

2019

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2019 —

JAN 2019

Photo: Max Schott/UNOCHA



SOMALIA

TOTAL POPULATION OF SOMALIA

PEOPLE IN NEED

PEOPLE TARGETED

FUNDING REQUIREMENTS (US\$)

HUMANITARIAN PARTNERS

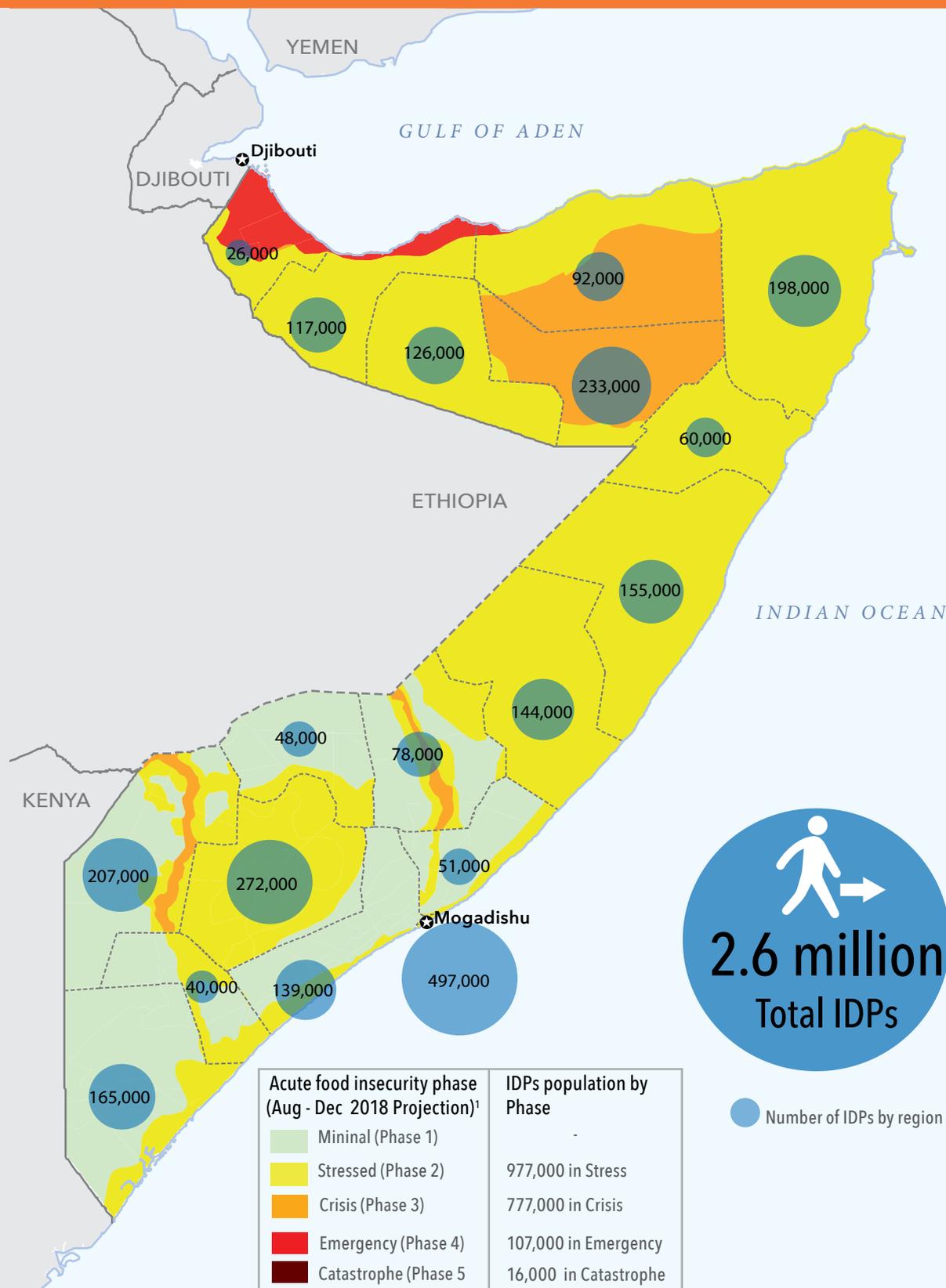
12.3M

4.2M

3.4M

1.08bn

328



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. IDPs 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

