as transportation of humanitarian supplies by sea. Counter-terrorism measures also continue to impact some organizations' perception of risks in areas under the control/influence of listed entities and has continued to deprive some people in need of assistance. At least two million people in need are estimated to reside in hard-to-reach areas, the majority of whom are in southern and central Somalia.[18]

Humanitarians continued to use various strategies to surmount access challenges. Efforts to step up engagements with the Federal Government and regional states, local authorities, and traditional leadership structures to facilitate access have continued at all levels. The strategies largely focus on dialogue with different stakeholders, both at the highest possible levels of authority and at the operational level. Under the HCT, the HCT Access Taskforce has continued to lead these efforts including through the conduct of systematic monitoring and tracking of the constraints, as well as recommending context-specific strategies to enhance the ability of humanitarian organizations to reach people in need, or to address specific emerging constraints.

## Efforts to secure major supply routes

The humanitarian community has continued to prioritize advocacy efforts with the FGS, local authorities, African Union Mission in Somalia (AMISOM), the UN political mission and other relevant actors to secure the main supply routes. Following concerted advocacy efforts, from the second quarter of 2017 to date, the FGS and a number of Federal states including Galmudug, Hirshabelle, South West and Puntland have made milestone commitments and have started implementation to ensure access routes are opened. Notably in May 2017, the FGS President issued a three-point directive to the Afgooye local authorities to remove the illegal roadblocks along the major roads, which begun a general reconciliation between the sub-clans inhabiting the district as well as ordered the suspension of all tax collection within Afgooye town. Hirshabelle authorities in Middle Shabelle have conducted a number of illegal checkpoint removal operations between Mogadishu and Cadale town and have also made commitments to devise a strategy to prevent non-state armed actors from planting improvised explosive devices (IEDs) along the Jowhar-Balcad road. Illegal checkpoints' removal operations have also been conducted along the Afgooye-Leego-Wanla Weyne road in Lower Shabelle region and along access routes in Bossaso in Puntland.

## Exploring options to expand or secure access to hard-to-reach areas

The HCT Access Taskforce took important steps in 2017 to improve access to areas under the control of non-state armed actors where about two million people in need are estimated to reside, including mapping and analysis of access constraints that enabled better response to AWD/cholera in hard-to-reach areas and removal of road blocks and multi-taxation. The Taskforce will continue engagements with operational humanitarian partners in 2018 to inform the formulation of an engagement strategy in these areas. The Taskforce will also continue to prioritize engagements with the political leadership and local authorities at the FGS and regional state levels to create a more enabling environment for the delivery of assistance.

At the operational level, humanitarian organizations negotiate with relevant actors for access through various interlocutors and channels, or choose to implement indirectly through locally accepted partner organizations. To mitigate risks, the humanitarian community is continuously enhancing accountability measures. The non-state armed actors present in different areas as well as the type of assistance to be provided determines the extent to which access negotiations can take place. In some areas, particularly where the non-state armed actors controlling elements hail from the communities, access for critical programmes such as health programmes are often permitted. Some partners' strategies also revolve around implementing programmes at a low-scale and at low profile in sensitive areas with an objective of maintaining a capacity in these areas so that they can scale-up if access opens up and new needs develop. A number of humanitarian organizations have also continued to pursue local level access negotiations and dialogue as part of attempts to regain access to places where they worked before, and where they believe they would have added value due to the existing needs as well as pre-existing networks and local knowledge.

The UN and international NGOs use special protection units or armed escorts to facilitate movements in most parts of Somalia. The breakdown of law and order and the prevalence of various armed groups, including criminal groups, continue to compel humanitarian organizations to use armed escorts to protect their personnel and property. So far, their use has yielded positive results, however the competency and reliability of these armed escorts varies. In 2017, the Office of the UN High Commissioner for Human Rights (OHCHR) and OCHA initiated the provision of refresher trainings in human rights, humanitarian principles and standards, and Code of Conduct for Private Security Service Providers for escort personnel used by humanitarian organizations. These efforts will continue in 2018.

One of the key priorities of the humanitarian community is expediting the finalization of a centralized regulatory framework for NGOs and international organizations, as well as measures to sustainably address the challenges related to the 'gatekeeper' system. Efforts to strengthen advocacy messages on humanitarian principles and standards, and engagements with local communities and authorities to build trust and acceptance of humanitarian programmes and partners, including through the provision of trainings and sensitization sessions will also be prioritized. NGOs have committed to be compliant with the Red Lines provisions (set of conditions the NGOs/members/humanitarian community cannot compromise on), to ensure their principled way of working is sustained. While the FGS and a number of regional states have expressed commitment to secure major access roads in May 2017, the proliferation of illegal checkpoints and related extortions, as well as blockades by non-state armed actors have continued to impact movements in 28 of 42 districts in southern and central Somalia. The HCT Access Taskforce and OCHA in collaboration with the Logistics Cluster will continue to systematically track road access constraints to inform HCT advocacy efforts with the authorities, and security organs including AMISOM to secure major access roads.

## UN Civil-Military Coordination

In a complex emergency and humanitarian crisis such as Somalia, Civil-Military Coordination will continue to ensure humanitarian facilitation is undertaken in a principled manner in order to avoid duplication, maintain the distinction between armed and civilian actors and promote timely humanitarian access to vulnerable people through dialogue with all armed actors. The Civil-Military Working Group will continue to facilitate an enabling environment for humanitarian actors to deliver vital life-saving assistance, mainly in southern and central regions affected by military offensives or climatic shocks. As a result of the planned drawdown and transition of the AMISOM forces, the civil-military guidelines will be revised by incorporating national security actors into the civil-military coordination infrastructure to ensure that humanitarian operations are not hindered by the planned reduction of international forces and assumption of security responsibility by Somali forces. Civil-military coordination will be guided by the centrality of protection and work with protection partners to ensure all armed actors are informed of protection risks and challenges of offensives and military operations.

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## RESPONSE

# MONITORING

In 2018, the humanitarian community will build on enhanced collective monitoring mechanisms established in 2017 and continue to monitor the situation closely to be able to adjust the response according to the needs and emerging priorities. Efficiency and accountability will be strengthened through monthly and periodic review and monitoring of the impact and reach of the response.

### Scope of the response monitoring

To ensure that famine prevention efforts are as effective as possible, humanitarian partners are closely monitoring the response and identifying needs and gaps in real time, and improving efficiency where possible to ensure the best use of resources. The in-depth understanding of the response and gaps allows enhanced prioritization and enables improved targeting to reach the most vulnerable. Monthly Humanitarian Dashboards provide regular analysis of the scaled-up response and progress against the key cluster-specific outcome indicators, all linked to the four overarching strategic objectives of the Humanitarian Response Plan.[19] In 2018, the monitoring framework will also include collective outcomes identified jointly with development partners.

### Monitoring responsibilities

Under the strategic guidance of the HCT, the ICCG is tasked with measuring progress toward reaching strategic objectives, cluster objectives, and cluster activities, as outlined in the Humanitarian Response Plan. Based on regular reviews of the evolving needs and most critical gaps, the ICCG regularly makes recommendations to the HCT for action or adjustments in the response operation. The ICCG is supported by the

Information Management Working Group (IMWG). In 2018 the ICCG and the IMWG will focus increasingly on the joint analysis of monitoring data and strengthening guidance on data collection methodologies for monitoring. To enable stronger data analysis, the ICCG and the IMWG will also strengthen the use of an online Response Planning Module (RPM), being piloted in Somalia and other countries.[20] Click here to access the RPM.

### Monitoring Framework

Progress against the strategic objectives, indicators/targets and outcomes of the HRP will be monitored by using the HRP Monitoring Framework *(Part III: Annexes)*. Reporting will be done through monthly Humanitarian Dashboards and the online Response Planning Module. The HCT will also produce a mid-year monitoring report. At the operational level, clusters and partners will work through the DOCCs to coordinate monitoring of the response at the national and sub-national level, identify response priorities, ensure enhanced coordination and information sharing. In case the humanitarian situation changes drastically during 2018, or major new humanitarian needs emerge, the HCT can revise the HRP and the monitoring framework accordingly.

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## HUMANITARIAN PROGRAMME CYCLE TIMELINE

| | 2018 | | | | | | | | | | | | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Humanitarian Dashboard | | | | | | | | | | | | | ● |
| Periodic Monitoring Report | | | | | | ● | | | | | | | |
| Humanitarian Needs Overview | | | | | | | | | ●—● | | | | |
| Humanitarian Response Plan | | | | | | | | | | | ●—● | | |
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
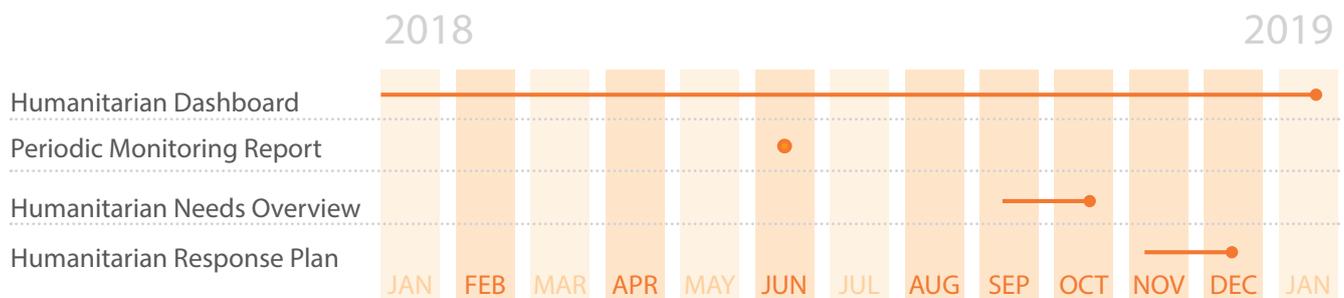
# NEEDS, TARGETS & REQUIREMENTS

## TOTAL POPULATION
12.3M

## PEOPLE IN NEED
6.2M

## PEOPLE TARGETED
5.4M

## IDPS
2.1M

## HUMANITARIAN PARTNERS
231

## REQUIREMENTS (US$)
1.5BN

| | TOTAL | | | BREAKDOWN OF PEOPLE TARGETED | | | | [3] | | BY SEX & AGE | | REQUIREMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | People in need | People targeted | % PIN targeted | IDPs | Refugees | Returnees | Host communities | Rural | Urban | % Female | % children, adult, elderly[1] | Total in US$ |
| Camp Coordination and Camp Management (CCCM) | 2,100,000 | 1,700,000 | 81% | 1,700,000 | - | - | - | 50,000 | 1,630,000 | 52% | 66 24 10 | 41,709,742 |
| Education | 2,400,000 | 396,000 | 13% | 142,000 | - | 76,200 | 178,000 | - | - | 45% | 95 5 | 51,267,522 |
| Enabling Programmes | - | - | | - | - | - | - | - | - | - | - | 26,248,155 |
| Food Security | 6,200,000 | 5,400,000 | 87% | 1,042,000 | - | - | - | 2,946,000 | 2,239,000 | 50% | 46 52 2 | 631,732,080 |
| Health | 5,700,000 | 4,300,000 | 78% | 910,000 | - | - | - | 1,930,000 | 1,450,000 | 51% | 56 41 3 | 124,435,964 |
| Logistics | - | - | | - | - | - | - | - | - | - | - | 9,837,500 |
| Nutrition | 1,400,000 | 1,200,000 | 86% | 108,000 | 1,200 | - | - | 583,000 | 508,000 | 51% | 100 | 253,760,785 |
| Protection | 3,600,000 | 1,800,000 | 50% | 1,200,000 | 45,000 | 105,000 | 450,000 | 260,000 | 1,540,000 | 56% | 55 42 3 | 97,989,189 |
| Shelter/NFIs | 1,500,000 | 1,300,000 | 87% | 1,000,000 | - | 30,000 | 26,000 | 100,000 | 1,200,000 | 55% | 60 35 5 | 70,116,595 |
| Water, Sanitation and Hygiene (WASH) | 4,400,000 | 3,800,000 | 86% | 1,400,000 | 27,000 | 104,000 | 869,000 | 700,000 | 700,000 | 55% | 55 43 2 | 129,311,842 |
| Multi-Sectoral Assistance | - | - | | - | - | - | - | - | - | - | - | 106,105,195[4] |
| Refugee Response | 135,800 | 135,800 | 100% | - | 135,800 | - | - | - | - | - | - | 52,952,576 |
| TOTAL | 6,200,000[2] | 5,400,000[2] | | | | | | | | | | 1,542,514,570 |

[1] Children (<18 years old), adult (18-59 years), elderly (>59 years)
[2] Total figure is not the total of the column, as the same people may appear several times
[3] Figures in rural and urban columns may include people targeted as IDPs, refugees, returnees or host communities
[4] Multi-Sectoral Assistance includes the requirement for Refugee Response (US$ 52,952,576)

# PART II: OPERATIONAL RESPONSE PLANS

# Centrality of Protection in Operational Response Plans

The priority protection risks identified in the HCT Centrality of Protection Strategy have been taken into account in the sector-specific operational response plans. The Protection Cluster continues to support all clusters in integration of the HCT Centrality of Protection Strategy in cluster responses and ways of working to address and mitigate the identified protection risks. The ICCG will remain focused on implementing the Strategy through regular and informed discussions, based on a joint analysis of the situation and enhanced information sharing. Emerging concerns will be addressed in the HCT, which will offer further strategic guidance and advocate for adherence to principles and obligations, as well as the upholding of rights.