Although we are looking back on our successful fight against the looming famine during the 2016-2017 season, the evolution of the humanitarian situation in the last six months demonstrates the continued unpredictable and volatile context in Somalia. While the unexpectedly plentiful *Gu* rainy season (April-June) led to an overall improvement in the food security outlook country-wide, it also brought severe flooding across vast areas of southern and central Somalia. In May, cyclone Sagar devastated parts of Somaliland and Puntland, compounding humanitarian needs generated by the dispute in Sool and Sanaag. Moreover, contrary to initially positive projections, the *Deyr* rainy season (October-December 2018) did not perform as expected, especially in Puntland and Somaliland. New and protracted armed conflicts, insecurity and erratic weather have continued to push Somali civilians away from their homes and into already overfull towns and cities. Consequently, the number of internally displaced persons (IDPs) has reached a record 2.6 million, one of the largest IDP populations in the world.

Notwithstanding these challenges, it is important to also acknowledge the achievements of the humanitarian community in 2018. With timely and generous support from donors, it has been possible to effectively deliver humanitarian aid, currently reaching almost 3 million of the most vulnerable people, with interventions totalling \$840.3 million against the 2018 Humanitarian Response Plan (HRP). Due to sustained humanitarian assistance and favourable rains in the first half of 2018, the number of severely food-insecure people decreased by 54 per cent between 2017 and 2018, from 3.3 to 1.5 million.

The Humanitarian Country Team's Centrality of Protection (CoP) Strategy has increasingly refined our operations in Somalia to reach the furthest behind and most deprived. For 2019, we have further operationalised the CoP Strategy and all projects in the HRP are specifically designed to protect marginalized groups from the dire consequences of discrimination and abuse.

To ensure the credibility of our response plan and to reduce funding gaps, we refined humanitarian needs and related targets for the 2019 Humanitarian Programme Cycle by including around 60 per cent of the caseload in stress situations (IPC 2) under the Humanitarian Needs Overview and Response Plan. This will facilitate the gradual handover of food insecure people at stress level to resilience and recovery actors. Consequently, the number of people considered to be in need of humanitarian assistance in 2019 reduced by 32 per

cent (from 6.2 to 4.2 million people) and the number of people targeted by 37 percent (from 5.4 to 3.4 million people). The financial requirement for the 2019 HRP stands at \$1.08 billion, a reduction of \$465 million compared to last year.

While this year's HRP remains focused on the immediate needs of the most vulnerable people (e.g. IDPs, host communities, returnees and refugees from neighbouring countries), the new approach enhances opportunities for development actors to strengthen the resilience of Somalis by implementing programmes that offer long-lasting, durable solutions. This approach has been warmly welcomed by the Government and is fully consistent with the Resilience and Recovery Framework as well as the National Development Plan.

With the reduction in the number of people targeted and overall budget, the complementarity between humanitarian and development assistance becomes more important than ever. Development actors must prioritise programmes to tackle structural and chronic development challenges in Somalia. Once again, the principles underlying the Centrality of Protection Strategy to target the most left behind will guide us here. The Government-led Recovery and Resilience Framework creates the synergies needed to reduce needs and attain the Collective Outcomes.

With the support of the Government of Somalia, the international community and the tireless work of the humanitarian and development communities in Somalia we can move forward confidently on an integrated approach, that results in addressing underlying causes to long standing humanitarian issues. At the same time, we are hereby presenting a Humanitarian Response Plan that reflects this two-track approach and does justice to the still significant humanitarian live-saving needs in Somalia. I sincerely thank our partners for all the good work done so far: donors for their continued support, and humanitarian actors for their determined effort to always improve their effectiveness. We must continue working to alleviate the suffering of the most vulnerable communities in Somalia, while laying the foundation for a more peaceful and sustainable country.



Peter de Clerq
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE



STRATEGIC OBJECTIVE 1 Life-saving

Reduce acute humanitarian needs and excess mortality among the most vulnerable by providing life-saving and sustaining integrated assistance.



STRATEGIC OBJECTIVE 2 Nutrition

Reduce emergency levels of acute malnutrition by strengthening nutrition-sensitive and integrated multi-sectorial programming.



STRATEGIC OBJECTIVE 3 Protection

Ensure protection of affected populations, including those living in hard-to-reach areas and IDP settlements, through protection promoting assistance that targets the most vulnerable and people at risk of exclusion.