To address concerns related to **differential risks of exclusion,** the Food Security Cluster is planning an initiative to strengthen partners' methods to target those with the highest needs and who are least able to cope with adverse circumstances. The Shelter Cluster and WASH Cluster also aim to ensure marginalized communities are reached with assistance, by directly engaging different segments of affected communities to ensure community structures are involved in programme delivery. Similarly, the Health Cluster plans to map gaps in service delivery, also aiming to identify barriers to accessing health facilities, and taking into account age, gender, and diversity factors, including social background. The Education Cluster emphasizes the need to ensure access to education for girls who might face obstructions, also taking into account the protection benefits of school attendance.

The protection situation in **displacement** locations and limited progress towards durable solutions is strongly taken into account by the CCCM Cluster through concerted efforts to engage directly with affected people, strengthening accountability and feedback mechanisms, while aiming to enable progress towards durable solutions through engagement with development actors and authorities. The Shelter Cluster incorporates the need for security of tenure into its response strategy, aiming to ensure protection from forced evictions and enable progress towards durable solutions in certain occasions. The Nutrition Cluster recognises that malnutrition has multiple interconnected causes and aims to further integrate analyses and response activities to sustainably address malnutrition, including in IDP settlements.

To address protection concerns related to the **impact of the conflict on civilians** and on assistance delivery, the Protection Cluster aims to strengthen evidence-based analysis and advocate with relevant stakeholders, including parties to the conflict. The Food Security Cluster, Nutrition Cluster, and WASH Cluster have identified high needs in hard-to-reach areas, and explicitly prioritise gaining access to these populations at risk. Innovative assistance delivery modalities across all clusters, as well as increased capacity building of local assistance providers and involvement of non-traditional humanitarian actors, further aims to ensure basic rights of populations directly affected by conflict will be upheld.

All clusters are committed to strengthening their **Accountability to Affected Populations** and aim to incorporate **protection mainstreaming** principles in their programming.

# CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

**PEOPLE IN NEED**

2.1 M

**PEOPLE TARGETED**

1.7 M

**REQUIREMENTS (US$)**

41.7 M

**# OF PARTNERS**

28

**CCCM OBJECTIVE 1:**

1 Strengthen the predictability and effectiveness of multi sectorial interventions at site level and/or areas of concentration of sites.
**RELATES TO SO1, SO3**

**CCCM OBJECTIVE 2:**

2 Improve community participation, living conditions and safe access to services and assistance in selected sites.
**RELATES TO SO1, SO3, SO4**

**CCCM OBJECTIVE 3:**

3 Strengthen community self-management to promote durable solutions for displaced people in sites.
**RELATES TO SO1, SO3, SO4**

26

## Overview

Drought and conflict have displaced more than one million people in 2017, in addition to the 1.1 million people in protracted displacement. Many of the IDPs have been displaced multiple times, with their coping mechanisms further degraded and vulnerability increased. Most IDPs have self-settled in sub-standard IDP sites and are repeatedly identified as the poorest and most vulnerable, often with limited local acceptance due to their social background. As such they are in greatest need of CCCM services in order to reduce barriers to assistance, ensure equitable delivery of services, enhance the accountability to affected populations, and strengthen community engagement, participation and empowerment towards self-determination.

## Response Strategy

The 2018 CCCM Cluster strategy envisions a comprehensive, district-tailored response, which will be closely linked to other clusters (especially Protection, Shelter and WASH), targeting the most vulnerable families in IDP sites, through consistent engagement with communities and partners directly. Challenges highlighted by the HCT Centrality of Protection Strategy such as the risk of exclusion, high incidence of protection violations in IDP sites, challenges in achieving durable solutions, and difficulty in accessing populations in conflict areas have led the cluster towards piloting cross-cutting innovative modalities such as working through multi-functional mobile teams using area-based approaches, emergency cash and community cohesion projects.

The cluster will continue conducting Multi-Sector *Detailed Site Assessments* as a baseline of access and availability of services in sites; monitor and map service delivery at site level to ensure efficiency and accountability; reinforce mechanisms for communication and feedback on multi-sector services availability; ensure the adequate participation with an emphasis on the most vulnerable; facilitate the mitigation of incidents of gender-based violence through improving site safety and referral pathways in collaboration with the protection cluster; and support site maintenance.

Additionally, the CCCM cluster will develop systems to strengthen community self-management to promote durable solutions for displaced people in sites. To achieve this, the cluster is actively engaging with development actors and will promote early recovery activities for displaced people in sites. Furthermore, training and guidance to government and CCCM partners will be provided to ensure sustainability of response and preparedness for future displacements

## Response Modality

The cluster will target displaced people in informal settlements. In order to minimize pull factors to sites, the CCCM Cluster will advocate in parallel for basic service provision in sites and centralized access to services outside of sites, benefitting both IDPs and host communities. The CCCM Cluster will support other clusters in targeting sites and populations for intervention through improved data gathering and analysis from both partners and communities.

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Photo: M. Knowles-Coursin/ UNICEF

## PEOPLE IN NEED

### 2.4M

## PEOPLE TARGETED

### 396K

## REQUIREMENTS (US$)

### $ 51M

## # OF PARTNERS

### 26

**EDUCATION OBJECTIVE 1:**

**1** Ensure emergencies and crises affected children and youth have access to safe and protective learning environments.
**RELATES TO SO1, SO2**

**EDUCATION OBJECTIVE 2:**

**2** Ensure vulnerable children and youth are engaged in learning including lifesaving skills and personal well-being.
**RELATES TO SO3**

**EDUCATION OBJECTIVE 3:**

**3** Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system.
**RELATES TO SO4**

# EDUCATION

## Overview

Poor education outcomes have persisted due to the weak education system and governance, and enrolment rates have historically ranked among the lowest in the world since the education system collapsed in early 1990s. As a consequence, at least two generations have been deprived of schooling in Somalia and the learning crisis has had an underlying impact on state-building and governance.

Access to education remains limited with only an estimated 30 per cent of children[21] accessing learning opportunities, while more than three million remain out-of-school, with southern and central parts of Somalia being the most affected. Only 17 per cent of children living in rural areas or in IDPs settlements are enrolled in primary schools, on top of an estimated 2.4 million school-aged children being food insecure (IPC 2, 3 and 4).[22] Some 411,000 school-aged children have been displaced in 11 months since November 2016 due to drought and conflict.[23]

Many children, especially girls, are not only denied of their educational development, but also other important benefits such as psychosocial support, protection from threats, including sexual abuse and exploitation, physical attack, early marriage, child labor and recruitment into armed groups. In addition, lack of access to education, limited continuity and teachers' motivation remain key challenges. Occupation and attacks on schools continue to be a concern. In 2017, forced use of curriculum by non-state armed groups has increased, resulting in forced closure of schools in several areas which is disrupting children's access to and continuation of education.

Despite a push by international donors and Ministry of Education (MoE) to streamline the national education curriculum, the use of different education curricula exists even in areas of the country that are not under the control of non-state armed groups. The lack of quality assurance and standardization as well as the limited outreach of the MoE continues to be a significant challenge for systems strengthening in the protracted crisis. The low level of humanitarian funding for education has severely limited the ability to implement education in emergencies activities to meet the needs of children suffering in Somalia: Education response has only been 37.5 per cent funded, constituting 1.1 per cent of the total reported funding received for response in 2017.

## Response Strategy

In 2018, the Education Cluster and partners will continue to prioritize the response that mitigates the impact of the drought on education by ensuring continued access to education and retention of children already enrolled in schools by supporting children where they live. The Education Cluster will also continue interventions for vulnerable and marginalized girls and boys, including IDPs and returnees affected by conflict, drought, and flooding in southern and central Somalia, Puntland and pockets in Somaliland. Whenever possible the cluster will prioritize sustainable solutions and support existing public schools to allow displaced children to enroll into the formal education system.

The Education Cluster and partners will work closely with Food Security, Health, Nutrition, Protection, and WASH clusters to promote integration of response. Schools, can serve as unique entry points to provide children with holistic emergency response, including access to education and a safe and protected environment, access to safe drinking water, food, AWD/cholera prevention, and other protection mechanisms.

## Response Modality

323,479 out of the 2.4 million school aged children affected by the drought conditions, will be targeted, with priority activities including:

- An education package comprised of immediate educational activities in a protective learning environment

- Access to food and water

- Emergency incentives for teachers and school administrators

- Teacher trainings on school safety, life skills and psychosocial support

- Essential teaching and learning materials, including recreational materials

- Establishment/rehabilitation of safe and protective learning spaces with child friendly sanitation facilities for girls and boys

- Strengthened the capacity of community education committees, cluster partners and the MoE in emergencies preparedness and response.

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- Awareness and sensitization activities targeting underlying barriers to enrollment (particularly for girls) will be prioritized through engagement with traditional elders, religious leaders and youth groups.

Cash is increasingly being used as part of the education emergency response. The main modality for the use of cash in education has been conditional and restricted cash grants to support school fees and learning materials, as well as cash grants to Community Education Committees. In 2018, the Education Cluster will continue to encourage the innovative use of cash whenever appropriate and will develop a comprehensive strategy on the use of cash in the education response.

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Photo: Education Cluster

## REQUIREMENTS (US$)

**$26M**

## # OF PARTNERS

**8**

## ENABLING PROGRAMME OBJECTIVE 1:

**1** Strengthen coordination to support delivery of humanitarian aid to ensure equal access for women, girls, boys and men.
**RELATES TO SO1, SO2, SO3, SO4**

## ENABLING PROGRAMME OBJECTIVE 2:

**2** Enable humanitarian activities and personnel with safety and security programmes in Somalia.
**RELATES TO SO1, SO2, SO3, SO4**

## ENABLING PROGRAMME OBJECTIVE 3:

**3** Provide timely and relevant information to the vulnerable people in Somalia on food security, livelihoods, nutrition, water, land, and protection issues, including disaster risk reduction messaging relating to seasonal and perennial shocks such as drought and floods.
**RELATES TO SO1, SO2, SO3, SO4**

## ENABLING PROGRAMME OBJECTIVE 4:

**4** Strengthen channels for communicating with communities through gathering and sharing of listener feedback with the humanitarian responders.
**RELATES TO SO1, SO2, SO3, SO4**

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# ENABLING PROGRAMMES

## Overview

Principled humanitarian response and coordination is critical considering the large number of partners and the myriad of man-made and climatic shocks that continue to drive the humanitarian situation in Somalia. To ensure an efficient coordination system among humanitarian partners, including support to the FGS and the HCT, OCHA will continue to play a central role in enabling effective humanitarian response and to ensure a coherent response to emergencies. Civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy will remain priorities. Enabling Programmes Cluster partners will continue to facilitate effective coordination, communications and advocacy, security analysis and timely information sharing. Much of this work will ensure evidence-based decision-making drawn from credible situational analysis.

## Response Strategy

Strengthening coordination and the capacity of relevant Government counterparts, national and sub-national coordination forums and partners will remain a priority for the Cluster in 2018. Coordination with authorities will be conducted through Government-led coordination mechanisms, at national and sub-national levels, to better support disaster preparedness and needs-based response. Regional inter-cluster coordination forums will be strengthened to ensure more localized situational analysis, to identify gaps and mobilize response, including improving seasonal planning, in line with IASC Emergency Response Preparedness (ERP) approach.

The Somalia NGO Consortium will support the NGO coordination mechanisms to improve aid coordination and promote national NGO representation within the coordination structures across Somalia. Furthermore, the NGO Consortium will continue to strengthen the capacity of national NGOs to improve front-line response.

Improved collaboration with development partners in addressing chronic needs and vulnerabilities will be a priority in 2018. The focus will be on the agreed outcomes including ending need, reducing risks and vulnerabilities and increasing resilience.

Clusters will continue to identify priority needs through cluster-specific and integrated needs assessments, as well as ensure timely reporting and monitoring to eliminate gaps and duplications in response.

The FSNAU will continue to provide information of the food and nutrition situation and inform prioritization of response. In addition to its early warning function, FSNAU will carry out relevant livelihood studies and applied research for an improved understanding of underlying causes for food, nutrition and livelihood insecurity to better inform longer-term programme response. Somalia Water and Land Information Management (SWALIM) will continue to provide early warning information to improve flood risk management along the Juba and Shabelle rivers and develop the flood risk management capacity of the FAO Somalia partners, in particular that of the Government's Disaster Management Agency.

Radio Ergo will produce and air daily humanitarian programming, including life-saving and disaster risk reduction messaging to communities across Somalia, by using shortwave and FM broadcasts, but also advocacy programming and dialogue facilitation with communities in support of the overall delivery of humanitarian aid.

The International NGO Safety Organization (INSO) Somalia will contribute to international and national NGOs operating safely and securely in Somalia by providing timely and relevant information and analysis. The INSO will also support the crisis management and training in individual safety and security management. The United Nations Department for Safety and Security (UNDSS) will continue to enhance security for UN Agencies in Mogadishu and southern and central Somalia, and provide medical emergency response teams capable of delivering rapid and advanced life-support intervention to UN and INGO staff in Somalia.