STRATEGIC OBJECTIVE 4 Resilience

Increase resilience capacity of at risk communities and promote complementary interventions of development partners in social services.

PEOPLE IN NEED

4.2M

PEOPLE TARGET

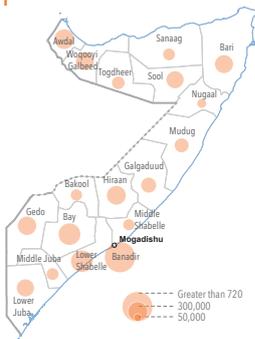
3.4M

REQUIREMENTS (US\$)

1.08BN

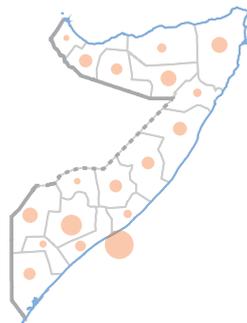
PEOPLE TARGETED

3.4M



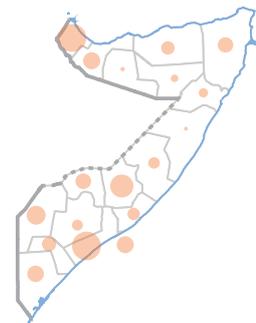
INTERNALLY DISPLACED PERSONS

2M



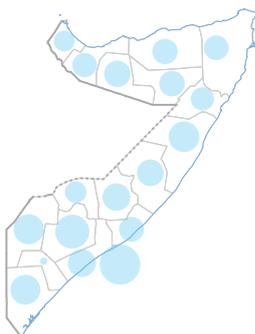
HOST COMMUNITIES

1.3M



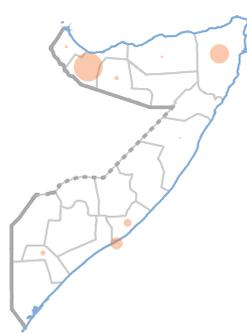
NUMBER OF PARTNERS

328



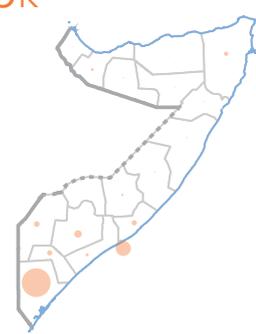
REFUGEES/ASYLUM SEEKERS

39k



REFUGEES RETURNNEES

41.5k



OVERVIEW OF

THE CRISIS

The humanitarian crisis in Somalia is among the most complex and long-standing in the world. Armed conflict and widespread violence, as well as recurrent climatic shocks, perpetuate high levels of humanitarian needs and protection concerns. While above-average rains in the first part of 2018 improved food security, the humanitarian situation remains fragile and prone to future climatic shocks. In total, an estimated 4.2 million people¹, one third of the total population in Somalia, require humanitarian assistance and protection.