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**PEOPLE IN NEED**

**6.2**M

**PEOPLE TARGETED**

**5.4**M*

**REQUIREMENTS (US$)**

$ **632**M

**# OF PARTNERS**

**123**

**FOOD SECURITY OBJECTIVE 1:**

**1** Improve households' immediate access to food through provision of conditional and unconditional assistance depending on the severity of food insecurity phases, vulnerability and seasonality of the livelihoods (IPC 3-4).
**RELATES TO SO1, SO2**

**FOOD SECURITY OBJECTIVE 2:**

**2** Protect and restore livelihoods, related food and income sources, through provision of seasonally appropriate livelihood inputs and technical support in rural and (peri-) urban settings (IPC 2-4).
**RELATES TO SO1, SO2**

**FOOD SECURITY OBJECTIVE 3:**

**3** Build resilience against current and future shocks through the rehabilitation and/or restoration of productive assets and disaster preparedness at the community and household levels (IPC 2-4).
**RELATES TO SO1, SO4**

30

# FOOD SECURITY

## Overview

A large-scale and timely humanitarian response has averted famine thus far, but the crisis is far from over. One in two Somalis remain acutely food insecure, more than two million people are internally displaced and the risk of famine continues. The La Niña phenomenon will likely result in a fifth season of poor rains, causing drought to extend into 2018 and food security situation to deteriorate further. Humanitarian assistance must be sustained in 2018 to protect fragile gains made in 2017 and continue to prevent a famine. Emergency livelihood support must also be augmented to strengthen the capacity of affected people to improve their food security in the immediate and near terms. In response, the Food Security Cluster objectives focus on (1) Increasing immediate access to food; (2) Protecting and restoring livelihoods, related food and income sources; and (3) Building resilience against current and future shocks. Target population groups and key priority activities are summarized below.

**Objective 1:** To improve immediate access to food, priority activities include unconditional transfers (e.g. food assistance and cash) and conditional transfers (e.g. cash-for-work for small-scale infrastructure repairs). Safety-net programmes such as school feeding will provide regular, predictable food access to particularly vulnerable children. These priority activities will target 3.2 million severely food insecure people per month (IPC Phases 3 and 4) in rural and urban areas, including IDPs.

**Objective 2:** To protect and restore livelihoods, related food and income sources, priority activities include provision of: (i) seasonally appropriate agricultural inputs (e.g. certified quality seed, training, land preparation and irrigation support); (ii) emergency livestock assistance (e.g. supportive treatment, vaccination, water, feed, fodder production); (iii) livelihood diversification (e.g. fishing, backyard poultry and vocational programmes); (v) improved post-harvest practices; and (vi) response to food chain threats (e.g. fall armyworm, desert locusts, trans boundary animal disease). The response will be further informed by findings of the ongoing Drought Impact Needs Assessment (DINA), and complemented by training to maximize impact. The cumulative target is 3.4 million acutely food insecure people per season (IPC Phases 2, 3 and 4), including IDPs.

**Objective 3:** To build resilience against current and future shocks, this objective will contribute to protecting and conserving natural resources on which lives and livelihoods depend, such as water, soil, land and forest resources. It also foresees the repair and effective management of larger productive infrastructure to mitigate future shocks (e.g. river de-silting and embankment repair to prevent seasonal floods) using a combination of machinery and human works as appropriate. Community-based preparedness, surveillance and early warning systems/networks will contribute to prevent damage or losses to crops, livestock and coastal fisheries. These activities will directly benefit around 1.5 million people (IPC Phase 2-4) per month through conditional transfers (e.g. cash/food) for the work, and indirectly benefit entire communities in rural and (peri) urban areas, including IDPs.

## Response Strategy

The FSC will adopt the following key strategies to achieve its objectives:

- **Prioritize areas of severe acute food insecurity** based on seasonal food and nutrition security assessments outcomes.

- **Regularly adapt the type and scale of response** based on the severity of food insecurity, seasonality, livelihoods and gender analysis.

- **Strengthen partners' ability to target people most in need**, including socially marginalized groups, and their accountability to affected populations.

- **Promote the common use of tools** that facilitate beneficiary information management and coordination of assistance to those most in need (e.g. SCOPE).

- **Scale-up assistance in hard-to-reach areas** through strengthened engagement local authorities and NGOs.

- **Ensure market analysis, harmonized transfer values and local coordination** guide partner's cash and market base responses.

- **Jointly analyse, plan and integrate Food Security responses** with Nutrition, WASH and Health Clusters, especially in areas with sustained high levels of acute food insecurity and malnutrition.

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- **Strengthen partnership** between UN and NGO resilience consortia to increase outreach and prevent vulnerable households from sliding to worst phases of food insecurity.

- **Link humanitarian, early recovery and development efforts** based on findings of the ongoing Drought Impact Needs Assessment.

**Response Modality**

The Food Security Cluster partners will employ diverse response options such as in-kind assistance, cash-based transfer and provision of basic services related to the livelihoods of the affected people, depending on severity and cause of acute food insecurity in a given area *(See the priority activities of the Food Security Cluster per response objective)*. The seasonal food security assessment, localized market assessment and monitoring inform the appropriate choice of modalities. However, cash-based transfer continues to be the preferred modality of response to food assistance as well livelihoods support of the cluster. The preponderance of such modalities has emanated out of its contribution to enhance local production, stimulate local market, and promote people-centric approach in humanitarian response.

*\*The Food Ssecurity Cluster has three targets: (i) Access to food and safety nets (3.2 million people in IPC Phases 3-4); (ii) Emergency livelihood support (3.4 million people in IPC Phases 2-4); and disaster resilience (1.5 million people in IPC Phase 2). These targets can be updated twice per year based on FSNAU seasonal food security assessment outcomes in March and September. The beneficiaries target by Food Ssecurity Cluster often receive "multiple support" and the three targets cannot be directly aggregated. The overall target of the Food Ssecurity Cluster arrived at 5.4 million based on Cluster targeting logic taking into account the multiple support.*

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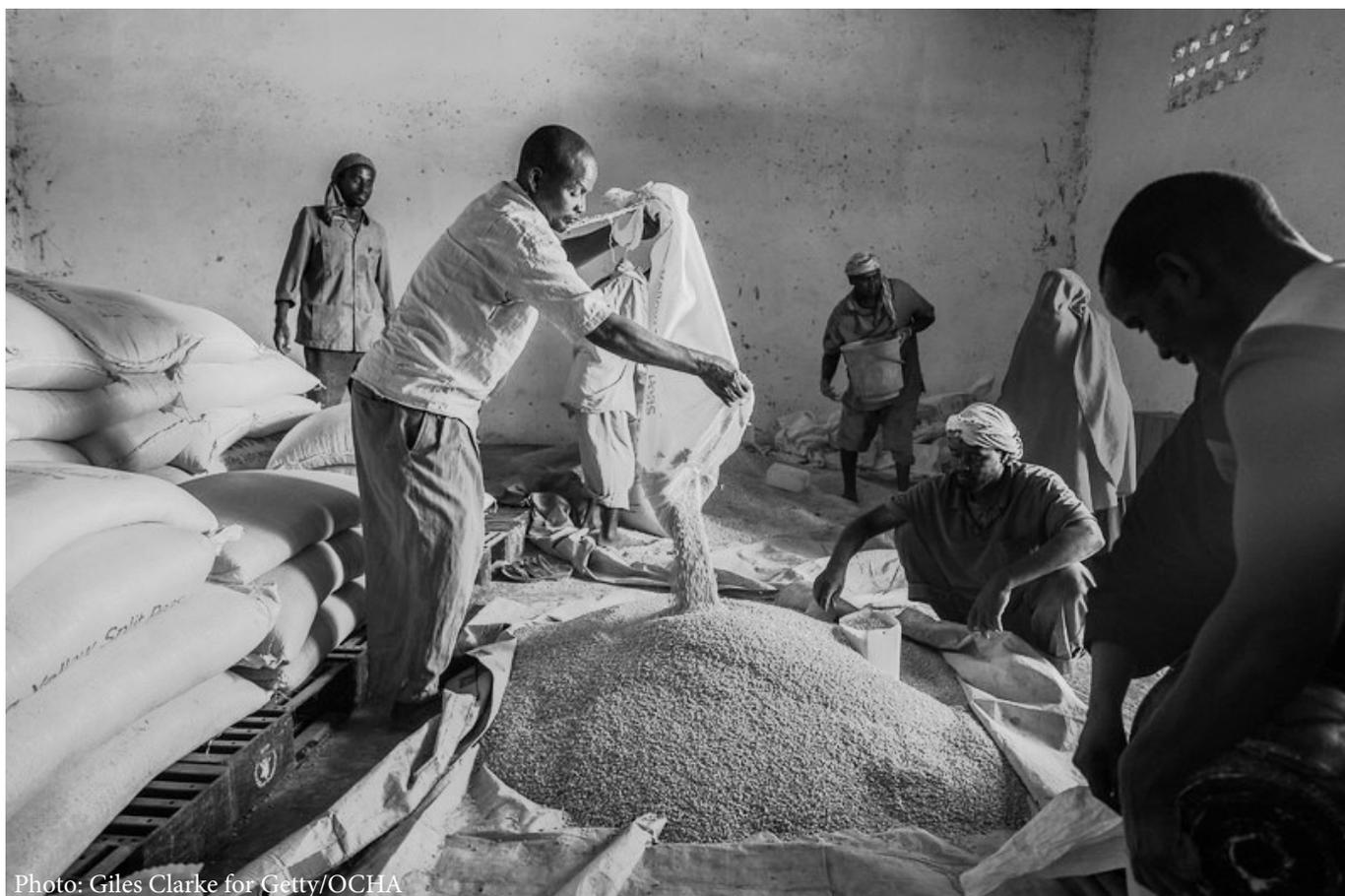


Photo: Giles Clarke for Getty/OCHA

**PEOPLE IN NEED**

5.5M

**PEOPLE TARGETED**

4.3M

**REQUIREMENTS (US$)**

124M

**# OF PARTNERS**

70

**HEALTH OBJECTIVE 1:**

1 Improve access to essential life-saving health services for crisis-affected and host populations aimed at reducing avoidable morbidity and mortality.
**RELATES TO SO1**

**HEALTH OBJECTIVE 2:**

2 Contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations.
**RELATES TO SO1**

**HEALTH OBJECTIVE 3:**

3 Strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated, and timely manner.
**RELATES TO SO3**

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# HEALTH

## Overview

Due to decades of conflict, insecurity and instability, Somalia's health system has collapsed, in particular in the central and southern parts of the country, and many health indicators continue to be extremely poor. In 2015, maternal mortality ratio was estimated at 732 per 100,000 live births, an improvement since 1990, when the figure was 1,210 per 100,000 live births, but still high compared to neighboring countries of Kenya (510) and Ethiopia (353). Under-5-mortality rate in Somalia was 133 per 1,000 live birth in 2016, compared to Kenya (49) and Ethiopia (58).[24] At 51 per cent, Somalia has one of the lowest Diphtheria-tetanus-pertussis (DTP3) coverage rates in the world.[25]

The prolonged drought and ongoing conflict have further deteriorated the humanitarian situation in 2017, and resulted in an increased epidemic outbreaks, including a major AWD/cholera outbreak with over 78,000 cases and a measles epidemic affecting all regions with a total of 19,000 cases reported as of October 2017. According to UNHCR-led Protection and Return Monitoring Network (PRMN) over one million people have been displaced in 2017, which has put pressure on health interventions. Access to basic health services continues to be insufficient and requires additional response. The health risks due to high levels of malnutrition, poor hygiene and sanitation remain, in addition to the continuing measles outbreak, and the possibility of a resurgence of AWD/cholera

## Response Strategy

The Health Cluster will continue scaling-up basic and life-saving, integrated health and nutrition services through two key response strategies in line with the HRP priorities: Supporting static non-functioning facilities and also reaching out to nomadic and hard-to-reach communities through integrated outreach health services. The cluster partners will ensure special focus is given to affected and vulnerable displaced people, including host communities and marginalized communities in the rural and urban areas, encompassing both drought- and conflict-affected people. Health, Nutrition and WASH Clusters continue to implement integrated response approaches to prevent and mitigate the impact of disease outbreaks, particularly measles and AWD/cholera. The cluster continues to work

closely with health authorities at the Federal and state level to ensure alignment of sector policies, plans and strategies, including recently finalized Health Sector Strategic Plan II (HSSP) 2017-2021.

The cluster will also continue prioritizing access to basic essential health services, including prepositioning of essential supplies and equipment, contribute to reduction of maternal and child morbidity and mortality and strengthen disease surveillance, ensuring early detection and timely response to disease alerts/outbreaks. It will as well support developing health authorities and partners' emergency preparedness and response capacities, including development of contingency plans.

To support implementation of the Centrality of Protection strategy within the health sector, the cluster and health partners identify existing and emerging barriers to accessing health services, taking into account age, gender and diversity factors. The health partners also aim to identify services gaps through direct engagement with IDPs and affected communities, and protect the rights of vulnerable and conflict-affected population, as well as host communities to access to essential quality life-saving health care services. The cluster partners will support mainstreaming HIV and GBV into cluster partner's response projects.

## Response Modality

Health Cluster partners will ensure provision of basic life-saving and integrated health and nutrition services to most vulnerable and affected communities in Somalia through supporting functioning and non-functioning facilities, establishing outreach and integrated mobile teams to IDP sites and hard-to-reach communities in rural areas. Health Cluster partners will similarly strengthen partners and health authorities' preparedness and response capacities to better enhance disease outbreak control, investigation and response interventions. Though continued support and strengthen capacity of state level and regional cluster coordination mechanisms, the Health Cluster secretariat will facilitate a regular and stronger coordination of partners' response to scale-up services delivery as well avoid potential overlaps and duplication.

## REQUIREMENTS (US$)

**$ 9.8M**

## # OF PARTNERS

**2**

### LOGISTICS OBJECTIVE 1:

**1** Provide logistics coordination and information management activities in support of the humanitarian community and the Government.
**RELATES TO SO1, SO2, SO3, SO4**

### LOGISTICS OBJECTIVE 2:

**2** Provide logistics capacity building for the humanitarian community and the Government to support enhanced future responses.
**RELATES TO SO1, SO2, SO3, SO4**

### LOGISTICS OBJECTIVE 3:

**3** Fill the identified logistics gaps through facilitating access to logistics services and the provision of crucial access flights by UN Humanitarian Air Service in the absence of other commercial options.
**RELATES TO SO1, SO2, SO3, SO4**

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# LOGISTICS

## Overview

The operating environment in Somalia remains one of the most hazardous in the world. A number of key operational areas remain only accessible by air. Regular and sustained access to the most affected areas represents a challenge due to conflict, insecurity and deteriorated infrastructure. Severe access constraints have a direct impact on the ability of the humanitarian community to efficiently and effectively deliver humanitarian relief to populations in need. The logistics capacity among national actors also remains limited, resulting in a lower ability to mitigate, prepare and respond to emergencies and shocks. Ground level transport has been increasingly hampered, leaving the humanitarian sector with limited options to deliver life-saving cargo by road to displaced people across the country. Air services are the only alternative to deliver relief to locations that cannot be accessed by road, conduct assessment missions and identify the needs in the affected regions. Access by sea is the most viable option to preposition high volumes of humanitarian supplies in the country, delivering to the few functional Somali ports.

## Response Strategy

The Logistics Cluster continues to respond to the ongoing humanitarian emergency and prepare for shocks by facilitating access to common logistics services on behalf of the humanitarian community, including storage and transport by road, air and sea to reach the people in need. Through logistics coordination and information management services, the cluster supports operational decision-making and improves the efficiency of the logistics response in Somalia. The cluster is increasingly focusing on engaging diverse stakeholders and works collaboratively towards tackling access constraints, defining long- and short-term solutions, including the rehabilitation of crucial infrastructure as airstrips, roads and ports. Sustained advocacy remains key for the resolution of issues that impact the logistics community in Somalia.

Understanding the importance of shifting knowledge to the national level, the Logistics Cluster will further facilitate capacity building activities for local partners, including the Ministry for Humanitarian Affairs and Disaster Management (MoHADM) and the National Disaster Management Agency.

Due to the lack of commercial operators and insecurity along roads, the air services provided by the UNHAS continues to constitute the only option to travel to most destinations within Somalia. The lack of a safe, secure and efficient commercial alternative, makes UNHAS one of few options to reach those locations safely and to ensure high standard of aviation security on the ground. The need for UNHAS to provide crucial air services for the entire humanitarian community will remain at the core of the logistics response.

## Response Modality

The cluster continues to provide strategic logistics coordination support to the humanitarian logistics community ensuring life-saving relief items are delivered effectively and efficiently. Access to common logistics services – sea and road transport, airlifts and storage – is provided by WFP, in its role as lead agency and provider of a last resort, on a cost recovery basis. In collaboration with UNHAS, two WFP cargo planes of 5.5MT capacity each are positioned in Mogadishu to facilitate the airlift of humanitarian supplies throughout the country. The WFP time-charter vessel will continue to provide sea transport services on a monthly basis from/to the ports of Mombasa, Djibouti, Mogadishu, Berbera, Bossaso and Kismayo, ensuring a more predictable and regular delivery to functional Somali ports.

Logistics coordination and information management services are provided in support of operational decision-making to improve the efficiency of the logistics response. These services include consolidation and dissemination of logistics data and maps, regular road access assessments, as well as guidance to organizations, updates on logistics gaps and bottlenecks and support to assessment missions.[26]

UNHAS continues to provide regular scheduled services and special flights for the humanitarian community to enable the implementation and monitoring of humanitarian projects. UNHAS will continue serving 12 regular destinations with the ability to expand to 13 ad hoc locations in response to specific requests. UNHAS uses a fleet of six passenger aircrafts with varied capacity and performance capability, strategically based in Mogadishu, Hargeisa and Nairobi, transporting approximately 24,000 humanitarian personnel each year.

## PEOPLE IN NEED

**1.4M**

## PEOPLE TARGETED

**1.2M**

## REQUIREMENTS (US$)

**254M**

## # OF PARTNERS

**70**

### NUTRITION OBJECTIVE 1:

**1** Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.
**RELATES TO SO1**

### NUTRITION OBJECTIVE 2:

**2** Improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases .
**RELATES TO SO1, SO4**

### NUTRITION OBJECTIVE 3:

**3** Strengthening robust evidence based system for Nutrition with capacity in decision-making to inform need based programming.
**RELATES TO SO2**

### NUTRITION OBJECTIVE 4:

**4** Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions.
**RELATES TO SO2**

**34**

# NUTRITION

## Overview

Somalia is among the top ten countries with the highest prevalence of malnutrition in the world[27], and the third highest in the eastern and southern Africa region, at 17.4 per cent Global Acute Malnutrition (GAM)[28] rate amongst children under five years, with 3.2 percent being severely malnourished. The FSNAU/FEWS NET 2017 Post-*Gu* assessment indicates that the risk of famine persist into 2018 due to a combination of severe food insecurity, high acute malnutrition and high burden of disease.[29] The projected number of children who are, or who will be acutely malnourished, has increased since the beginning of the year to 1.2 million[30], including over 231,829 (including IDPs) who have or will suffer life-threatening severe acute malnutrition (SAM) over the next one-year period from September 2017 to September 2018. Severely malnourished children are nine times more likely to die of killer diseases such as AWD/cholera and measles.[31] Predictably the drought impact combined with the ongoing conflict is a manifestation of the rising malnutrition outcomes.

## Response Strategy

The cluster will focus on basic life-saving activities and community resilience-building activities in priority crisis-affected geographical areas (all areas with high levels of GAM/SAM, including IDP settlements), and preventive nutrition programmes across the country. These include focusing on nutrition-specific and nutrition-sensitive actions in an integrated manner. In 2018, the cluster will build upon the current success and achievements as well as support the Government and other implementing partners. The cluster aims to enhance equitable access to and utilization of quality, high impact mother and child nutrition interventions that will result in reduction of acute malnutrition and contribute to lowering of child mortality and morbidity with the aim to achieve the Sustainable Development Goals (SDGs).

A combination of strategies and approaches including multi-sectoral, nutrition-sensitive and nutrition-specific service delivery through mobile and static services will ensure equal access to basic nutrition services across the country. A greater focus will be placed on promotion of multi-sectoral approach to emergency nutrition and building the resilience of mothers, caregivers and their communities to promote the preventive behaviors and diversified mix of nutrition-sensitive and nutrition-specific actions. The cluster will also work towards developing the capacity of the Somali authorities, local and international actors to steadily lead and manage different components of the emergency nutrition response plan. The multi-sectoral, integrated approach is at the core of the strategy. It is crucial to ensure the involvement of multiple sectors in addressing malnutrition as the causes are complex and interconnected. Therefore, sustainable solutions require coordination and integration with Health, WASH and Food Security Clusters as well as agriculture and social protection partners among others.

## Response Modality

The Nutrition Cluster response modality is mainly in-kind provision of therapeutic products and supplies while there will also be provision of services around preventive and promotive actions focusing on transfer of knowledge and skills to affected people. This is aimed at building resilience at the community level. Moreover, the cluster will consider provision of cash either by nutrition actors and/or others as one of nutrition-sensitive programming to contribute towards reducing malnutrition when coupled with other services like WASH, Health and Food security alongside cash expenditure monitoring at the household level.

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# PROTECTION

## PEOPLE IN NEED

**3.6M**

## PEOPLE TARGETED

**1.8M**

## REQUIREMENTS (US$)

**98M**

## # OF PARTNERS

**67**

### PROTECTION OBJECTIVE 1:

**1** Enable and strengthen protection of affected populations through protection monitoring, analysis, reporting, coordination, and advocacy.

**RELATES TO SO1, SO3 , SO4**

### PROTECTION OBJECTIVE 2:

**2** Mitigate the risk of and address acute protection needs stemming from violence, coercion, and abuse.
**RELATES TO SO1, SO3**

### PROTECTION OBJECTIVE 3:

**3** Uphold the rights, dignity, and well-being of individuals affected by protection violations, prevent further abuse, and strengthen resilience.
**RELATES TO SO1, SO3 , SO4**

### PROTECTION OBJECTIVE 4:

**4** Create a protection conducive environment.

**RELATES TO SO3, SO4**

## Overview

The armed conflict, drought, and internal displacement have led to a highly complex crisis of protection in Somalia. Protection violations are both a root cause of the crisis and a grave consequence, resulting in a myriad of acute and evolving protection concerns affecting the vulnerable communities. Of particular concern is the situation of conflict-affected populations, including those in hard-to-reach areas and displaced and marginalized populations who face an elevated risk of protection violations. These include pervasive GBV, child rights violations including child recruitment and early marriage, and forced evictions. Of further concern are returning refugees and mixed migration dynamics which expose individuals to various and distinct protection concerns.

The Protection Cluster including its areas of responsibilities (Child Protection in Emergencies; Gender-Based Violence; Housing, Land and Property; and Explosive Hazards) aims to contribute towards upholding and protection of basic rights of affected women, girls, boys, and men throughout Somalia. This will include physical integrity and mental well-being, as well as dignity and self-protection capacity. The cluster partners will work towards preventing, mitigating, and responding to protection risks and violations through life-saving and dignity upholding interventions and service provision. The partners will directly engage with communities and civil society on basic rights and protection responses and collaborate with all humanitarian actors. This will be done through integrated response modalities and strengthened referrals, systematically identifying and analyzing protection risks and rights violations, and advocating towards relevant actors on obligations under International Humanitarian Law (IHL) and International Human Rights Law (IHRL) to ensure rights are upheld.

## Response Strategy

Taking into account the increased and acute protection and humanitarian needs, in addition to the pre-existing grave protection situation of protracted displaced and conflict-affected populations, the cluster aims to adopt overarching priority approaches stemming from the four interlinked cluster objectives and guiding cluster and cluster members' activities:

- Ensure protection considerations guide humanitarian action and contribute to addressing the priority focus areas of the HCT Centrality of Protection (CoP) Strategy. Collaboration by all humanitarian actors aims to overcome challenges to the protection of the civilian population, particularly in relation to navigating complex power dynamics (notably the gatekeeper system) and inter-communal tensions in order to ensure access to services for marginalized communities, as well as the most vulnerable individuals.

- Increase strategic and operational integration aiming to address multiple vulnerabilities and humanitarian needs in an efficient manner and to maximize the achievement of protection outcomes, for example through mitigating the risk of and enabling responses to GBV by collaboration with the CCCM and Health Clusters and through expansion of referral networks.

- Identify and adopt programmatic and coordination approaches that bridge the humanitarian-development nexus, specifically in relation to catalyzing and enabling context-specific durable solutions for all displaced populations.

- Consistently incorporate gender, age and diversity considerations, increase the number of female staff, and strengthen sex, age, and diversity data collection.

- Aim to provide protection-informed analyses, reinforcing a principled humanitarian response. To this end, across the cluster, further incorporation and development of innovative information management approaches is promoted.

- Continue constructive engagement with authorities and military actors in relation to civil-military cooperation and the promotion of adherence to International Humanitarian Law and respect for humanitarian principles.

- Adopt flexible outreach modalities for protection service provision and community engagement with a view to expanding coverage beyond the catchment area of static service providers, including to reach affected communities in places of origin.

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- Increase and expand engagement with community-based mechanisms and civil society, including within hard-to-reach areas and through integrated programming approaches, and promote volunteerism to enhance resilience and sustainability of community-based interventions.

- Continuous communication and engagement with affected communities to ensure effective participation, feedback, and accountability in humanitarian responses.

**Enable and strengthen protection of affected populations through protection monitoring, analysis, reporting, coordination, and advocacy:** Enable prioritized, contextually appropriate, and evidence-based interventions through identification of and reporting on protection violations and displacement trends. Duty-bearers and stakeholders will be targeted with advocacy for strengthened adherence to IHL and IHRL, including on conduct in the conflict, facilitation of durable solutions, freedom of movement, prevention of GBV, and child rights. Identification and principled referrals of individuals and families in need of protection will remain a priority, ensuring identified survivors of violations and persons with specific needs receive appropriate assistance and services.

**Mitigate the risk of and address acute protection needs stemming from violence, coercion, and abuse:** Provide immediate protection specific responses to violations through service delivery and material assistance, saving lives, alleviating the worst effects, or preventing their occurrence, inter alia by means of GBV survivor-centered multi-sectoral support (psychosocial, medical, legal, and physical security) and case management; provision of dignity kits upholding dignity and well-being for affected women and girls; family reunification; case management, including psychosocial support, prevention, and reintegration, for survivors of child-rights violations and human trafficking; legal assistance, counselling, and dispute resolution on housing, land, and property issues, preventing conflicts and mitigating risks of forced evictions; and demarcation and clearance of explosive hazards, reducing the risk of killing and maiming of civilians.

**Uphold the rights, dignity, and well-being of individuals affected by protection violations, prevent further abuse, and strengthen resilience:** Provide forward looking support to individuals affected by violations to support a holistic recovery through restoring dignity, strengthening resilience, and prevention of further violations, inter alia case management for GBV survivors, including social-economic reintegration support, access to justice, and empowerment; reintegration support for children released from armed groups; community-based psychosocial support including through child friendly spaces; legal assistance, mediation, and counselling on civil documentation and property rights; and victim assistance for individuals maimed by explosive hazards. Cash-based support will target individuals and families with specific needs or heightened vulnerability, complemented by longer-term interventions addressing underlying vulnerabilities, including livelihood trainings. At community level peaceful-coexistence activities will be implemented aiming to establish positive inter-community relations and to further durable solution processes.

**Create a protection conducive environment:** Engage communities and build capacity to strengthen respect for basic rights and prevent violations, especially GBV and child-rights violations, as well as to enhance effectiveness of and access to services through reduction of stigma. Accountability mechanisms, blending both formal and informal community structures as well as broader humanitarian initiatives, assist affected individuals in claiming their rights, for example vis-à-vis gatekeepers or humanitarian actors. Mine Risk Education mitigates the risk of explosive hazards. Engagement with duty bearers, community leaders, and humanitarian staff strengthens skills and knowledge, and furthers the adoption of principled and inclusive policies and processes (i.e. humanitarian principles and protection, titling of land and security of tenure, durable solutions for IDPs, etc.).

## Response Modality

Cluster members assist affected individuals through direct service provision, while community-based protection approaches, capacity building, and public and bilateral advocacy, promote a more rights-based environment. Cash and in-kind assistance is used to achieve protection outcomes such as reductions in risk and/or vulnerability.

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## PEOPLE IN NEED

**1.5M**

## PEOPLE TARGETED

**1.3M**

## REQUIREMENTS (US$)

**70M**

## # OF PARTNERS

**24**

## SHELTER OBJECTIVE 1:

**1** Contribute to the protection of newly displaced people, IDP / refugee returns and those affected by natural hazards.
**RELATES TO SO1, SO3**

## SHELTER OBJECTIVE 2:

**2** Improve the living conditions of internally displaced persons (IDPs living under protracted situations.
**RELATES TO SO3**

## SHELTER OBJECTIVE 3:

**3** Contribute to durable solutions for IDPs that have opportunities to locally integrate and IDPs/ Refugees returning to their places of origin.
**RELATES TO SO1, SO3**

# SHELTER

## Overview

Due to increasing needs arising from the unprecedented displacement in 2017, the Shelter/ Non-Food Item (NFI) Cluster will mainly continue focusing on providing life-saving and life-sustaining assistance to IDPs living in settlements, as well as refugee returnees, locally integrated IDPs and vulnerable host communities. Most of the IDPs are hosted in urban and peri-urban areas mainly around Mogadishu, Baidoa, Kismayo and Gaalkacyo. Throughout 2017, the cluster focused on providing basic NFIs and emergency shelters to the over one million IDPs that were newly displaced by the drought, conflict or forced evictions.[32]

Due to the deterioration of the humanitarian situation in 2017, an estimated 1.1 million protracted IDPs received significantly less assistance than previously, despite continuing vulnerabilities. In 2018, the cluster will target those who were internally displaced in 2017 but did not receive any assistance, as well as IDPs in protracted displacement. The cluster acknowledges that a majority of IDPs displaced by the drought, may not be able to return to their place of origin, even if they wish to do so, before the 2018 *Gu* rains that are forecasted to perform below average.

## Response Strategy

The cluster will provide basic household emergency shelters and NFIs to those displaced in 2017 and 2018. Replenishments will also be made available for IDPs in protracted displacement, following needs assessments. The shelter kits will include tools for erections and will vary in content depending on the needs of the population being assisted. Depending of the availability of resources and capacity, partners will prioritize the most vulnerable groups such as single-headed households, households with breastfeeding mothers, children under five years, the sick and elderly. Targeting of settlements and selection of beneficiaries will especially look out for marginalized and discriminated communities to ensure that they are not excluded.

IDPs in protracted situations will be provided support to improve their living conditions, through provision of transitional shelter solutions and settlement (re-)planning, especially those that suffer from overcrowding and which are at risk of fire and disease

outbreaks. The Shelter Cluster will work closely with the CCCM Cluster and other clusters to improve settlement management and service delivery. The transitional shelter solutions offered are dependent on a reasonable, medium-term security of tenure.

Returnees and locally integrating IDPs who opt to integrate locally, will be provided with material, financial and technical support towards realizing durable solutions. This will include support for permanent shelter, complete with long-term land tenure agreements.

Owner-driven approaches to shelter implementation will be preferred to third-party implementation. Under this arrangement, beneficiaries will be provided with financial (and or material) and technical support to enable them to erect their shelters. Beneficiaries will be responsible for purchasing, or claiming of materials (in case of vouchers) and supervision of the shelter erection process, with technical support from partner's technical personnel. Additional care and support will be availed to households that lack the capacity to oversee their shelter constructions. Partners will further mobilize communities to provide that additional support, with care taken to ensure that they are not exploited by such arrangements.

To the extent possible, shelter interventions will promote the use of locally harvested materials and skills, provided they do not have adverse effects on the local environment. Local suppliers and materials will be prioritized to support local markets and reduce the cost of importing materials. Thus, the cluster intends to continue with earlier initiatives that looked at local building culture, 'building back safer' and the capacity building of shelter technical personnel. Clear and specific linkages will be made to collective outcomes of the RRF.

With evictions and HLP (Housing, Land and Property) concerns continuing to be major impediments to shelter provision, the cluster will work closely with the Protection Cluster on building the HLP capacities of shelter actors, who have to deal with HLP issues first hand. This will further target settlement managers, and individual households' capacity to negotiate appropriate land use/ rental agreements. Partners will work more closely with the local authorities to simplify and legitimize any tenure agreements reached between beneficiaries and land owners.

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The cluster acknowledges that there cannot be meaningful protection of IDPs if those who host them are left out of the assistance and services provided. Thus, vulnerable members of the host communities will also be targeted. All communal facilities and infrastructure provided will target both the displaced and their hosts, and will be expected to outlast the displacement period, hence links to municipal/local government services and governance.

### Response Modality

The cluster aims to combine approaches in its efforts to deliver assistance to the targeted population, including both in-kind and market-based assistance. For each location and group, the modality used will be determined through market assessments and analyses. In 2018, shelter partners will strive to increase the ratio of market-based assistance and deliver more than half of all shelter assistance and NFIs through conditional and unconditional cash and vouchers. The use of local markets is further intended to diversify and strengthen local resources exploitation and livelihoods. Where in-kind assistance is preferred, the cluster will advocate for a complementary cash assistance of approximately 10 per cent of the total value of the assistance, to allow beneficiaries access items/components that may be missing, or needed in addition to that provided.

Photo: M. Knowles-Coursin/ UNICEF

# WATER, SANITATION AND HYGIENE

**PEOPLE IN NEED**

4.3M

**PEOPLE TARGETED**

3.8M

**REQUIREMENTS (US$)**

129.6M

**# OF PARTNERS**

78

**WASH OBJECTIVE 1:**

1 Emergency WASH response preparedness at community, district, regional and national. levels.
**RELATES TO SO1, SO4**

**WASH OBJECTIVE 2:**

2 Provide access to safe water, sanitation and hygiene for people in emergency.
**RELATES TO SO1, SO2, SO3, SO4**

**WASH OBJECTIVE 3:**

3 Provide reliable and sustained access to sufficient safe water- based on identified strategic water points and establishment of sustainable management structures.
**RELATES TO SO1, SO2, SO3, SO4**

**WASH OBJECTIVE 4:**

4 Provide reliable and sustainable access to environmental sanitation.
**RELATES TO SO1, SO2, SO3, SO4**

## Overview

The rainfall performance across the country shows a big deficit compared to the long-term records. It would require a good rainy season to meet the water demand and for groundwater recharge. Drought conditions are still apparent in most areas. A combination of poor access to safe drinking water, lack of adequate sanitation facilities especially in IDP settlements and poor hygienic practices, contribute to risk that Somali population faces. Open defecation rates in Somalia stands at 60 per cent in rural areas and at 39 per cent national level. Handwashing practices with soap are very low, with only ten per cent of the population having access to a handwashing facilities with soap. Handwashing behavior is focused on religious rituals rather than on effective hygiene to reduce disease transmission. This environment places many at risk of WASH-related diseases such as AWD/cholera and polio. The prevalence of diarrhea among children under five years stands at 24 per cent. Over 78,000 AWD/cholera cases and 1,159 deaths have been recorded in 2017. The interruption or degradation of WASH services, health and nutritional status, decades of multi-layer conflict as well as the safety and dignity of in particularly girls, boys and women.

## Response Strategy

The strategy focuses on reducing the risks of water-related morbidity and mortality, and malnutrition amongst targeted children and families as well as increasing their resilience and access to other services such as education and protection. With continuing drought, conflict, displacement and AWD/cholera risks and flooding exacerbated with poor access to water and sanitation, the WASH Cluster continues to focus its activities on the most vulnerable populations including in hard-to-reach areas; IDPs, people at risk of AWD/cholera, acutely malnourished children and people living in drought-affected areas. Building on the experience of the integrated AWD/cholera response plan, coherent approach and synergies among sectors, the interventions of WASH Cluster partners will continue to be implemented in close coordination with other clusters to respond to life-threatening emergencies. This will require a robust inter-sectoral/cluster coordination platform at federal, state and regional levels while ensuring the role and ownership by the Government is clearly defined.

## Response Modality

Somalia faces limited coverage of water and sanitation facilities and a low knowledge of hygiene. Operation and maintenance of WASH facilities is also low. The WASH Cluster proposes a multi-layered WASH response and considers some of the latest innovations in the WASH industry including; the use of cash and vouchers to meet critical WASH needs, engaging and strengthening community WASH management structures and disaster risk reduction approaches to build resilience in affected communities. Disaster risk reduction, environment, age/gender and protection and GBV issues will be mainstreamed throughout the project cycle. Overall, the interventions proposed are flexible to adapt to the changing situation in Somalia and are designed to sustainably address the most immediate concerns.

Key response activities include but not limited to;

- **WASH baseline assessment and water source mapping.** Initial assessment of the needs of the various communities focusing on gender-based analysis of needs to determine specific requirements for WASH facilities. The existing water points shall be mapped to better prioritize rehabilitation and reconstruction. A key measure will be ensuring equitable distribution of water sources and other resources to reduce tension and conflicts.

- **Water source development and improvement.** Increasing timely and equitable access to safe water, to vulnerable populations living in IDPs and rural areas of Somalia. WASH partners shall also rehabilitate/construct and maintain WASH infrastructure at institutions (health centers, Cholera Treatment Centers, schools, temporary learning spaces, Child friendly Schools) and make sure hygiene messages are coordinated with other clusters for the establishment of community-based operation and maintenance structures.

- **Sanitation and hygiene promotion.** Facilitating behavior change in acutely vulnerable communities for sanitation and hygiene practice through improved access to and use of sanitation facilities and targeted hygiene promotion focusing on women and children. This will be done by restocking regional supply hubs,

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targeted distribution of hygiene kits and training around WASH Information, Education and Communication (IEC) materials, community awareness on health and hygiene, solid waste and health post waste management for schools and health facilities.

- **Capacity building and Coordination.** Strengthen the capacity of WASH cluster partners to improve knowledge and ability for rapid response, building the capacities of Water User Committees (gender-sensitive WUCs) to manage not only rehabilitation works, but also sustainable operation and maintenance of these rehabilitated systems in the longer term. Strengthening Government-led WASH cluster coordination at national and sub-national levels to progressively undertake coordination lead.

- **Disaster Risk Reduction and vulnerability mapping**. This will be mainstreamed by achieving maximum risk reduction activities/strategies across the programme. Training to state, municipals and local authority office, Community-Based Organizations and WMCs on Disaster Risk Reduction and these community structures to prepare Emergency Preparedness Plans. WASH facilities will be designed and constructed while considering existing risk and vulnerabilities. This will support the long-term objective of ensuring safe and sustainable recovery for these disaster-affected communities

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Photo: M. Knowles-Coursin/ UNICEF

**106M**

This includes 53M
for Refugee Response
(p.43)

**3**

# MULTI-SECTORIAL ASSISTANCE
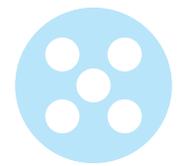
## Overview

A key priority in the humanitarian response in 2017 has been to better integrate multi-sectoral response, to ensure that service delivery is designed to be people-centred and addresses more effectively potential protection risks. A malnourished child is, for example, benefitting more from prevention, care and treatment interventions, where these services are delivered in combination with access to safe water/sanitation and health services, including maternal and child health and reproductive services, and continued access and availability to quality food.[33] As part of famine prevention efforts in Somalia in 2017, better integration has been sought through various complementary approaches, including scale-up of multipurpose cash programming, deployment of Integrated Emergency Response Teams (IERTs) to respond to the AWD/Cholera outbreak, establishment of Drought Operations Coordination Centres (DOCCs), and more nutrition-sensitive multi-sectoral programming. Three rounds of SHF allocations have also prioritized greater integration across clusters and catalyzed further integration across the system.

## Integrated Emergency Response Teams

In April 2017, the Health, Nutrition and WASH Clusters established Integrated Emergency Response Teams (IERTs) to contain AWD/Cholera outbreak which was spreading across Somalia. The IERTs consist of health professionals, including doctors, nurses, midwives and community health workers who were trained and equipped with health materials, to be deployed to rural and hard-to-reach areas. A total of 57 teams were deployed to nine regions: Bay, Bakool and Lower Shabelle in South West State, Gedo in Jubaland, Mudug and Galgadud in Galmuduug State, Togdheer in Somaliland as well as Sool and Banadir regions.

The objective was to ensure access to integrated, life-saving health, nutrition and WASH services to affected communities, and availability of health resources, including essential medicines and supplies, at remote areas. The IERTs aimed to reduce morbidity and mortality rates as well as exposure to protection concerns hence women and children previously used to travel long distances on a weekly basis to receive treatment.

The establishment of IERTs in April 2017 and deployment across nine regions has been crucial for the success of the response. In 2017, over 78,000 cases of AWD/cholera have been reported in Somalia, including 1,159 deaths. Approximately 59 per cent of these cases have been recorded with children below five years of age. In 2016, a total of 15,621 AWD/cholera cases including 531 deaths cases were reported. In the beginning of June, the AWD/cholera outbreak reached its peak and the Case Fatality Rate (CFR) was highest in February 2017, at 4.7 per cent, significantly beyond the one per cent emergency threshold. Health partners have distributed over 167 tons of medical supplies to all affected regions to manage the AWD/cholera cases and have been able to largely curb the outbreak with no AWD/cholera related deaths reported since August.

## Drought Operations Coordination Centres

In early 2017, the HCT decided to establish three Drought Operations Coordination Centres (DOCCs) across Somalia. The national level DOCC was set up in Mogadishu in February, and two DOCCs were operationalized at the regional level, in Baidoa, South West State and Garowe, Puntland in March. The DOCCs were set up to strengthen coordination, serve as hubs for efficient information sharing between different actors and to improve integrated, multi-sectoral response across cluster. This has been crucial particularly for the AWD/cholera response as well as for efforts to reduce malnutrition. The DOCCs have also streamlined mission planning, for example by using joint enablers such as logistics and security arrangements. The function of DOCCs has also been to establish a strong link and collaboration with the Federal Ministry of Humanitarian Affairs and Disaster Management, and respective State Administrations for better coordination on needs assessments, response planning and communications.

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### Integrated approach on nutrition-sensitive programming

In 2018, humanitarians aim to go beyond nutrition-specific to nutrition-sensitive interventions, recognizing the capacity and resource limitations and emphasizing learning and gradual scale-up. Integration of nutrition-sensitive programmes requires an inclusions of the food security component (access, availability, utilization and stability), child-care and social practices, and access to health services, sanitation and safe water and the enabling environment. In Somalia, the focus on limited nutrition-sensitive actions is on the critical geographical areas with high GAM rates, including IDP settlements. The nutrition-sensitive programming aims to demonstrate and document that nutrition-sensitive actions coupled with nutrition specific actions will help to sustainably reduce acute malnutrition. That approach is therefore worth investing and strengthening. Both nutrition-sensitive and nutrition-specific actions target the same affected population as much as possible to the household level. The provision of alternative macro and micro nutrient source food options (macro limited to protein and micro to vitamins), with in emergency timeframe of less than one year will also be prioritized. To alleviate the vulnerability and persistent high GAM rates, potential linkages between household food security, nutritional status and dietary intake among vulnerable household members are key.[34]

### Multipurpose Cash

Multipurpose Cash Assistance (MPCA) in Somalia is designed to cover multiple basic needs. As such, MPCA is a useful tool for multi-sectoral assistance, providing support which can be used to meet the priority needs of recipients. MPCA furthermore offers an opportunity for integration of assistance through multi-wallet approaches, where several agencies can contribute towards different parts of a package of needs, delivered as a cash transfer. The multi-sectoral approach is pertinent in the Somali context where needs are often multi-facetted and simultaneous.

In 2018, humanitarian partners will continue to identify opportunities to meet multiple needs through MPCA. MPCA will be provided using a range of delivery mechanisms, including electronic payment cards, mobile money transfers and cash in hand. Alongside the implementation of MPCA, humanitarian partners will with the assistance of the CWG and the ICCG continue to:

- Conduct market assessment, analysis and monitoring, maintain a clear understanding of service provision, market availability and market access including for vulnerable groups, both pre-, during and post-intervention, and identify financial service providers and cash transfer options.

- Ensure that MPCA is well coordinated with in-kind and sectoral cash assistance, and that the right modality or combination of modalities are being used to meet needs.

- Undertake and share outcome monitoring with partners and clusters to continuously examine uses and impacts of the MPCA and to the extent possible through harmonized indicators; ensure that MPCA is having a positive impact on sectoral indicators such as livelihoods, food security, nutrition, health and WASH indicators and reduction of negative coping strategies; as well as ensure feedback from beneficiaries support continuous improvement of programmes

- Ensure that assistance is carefully targeted, reaching the most vulnerable members of affected communities.

The CWG and ICCG will support cash partners by undertaking effective mapping, analysis and coordination to ensure MPCA reaches those in greatest need, is flexible in responding to changing needs, and is complementary to in-kind and sectoral cash assistance.

The MPCA provides an entry point to identify options for linking the unconditional cash transfers provided by humanitarian partners with longer-term resilience and development assistance. The CWG will support cash partners to build links with longer term development and resilience programming and to support these partners in initial thinking about building predictable social protection safety net in Somalia. Opportunities to harmonize beneficiary registration and management systems, and to build economies of scale in cash delivery where these contribute to better outcomes for beneficiaries, will be explored rigorously and regularly, inviting in development and social protection actors to consider transitions and linkages with longer-term work.

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# REFUGEE RESPONSE PLAN

**PEOPLE IN NEED**

135.8K

**PEOPLE TARGETED**

135.8K

**REQUIREMENTS (US$)**

52.9M

**# OF PARTNERS**

18

**REFUGEE RESPONSE OBJECTIVE 1:**

1 Favorable protection environment and durable solutions.

**RELATES TO SO1, SO2**

**REFUGEE RESPONSE OBJECTIVE 2:**

2 Fair protection processes and documentation.

**RELATES TO SO1, SO3**

**REFUGEE RESPONSE OBJECTIVE 3:**

3 Security from violence and exploitation.

**RELATES TO SO1, SO2**

**REFUGEE RESPONSE OBJECTIVE 4:**

4 Basic needs and essential services.

**RELATES TO SO1, SO2**

**REFUGEE RESPONSE OBJECTIVE 5:**

5 Community empowerment and self-relience.

**RELATES TO SO1, SO2**

## Overview

The protection environment in Somalia is expected to remain fragile in 2018, creating challenges for persons seeking international protection in the country. The response strategy is geared towards providing life-saving and dignity-enhancing assistance to over 13,000 refugees and 14,000 asylum seekers, mostly originating from neighbouring states such as Ethiopia and Yemen. The absence of a comprehensive and up-to-date federal legal and policy framework for refugee protection increases their vulnerability considerably. The context requires a collaborative effort to support the federal authorities in ensuring that the protection and assistance needs of refugees and asylum seekers are met, while working to create a more conducive protection environment.

Nearly one million Somali refugees remain in the countries of asylum especially in Kenya, Yemen and Djibouti. For those who have made the informed decision to voluntarily return to Somalia, assistance is provided to ensure that their return is in safety and dignity. UNHCR will continue to manage eight waystations/reception centers in Somalia. These facilities act as the point of entry for the returnee population to their country of origin, where access to basic services is supported.

## Response Strategy

Core activities of the protection-focused refugee response within Somalia will be: (a) Multi-sectoral, rights-based, life-saving protection assistance including legal interventions to address legal and physical protection risks; (b) Improved registration, identity, and civil status documentation, and targeted Refugee Status Determination (RSD); (c) Promotion of access and integration within systems available to nationals for basic services such as health and education; (d) Enhancing self-reliance through livelihoods, Vocational Skills Training (VST), and other programmes to improve the lives of refugees and asylum seeker families at home and in the community, and (e) Support the development of updated refugee protection legislation, policy and procedures and the capacity-building of federal, state and regional institutions. Multi-purpose cash will be used as much as it is appropriate and feasible.

The Refugee Response Plan is applying a community-centred and rights-based approach, which aims to maximise the protection impact of planned activities. For instance, in addressing sexual and gender-based violence, community-based outreach mechanisms will be applied while strengthening referral pathways to existing response and support systems where refugees and asylum seekers live. While providing direct support, the approaches to protecting and assisting refugees and asylum seekers in Somalia also aim to create improved mutual understanding, trust and confidence between refugees and asylum seekers and their host communities. Partnerships with the relevant authorities will be strengthened to enhance sustainability of all interventions with a focus on promotion of a favourable protection environment at regional and federal levels. A stronger focus on access to justice and legal assistance will be pursued in 2018. Particular attention will be paid to persons with specific needs throughout the response. In line with the Comprehensive Refugee Response Framework (CRRF), UNHCR will work in close collaboration with inter-agency partners to promote durable solutions for the Somali refugee situation under the leadership of the Government of Somalia.

A combination of lack of livelihood opportunities and recurrent droughts have increased the vulnerability of refugees and asylum seekers as well as their host communities. This requires partners in the refugee response to continue life-saving, multi-sectoral assistance projects targeting the most vulnerable, especially addressing food security, health, education, and shelter needs. In addition, skills training and other livelihood initiatives will be implemented to minimize dependency on humanitarian aid, enhance self-reliance, and provide linkages with opportunities arising from the National Development Plan (NDP). To ensure that the basic protection needs of the returnees are met upon arrival, UNHCR will continue to manage the reception facilities, where country of origin information, mine risk education, counselling, health screening, accommodation for vulnerable persons, and available means of transportation to areas of final destination is provided.

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CONTACT

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### Response modality

Markets in Somalia play a central role in the economy and are crucial to both food and livelihood security. Markets and trade in general, particularly in urban areas, have proven to be dynamic and resilient since the collapse of the Somali State in the early 1990s, and are a major factor for access to goods and services. In rural areas, pastoralists, agro-pastoralists and agriculturalists all depend on markets to varying degrees for access to income and food. Since 1998, FSNAU in partnership with FEWS NET put in place a market price monitoring system to collect and analyze weekly price data on commodities and prices are reported to have remained relatively stable over the past decade. Based on localized market mapping analysis, UNHCR will continue to use cash as the modality of choice, when it can enhance the rights and dignity of refugees and asylum seekers targeted by UNHCR interventions. Response modalities of refugee assistance will also be delivered through in-kind support and improvements to the protection environment through capacity-building activities with the Government, local actors and partners.

Photo: M. Knowles-Coursin/ UNICEF

# GUIDE TO GIVING

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to channel funding towards famine prevention response in Somalia.

## SOMALIA HUMANITARIAN FUND (SHF)

The Somalia Humanitarian Fund (SHF) – a country-based pooled fund (CBPF) – enables humanitarian partners to deliver timely, flexible and effective life-saving assistance to people who need it most. It allows Governments and private donors to pool their contributions to support specific emergencies. The SHF is inclusive and promotes partnership. Donors that prefer the humanitarian coordination system on the ground to channel their funds to the best-positioned operational agencies as the famine prevention response unfolds can use the SHF. www.unocha.org/somalia/shf. SHF channels funds directly to UN agencies, national and international NGOs and Red Cross/Red Crescent organizations.

Please click https://gms.unocha.org/content/cbpf-contributions to see contributions to and funding from the OCHA-managed pooled funds.

### TO CONTRIBUTE

Individuals, corporations and foundations who would like to contribute to famine prevention in Somalia can click here http://bit.ly/2oXKj12 to contribute directly to SHF.

For general information about SHF, please contact:

Justin Brady, bradyj@un.org
Matija Kovač, kovacm@un.org
and SHFSomalia@un.org

Member States, observers and other authorities that wish to contribute to SHF can also contact:
Justin Brady, bradyj@un.org
Matija Kovač, kovacm@un.org

## HUMANITARIAN RESPONSE PLAN

Humanitarian response plans (HRPs) is developed on the ground, based on solid analysis of response contexts and engagement with national and international humanitarian partners, enhanced links to recovery and development frameworks and, where possible, multi-year plans.

The HRP for Somalia is designed based on a broad spectrum of assessed humanitarian needs. The full plan, and contact details of the operational agencies that need funds, are available here: https://www.humanitarianresponse.info/en/operations/somalia/document/somalia-humanitarian-response-plan-2018

## CENTRAL EMERGENCY RESPONSE FUND

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. During the World Humanitarian Summit, the Secretary-General called for total annual CERF contributions of one billion dollars as of 2018. CERF provides immediate funding for life-saving 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.
In 2017 CERF allocated $33 million for response in Somalia. To ensure the Fund is able to support Somalia famine prevention efforts and respond to other emergencies in 2018, donors are encouraged to make their contribution to the CERF as early as possible.

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

Reporting contributions through FTS enhances transparency and accountability, and recognizes generous contributions. It also helps identify crucial funding gaps. Please report contributions to fts@un.org or by completing the online form at fts.unocha.org. Thank you.

# PART III: ANNEXES

# ACRONYMS

| | |
|---|---|
| AAP | Accountability to Affected Populations |
| AWD | Acute Watery Diarrhea |
| AMISOM | African Union Mission in Somalia |
| CAAC | Children and Armed Conflict |
| CCCM | Camp Coordination Camp Management |
| CFR | Case Fatality Rate |
| CwC | Communication with Communities |
| CWG | Cash Working Group |
| DINA | Drought Impact Needs Assessment |
| DOCC | Drought Operations Coordination Centre |
| ERP | Emergency Response Preparedness |
| FAO | Food and Agriculture Organization |
| FEWSNET | Famine Early Warning Systems Network |
| FGS | Federal Government of Somalia |
| FSNAU | Food Security and Nutrition Analysis Unit |
| GAM | Global Acute Malnutrition |
| GBV | Gender-Based Violence |
| GBVIMS | Gender-Based Violence Management System |
| HCT | Humanitarian Country Team |
| HLP | Housing Land and Property |
| HRP | Humanitarian Response Plan |
| HNO | Humanitarian Needs Overview |
| ICCG | Inter-Cluster Coordination Group |
| IASC | Inter-Agency Standing Committee |
| IDP | Internally Displaced Person |
| IEC | Information, Education and Communication |
| IED | Improvised Explosive Devices |
| IERT | Integrated Emergency Response Team |
| IHL | International Humanitarian Law |
| IHRL | International Human Rights Law |
| INSO | International NGO Safety Organization |
| IPC | Integrated Food Security Phase Classification |
| MoE | Ministry of Education |
| MoHADM | Ministry for Humanitarian Affairs and Disaster Management |
| MRM | Monitoring and Reporting Mechanism |
| MPCA | Multipurpose Cash Assistance |
| NGO | Non-Governmental Organization |

| | |
|---|---|
| NDP | National Development Plan |
| NFI | Non-Food Item |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| PRMN | Protection and Return Monitoring Network |
| PSEA | Protection from Sexual Exploitation and Abuse |
| RRF | Recovery and Resilience Framework |
| SAM | Severe Acute Malnutrition |
| SHF | Somalia Humanitarian Fund |
| SDG | Sustainable Development Goals |
| SWALIM | Somalia Water and Land Information Management |
| UNDSS | United Nations Department of Safety and Security |
| UNHAS | United Nations Humanitarian Air Service |
| UNHCR | The United Nations Refugee Agency |
| UNICEF | United Nations Children's Fund |
| UNOHCHR | Office of the UN High Commissioner for Human Rights |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |

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# PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

| Organization | Requirements (US$) |
|---|---|
| AADSOM | 1,529,993 |
| ACF - France | 10,670,871 |
| ACT/NCA | 4,408,763 |
| ACTED | 16,343,962 |
| ADA | 3,216,486 |
| ADESO | 4,487,163 |
| ADO | 2,523,150 |
| ADRA | 874,600 |
| AN | 300,000 |
| ANPPCAN-SOM | 1,123,500 |
| APCC | 789,000 |
| ARC | 10,424,628 |
| ARD | 1,753,000 |
| ARD International | 530,300 |
| ASEP | 387,800 |
| ASWL | 288,579 |
| AV | 3,260,278 |
| AVORD | 2,177,794 |
| AVRO | 1,713,180 |
| AVSI | 400,000 |
| AYUUB | 3,890,667 |
| BHDC | 378,673 |
| BRDO | 721,700 |
| BREC | 300,000 |
| BTSC | 1,862,610 |
| CARE Somalia | 28,600,418 |
| CESVI | 7,243,358 |
| CHEE | 884,320 |
| CISP | 4,109,884 |
| CODHNET | 1,556,623 |
| COOPI | 2,225,178 |
| CPD | 12,069,101 |
| CRS | 15,432,829 |
| CW | 28,439,749 |
| DA | 510,960 |
| DBG | 3,002,958 |
| DEH | 1,639,873 |
| DF | 1,473,630 |
| DKH | 7,767,118 |
| DMO | 2,345,000 |
| DRC | 11,618,487 |
| EVSO | 370,195 |
| FAO | 236,515,573 |
| FENPS | 400,000 |
| GEWDO | 1,482,000 |
| GHF | 1,277,366 |
| GRRN | 1,163,548 |
| GRT | 1,169,754 |
| GSA | 411,880 |
| GYRDC | 190,000 |
| HACDESA | 2,496,345 |
| HAI | 670,000 |
| HAPEN | 2,103,600 |
| HARD | 965,000 |
| HARDO | 654,028 |
| HIJRA | 3,638,552 |
| HINNA | 2,983,568 |
| HIRDA | 1,507,727 |
| HIWA | 350,500 |
| HOD | 1,792,340 |
| HPA | 797,230 |
| HRDO | 2,809,377 |
| HT | 987,579 |

| Organization | Requirements (US$) |
|---|---|
| IMC | 2,626,200 |
| IMS | 802,500 |
| INSO | 2,407,783 |
| INTERSOS | 5,846,796 |
| IOM | 34,934,244 |
| IRC | 2,904,751 |
| IRDO | 529,200 |
| IRRDO | 355,853 |
| IRRS | 597,000 |
| IRW | 3,799,776 |
| IYRDA | 654,000 |
| JF | 2,498,000 |
| JYA | 247,548 |
| KAALO Aid | 2,506,637 |
| KYDO | 518,300 |
| MaCDA | 750,000 |
| MAG | 3,067,476 |
| MARDO | 1,020,000 |
| MEDAIR | 5,384,300 |
| Mercy Corps | 3,917,253 |
| Mercy-USA | 4,387,256 |
| MLS | 470,000 |
| Muslim Aid | 855,400 |
| NAPAD | 1,815,994 |
| New Dawn | 460,000 |
| New Ways | 2,709,090 |
| NoFYL | 778,050 |
| NPA | 2,500,000 |
| NRC | 36,553,095 |
| NRO | 998,900 |
| OCHA | 8,730,572 |
| OIC | 14,159,996 |
| OSPAD | 1,586,000 |
| OTP | 524,300 |
| OXFAM NOVIB | 2,112,240 |
| PAC | 1,302,217 |
| PAH | 1,073,000 |
| PASOS | 1,156,250 |
| PDA | 450,000 |
| PENHA | 584,150 |
| Qatar RC | 5,644,002 |
| RAAS | 1,311,625 |
| RAWA | 1,542,500 |
| RDI | 319,800 |
| READO | 5,250,000 |
| RI | 10,137,450 |
| RRP | 1,007,000 |
| SADO | 1,750,456 |
| SAFUK | 2,853,322 |
| Sage | 385,000 |
| SAMA | 1,417,360 |
| SC | 49,960,436 |
| SCC | 1,554,188 |
| SDIO | 1,784,500 |
| SDRO | 714,696 |
| SEDHURO | 953,230 |
| SFH | 1,151,400 |
| SFSC | 1,000,000 |
| SGJ | 600,275 |
| SHAHRO | 274,000 |
| SHARDO Relief | 560,900 |
| SOADO | 1,123,000 |
| SOHDA | 202,300 |

| Organization | Requirements (US$) |
|---|---|
| Solidarités | 3,122,000 |
| SomaliAid | 2,372,880 |
| SORDES | 587,050 |
| SORRDO | 410,119 |
| Southern Aid | 1,979,694 |
| SOVA | 809,432 |
| SOYDA | 4,890,898 |
| SOYVGA | 1,440,750 |
| SRDO | 760,000 |
| SSWC | 3,623,100 |
| SWACEDA | 300,000 |
| SWISSO - Kalmo | 3,886,082 |
| SYDF | 1,205,544 |
| SYPD | 5,950,000 |
| TASCO | 2,764,804 |
| TASS | 281,001 |
| Trocaire | 962,031 |
| UNDSS | 2,800,000 |
| UNFPA | 21,425,958 |
| UN-HABITAT | 1,526,400 |
| UNHAS | 8,500,000 |
| UNHCR | 73,321,829 |
| UNICEF | 154,554,574 |
| UNMAS | 3,468,143 |
| URDO | 1,552,300 |
| URRO | 317,000 |
| VSF Switzerland | 1,000,000 |
| WARDI | 7,546,666 |
| Waris | 148,967 |
| WASDA | 1,562,539 |
| WFP | 378,320,850 |
| WHO | 17,463,920 |
| WOCCA | 4,442,571 |
| WRRS | 3,620,680 |
| WVI | 18,205,626 |
| Zamzam Foundation | 2,847,800 |

# OBJECTIVES, INDICATORS & TARGETS

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Strategic Objective 1 (SO1):** Provide life-saving and life-sustaining integrated, multi-sectoral assistance to reduce acute humanitarian needs and excess mortality among the most vulnerable people.

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of people in acute food insecurity, 'Crisis' and 'Emergency' phases of IPC (3 and 4) having sustained access to food and safety net support | 3,200,000 | 2,300,000 | 3,200,000 (100%) |
| Case fatality rate of AWD/cholera outbreaks | 3,272,000 | 2% | <1% |
| Number of AWD/cholera cases reported | 3,272,000 | 80,000 per year | 8,000 per year |
| Number of IDPs reached with life-saving assistance | 2,100,000 | | |
| Number of individuals affected by violence, coercion, and abuse directly provided with responsive services and/or other protection assistance alleviating the immediate effects of the violation | | | 153,500 |

**Strategic Objective 2 (SO2):** Reduce emergency levels of acute malnutrition through integrated multi-sectorial response. Enhance integration of Nutrition, WASH, Health and Food Security programmes to strengthen nutrition-sensitive programming.

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of girls and boys 0-59 months who are severely malnourished with medical complications treated (new admission) | 32,000 | 23,300 | 32,000 |
| Number of girls and boys 6-59 months with severe acute malnutrition treated (new admission) | 1,200,000 | 900,000 | 1,200,000 per quarter |
| Number of girls and boys 6-59 months with moderate acute malnutrition (new admission) | 968,000 | 715,000 | 968,000 |
| Prevalence rate (%) of global acute malnutrition in children 6 to 59 months of age | | | |

**Strategic Objective 3 (SO3):** Support provision of protection services to affected communities, including in hard-to-reach areas, and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of girls, boys, and their caregivers, affected by or at risk of rights violations, as well as their caregivers, reached with child protection services and interventions upholding basic child rights and dignity | | | 183,500 |
| Number of survivors of gender-based violence assisted with multi-sectoral responsive and remedial assistance (medical, legal, psychosocial support, safety and security, and reintegration | | | 46,000 |
| Number of displaced households receiving specialized counselling and assistance on documentation and housing, land, and property issues preventing forced evictions and remedying related rights violations | | | 5,600 ( heads of households) |
| Number of conflict-impacted communities and explosive hazard contaminated areas surveyed, demarcated, with remnants of war disposed of, mitigating risks of killing and maiming of civilians | | | 500 |

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**Strategic Objective 4 (SO4): Support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions for those affected, including marginalized communities.**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals (or percentage of people targeted) supported with livelihoods inputs and protection assistance including livelihood diversification options | 3,400,000 | 2,900,000 | 2,900,000 (85%) |

A joint framework with humanitarian/development collective outcomes is being developed, including indicators per collective outcome. This collective outcome framework will be used to monitor progress under this SO4 "Resilience". The online version of the HRP will be updated to include these indicators.

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**CCCM Objective 1: Strengthen the predictability and effectiveness of multi sectorial interventions at site level and/or areas of concentration of sites.**

**Relates to SO1 and SO3**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of sites with established CCCM mechanisms | 2,000+ | 1,816 | 80% of in need (1,600) |
| Number of districts covered by the Detailed Site Assessment | 89 | 22 | 80% of in need (72) |
| Number of government institutions receiving support from the cluster | 9 | 9 | 9 |

**CCCM Objective 2: Improve community participation, living conditions and safe access to services and assistance in selected sites.**

**Relates to SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of sites with established community participation structures | 2,000 | 500 | 2,000 |
| Number of displaced people with access to information about humanitarian services | 2,100,000 | 0 | 500,000 |

**CCCM Objective 3: Strengthen community self-management to promote durable solutions for displaced people in sites.**

**Relates to SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of displaced people in sites engaged in community level self-reliance activities | 1,800,000 | 0 | 800,000 |
| Number of displaced people in sites benefiting from temporary employment | 1,800,000 | 0 | 800,000 |
| Number of displaced people in sites benefitting from community led income generating activities | 1,800,000 | 0 | 800,000 |

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## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Education Objective 1 : Ensure emergencies and crises affected children and youth have access to safe and protective learning environments.**

**Relates to SO1 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of children and youth (M/F) accessing safe and protected learning opportunities in emergency-affected learning environments | 2,400,000 | 266,308 | 323,000 |
| Number of required temporary learning spaces or rehabilitated schools available to emergency-affected children and youth | 700 | 199 | 700 |
| Number of school children (M/F) with access to safe drinking water | 720,000 | 185,713 | 230,000 |
| Number of children with (M/F) access to emergency school feeding | 720,000 | 87,855 | 142,000 |
| Number of children and teachers (M/F) with interrupted schooling due to attacks on education | N/A | Not available yet | <9,000 |

**Education Objective 2 : Ensure vulnerable children and youth are engaged in learning including lifesaving skills and personal well-being.**

**Relates to SO1 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of children (M/F) benefitting from emergency teaching and learning materials | 720,000 | 188,068 | 251,000 |
| Number of teachers (M/F) supported with emergency incentives | 10,700 | 2,958 | 5,000 |

**Education Objective 3 : Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system.**

**Relates to SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of teachers (M/F) trained in basic pedagogy, life-saving learning skills (e.g. Disaster Risk Reduction, health and hygiene, gender-based violence, peace education) and psychosocial support | 15,000 | 1,263 | 5,000 |
| Number of Community Education Committee members (M/F) trained in Safe Schools, contingency planning, Disaster Risk Reduction plans, maintenance and management of learning spaces | 7,000 | 2,366 | 4,000 |
| Number of Cluster partners and MoE staff (M/F) trained in Safe Schools, contingency planning, Disaster Risk Reduction management plans and emergency response | 500 | 131 | 500 |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Food Security Objective 1: Improve households' immediate access to food through provision of conditional and unconditional assistance depending on the severity of food insecurity phases, vulnerability and seasonality of the livelihoods (IPC 3-4).**

**Relates to SO1and SO2**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of people in acute food insecurity, 'crisis' and 'emergency' phases of IPC (3 and 4) having sustained access to food and safety net support | 3,200,000 | 2,300,000 | 3,200,000 (100%) |
| Increase the level of assistance to IPC 3 & 4 population (number of beneficiaries) in comparison with baseline period | | | 60% |

**Food Security Objective 2: Protect and restore livelihoods, related food and income sources, through provision of seasonally appropriate livelihood inputs and technical support in rural and (peri-) urban setting IPC (2-4).**

**Relates to SO2 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of affected people supported in livelihoods inputs and training per season | 3,400,000 | 2,900,000 | 2,900,000 (85%) |
| Maintain the level of livelihoods assistance to the level of baseline | | | 85% |

**Food Security Objective 3: Build resilience against current and future shocks through the rehabilitation and/or restoration of productive assets and disaster preparedness at the community and household levels. (IPC 2).**

**Relates to SO1, SO2 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of people assisted in conditional transfer related activities | 3,000,000 | 200,000 | 500,000 (17%) |
| Increase the level of assistance to IPC 2 population (number of beneficiaries) in comparison with baseline period | | | 150% |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Health Objective 1 : To improve access to essential lifesaving health services for crisis-affected and host populations aimed at redu**

**cing avoidable morbidity and mortality.**

**Relates to SO1**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Average population per functioning health facility (HF), by type of HF and by administrative unit | 4,300,000 | 578,150 (18%) | 430 Health Units/4,300,000 86 Health Centers7 4,300,000 17 rural/district Hospitals/4,300,000 |
| Number of health workers (medical doctor + nurse + midwife) per 10 000 populations by administrative unit (% m/f) | N/A | >22 | 30 |
| Number of HF with Basic Emergency Obstetric Care/ 125, 000 populations, by administrative unit | 3,075,000 | 0.7 | 25 HF with bEMOC by administrative unit |

**Health Objective 2 : To contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations.**

**Relates to SO1**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of HF with Comprehensive Emergency Obstetric Care/500 000 population, by administrative unit | 3,075,000 | 4% | >6 HF with Comprehensive Emergency Obstetric Care by administrative unit |
| Coverage of Penta 3 vaccine in children below one year of age/state | 962,000 | 42% | 85% |
| Coverage of measles vaccination in children below one year | 962,000 | 46% | 90% |
| Percentage of births assisted by a skilled attendant | 1,667,700 | 44% | >90% |

**Health Objective 3 : To strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated, and timely manner.**

**Relates to SO1**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of cases for AWD/Cholera | 3,272,000 | 80,000 per year | 8,000 per year |
| Case fatality rate of AWD/cholera outbreaks | 3,272,000 | 2% | <1% |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Logistics Objective 1: Provide logistics coordination and information management activities in support of the humanitarian community and the Government.**

**Relates to SO1, SO2, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of Logistics Cluster Coordination Forums held | | 18 | 12 |
| Number of access and operational maps shared | | 7 | 7 |

**Logistics Objective 2: Provide logistics capacity building for the humanitarian community and the Government to support enhanced future responses.**

**Relates to SO1, SO2, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Percentage of Logistics Trainings facilitated | | 1 | 5 |
| Number of Government personnel trained | | 5 | 20 |

**Logistics Objective 3: Fill the identified logistics gaps through facilitating access to logistics services and the provision of crucial access flights by UN Humanitarian Air Service in the absence of other commercial options.**

**Relates to SO1, SO2, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Percentage of services requests completed | | 100% | 100% |
| Number of targeted passengers to transport on regular scheduled and ad hoc UNHAS flights | | 2,000 per month | 2,000 per month |
| Percentage of security and medical evacuation requests completed | | 100% | 100% |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Nutrition Objective 1: Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.**

**Relates to SO1 and SO2**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of Pregnant and lactating women counselled on appropriate Infant and Young Child Feeding | 660,098 | 99,812 | 297,044 |
| Number of appropriate Infant and Young Child Feeding awareness sessions conducted | 20,000 | 11,412 | 16,000 |
| Number of community conversations conducted | 800 | 0 | 300 |
| Number of health facility and community workers (male/female) trained Infant and Young Child Feeding and are providing counseling support | 3,000 | 200 | 1,500 |
| Number of boys and girls (6-59 months) who received multiple micronutrient supplements | 2,786,402 | N/A | 2,229,121 |
| Number of pregnant and lactating women who received micronutrients including iron folate for 6 months and multiple micronutrients | 660,098 | 1,626 | 297,044 |
| Number lactating women reached with Vitamin A supplementation | 330,049 | N/A | 264,039 |
| Number of boys and girls aged 6-59 months reached with Vitamin A supplementation | 2,786,402 | 2,984 | 1,114,560 |

**Nutrition Objective 2: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.**

**Relates to SO1, SO2 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of pregnant and lactating women screened for acute malnutrition regularly on quarterly basis | 696,600 | 192,432 | 348,300 |
| Number of boys and girls 6-59 months screened for acute malnutrition regularly on quarterly basis | 2,786,402 | 769,732 | 1,114,560 |
| Number of boys and girls 6-59 months with severe acute malnutrition treated | 231,829 | | 231,829 |
| Number of boys and girls 0-59 months who are severely malnourished with medical complications treated | 20,000 | 16,828 | 19,000 |
| Number of boys and girls 6-59 months with moderate acute malnutrition treated | 1,028,739 | 443,503 | 539,000 |
| Number of pregnant and lactating women with moderate malnutrition treated | 696,600 | 181,585 | 270,000 |

**Nutrition Objective 3: Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming.**

**Relates to SO1, SO2 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of health facilities and communities equipped and regularly submitting nutrition screening data | 100% | 60% | 80% |
| Number of national/sub-national/district level rapid/SMART nutrition assessments conducted | 36 | 8 | 30 |
| Number of staff (male/female) trained in rapid nutrition assessment/SMART | 30,000 | 24 | 100 |
| Number of hotspot sites reporting on monthly basis | 100% | N/A | 50% |
| Number of sector/cluster coordination platforms operational | 15 | 15 | 15 |

**Nutrition Objective 4: Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions.**

**Relates to SO1, SO2 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Proportion of health facilities providing integrated nutrition services | 100% | N\A | 50% |
| Number of communities covered with multi-sectoral response (WASH, food security, Education, Livelihood and health) | 800 | N\A | 400 |
| Proportion of displaced and host communities provided nutrition sensitive services and support through FS and Livelihood clusters | 100% | N\A | 50% |
| Proportion of schools providing comprehensive school nutrition package | 100% | N\A | 25% |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

### Protection Objective 1: Enable and strengthen protection of affected populations through protection monitoring, reporting, coordination, and advocacy.

**Relates to SO1 and SO3**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals consulted through protection monitoring informing humanitarian and protection response activities, advocacy, and policy development | | | 65,000 |
| Number of protection monitoring, displacement reports, and protection analyses disseminated | | | 30 |

### Protection Objective 2: Address acute protection needs stemming from violence, coercion, and abuse and mitigate risks.

**Relates to SO1,SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of unaccompanied and separated boys and girls placed in foster care or reunified with families or regular careers | N/A | N/A | 8,000 |
| Number gender-based violence survivors receiving clinical care, case management, psychosocial support, legal assistance, and safe house support | N/A | N/A | 36,000 |
| Number of displaced women and girls reached with specialized material assistance upholding basic standards related to health, community involvement, and mobility | N/A | N/A | 50,000 |
| Number of heads of household supported with legal aid/assistance and specialized counseling on housing, land, and property disputes mitigating risks of forced evictions | N/A | N/A | 3,500 |

### Protection Objective 3: Uphold the rights, dignity, and well-being of individuals affected by protection violations, prevent further abuse, and strengthen resilience.

**Relates to SO1, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals with specific needs or heightened vulnerability reached with protection oriented direct assistance and livelihood training to strengthen coping capacity | N/A | N/A | 7,000 |
| Number of girls and boys participating in structured community-based psychosocial support activities (including child friendly spaces) | N/A | N/A | 150,000 |
| Number of gender-based violence survivors reached with social-economic reintegration and livelihood, access to justice, and empowerment support | N/A | N/A | 10,000 |
| Number of housing, land, and property disputes resolved through community engagement processes | N/A | N/A | 500 |

### Protection Objective 3: Create a protection conducive environment.

**Relates to SO1, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals participating in community-based protection initiatives aiming to prevent violations, mitigate risks, reduce stigma, enable feedback and empowerment, and identify and refer individuals in need - child protection, gender-based violence, housing, land, and property, and general protection principles | N/A | N/A | 819,000 |
| Number of individuals targeted with rights based public outreach and awareness raising | N/A | N/A | 155,000 |
| Number of individuals participating in Mine Risk Education (including IED awareness) sessions | N/A | N/A | 155,000 |

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Shelter Objective 1: Contribute to the protection of newly displaced people, refugee returns and those affected by natural hazards.**

**Relates to SO1 and SO2**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of people in need of emergency assistance receiving appropriate NFIs though in kind distribution, vouchers or cash mechanisms | 450,000 | 0 | 450,000 |
| Number of people in need of emergency assistance receiving relevant emergency shelters through in kind distribution, vouchers or cash mechanisms. | 420,000 | 0 | 300,000 |

**Shelter Objective 2: Improve the living conditions of the protracted internally displaced persons (IDPs).**

**Relates to SO3**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of protracted IDPs provided with safe and habitable shelter with appropriate land tenure security. | 120,000 | 0 | 72,000 |
| Number of protracted IDPs receiving non-food items through in kind distribution, vouchers or cash mechanisms. | 450,000 | 0 | 300,000 |

**Shelter Objective 3: Shelter and Non-Food Items Objective 3: Contribute to durable solutions for IDPs that have opportunities to locally integrate and IDPs/ Refugees returning to their places of origin.**

**Relates to SO3**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of locally integrating IDPs, returning refugees / IDPs provided with access to safe and habitable shelter with appropriate land tenure security. | 30,000 | 0 | 30,000 |

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## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

### WASH Objective 1: Emergency Wash Response Preparedness.
**Relates to SO1 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of districts covered with a new or revised operational Inter-Agency Contingency Plan | All districts | TBD | 40 districts |
| Number of affected individuals supported through the mobilization of emergency WASH supplies pre-positioned at regional level | 4,358,274 | 250,000 | 2,500,000 |

### WASH Objective 2:Provide access to safe water, sanitation and hygiene for people in emergency.
**Relates to SO1, SO2, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of affected individuals (men, women, boys and girls) assisted with sufficient and safe water for drinking, cooking and personal hygiene | 4,358,274 | 750,000 | 3,800,000 |
| Number of affected individuals (men, women, boys and girls) assisted with access to appropriate emergency sanitation facilities which are culturally acceptable and gender-sensitive. | 1,133,151 | 240,000 | 1,000,000 |
| Number of affected individuals (men, women, boys and girls) who have participated in hygiene promotion campaigns and received hygiene kits. | 4,358,274 | 1,500,000 | 3,500,000 |

### WASH Objective 3: Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures.
**Relates to SO1, SO2, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals (men, women, boys and girls) with a reliable access to 15 liters of safe water per person per day | 4,358,274 | TBD | 1,200,000 |
| Number of institutions in need of access to a safely managed water supply system | 300 | TBD | 100 |

### WASH Objective 4: Provide reliable and sustainable access to environmental sanitation.
**Relates to SO1, SO3 and SO4**

| INDICATOR | IN NEED | BASELINE | TARGET |
|---|---|---|---|
| Number of individuals (men, women, boys and girls) benefiting from a sustainable access to a, gender-sensitive sanitation facilities equipped with a hand washing point | 1,133,151 | TBD | 840,000 |
| Number of safe and operational fecal sludge management systems established | 50 | 0 | 15 |

# WHAT IF? ... WE FAIL TO SUSTAIN THE CURRENT RESPONSE

- Extremely vulnerable people will remain excluded from protection and humanitarian services because of, inter alia: societal discrimination; power structures; manipulation of humanitarian processes; deliberate denial of assistance, including in form of economic or physical blockages; age; and gender or a combination of these.

- 1.3 million people will remain without adequate shelter or non-food items leaving them further exposed and vulnerable.

- 4.3 million people will be at heightened risk of AWD/cholera and other waterborne diseases because of lack of adequate WASH services.

- Over 232,000 children will suffer life-threatening severe acute malnutrition (SAM) making them nine times more likely to die of killer diseases such as AWD/cholera and measles.

- 1 out of 2 Somalis will remain without access to basic health services.

- 3.3 million people in food insecurity, in Crisis and Emergency (IPC Phases 3 and 4), will not receive monthly, crucial food assistance by cash/voucher or in-kind.

- 323,000 children will be deprived of an opportunity to go to school in a safe and protected learning environment with access to basic life-saving assistance. They will be in increased risk of recruitment into armed groups, child labour, early marriage and other vices.

- 1.7 million internally displaced persons will live in IDP sites and settlements without adequate services and protection.

# WHAT IF? ... WE SUCCEED TO SUSTAIN THE CURRENT RESPONSE

- We will save lives, protect livelihoods and reduce vulnerabilities.

- We will reduce acute needs and excess mortality among the most vulnerable people.

- We will reduce deaths due to hunger, malnutrition and disease.

- We will reduce emergency levels of acute malnutrition.

- We can support the provision of protection services to vulnerable groups.

- We can support the protection and restoration of livelihoods.

- We can catalyze more sustainable solutions for those affected, including marginalized communities.

- We will help safeguard the gains made in 2017.

- We can shift from short-term to more sustainable medium- to longer-term investment to end need.

- We can contribute towards ensuring that current and future droughts do not turn into crises.

# ... IT CAN BE DONE

In 2017, a massive scale-up of humanitarian assistance, early action and show of solidarity by donors, and the collective Somali and international efforts, successfully averted a large-scale famine. Over US$1.2 billion was mobilized enabling humanitarians to reach over three million people per month with life-saving and livelihood support. Two major communicable diseases – measles and AWD/cholera – were contained though measles remains a concern. We averted a famine, saved lives and protected livelihoods.

www.unocha.org/Somalia

www.humanitarianresponse.info/en/operations/Somalia

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