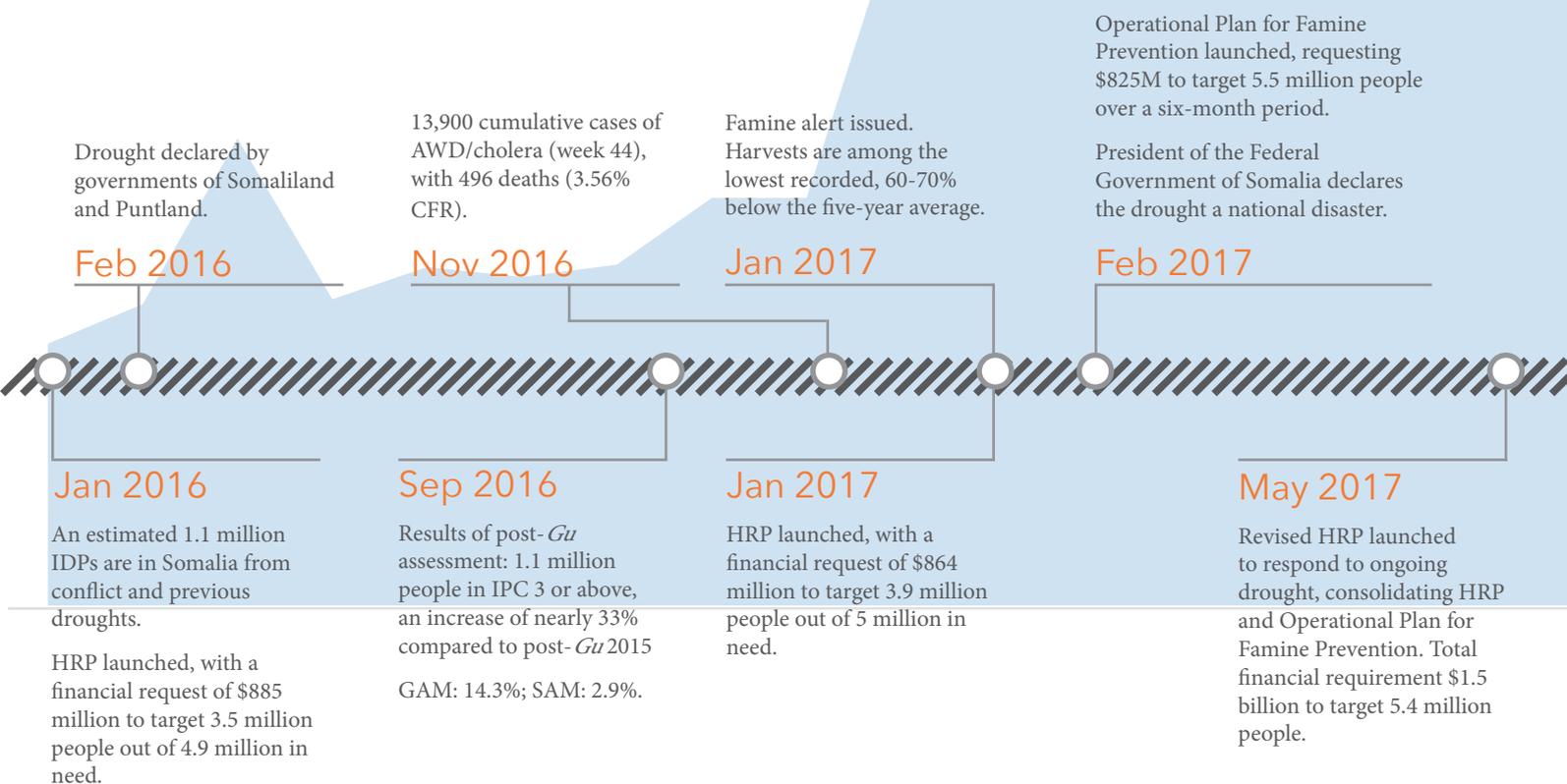
The crisis impacts people throughout Somalia, in particular the displaced and host communities

People in need are located throughout all 18 regions of Somalia, accounting for up to 70 per cent of the population in some regions. Nearly 50 per cent of all people in need live in five regions: Banadir (721,000), Bay (370,000), Lower Shabelle (370,000), Awdal (306,000) and Hiraa (279,000). Overall, 2.6 million people have been internally displaced by armed

conflict, insecurity and/or drought, 80 per cent of whom are living in urban areas. The significant increase of the population in urban centres has intensified pressure on the already limited services, such as health, education and housing. Somalia also hosts 39,000 refugees and asylum-seekers, mainly from Ethiopia (19,600) and Yemen (12,100). Some 92,000 Somali refugees are projected to return to the country in 2019, largely coming from Kenya and Yemen. Among the host communities, around 1.5 million people suffer from the protracted impact of

SOMALIA CRISIS TIMELINE 2016 - 2018

06



The graph shows the evolution of number of indicators in alarm phase across Somalia between January 2016 and September 2018 as per the Early-warning Early-action dashboard of FSNAU. In this period, the lowest value was recorded in January 2016 (99 indicators) and the highest in March 2017 (386 indicators). In September 2018, 130 indicators were in alarm phase.

decades of violence, recurrent climatic shocks and governance challenges. In both rural and urban areas, there is an ongoing struggle over limited resources and access to aid, often leading to tensions between host communities and displaced people.

The most vulnerable groups, who are exposed to the highest risks and are consistently socially excluded, include women, children, the elderly, child- and female-headed households, the physically and mentally disabled, people living in conflict zones, and marginalised clans². Such groups are not mutually exclusive, compounding the vulnerability of those who belong to more than one. Displaced women, children and members of marginalised clans are especially vulnerable due to family separations and/or the absence of community networks.

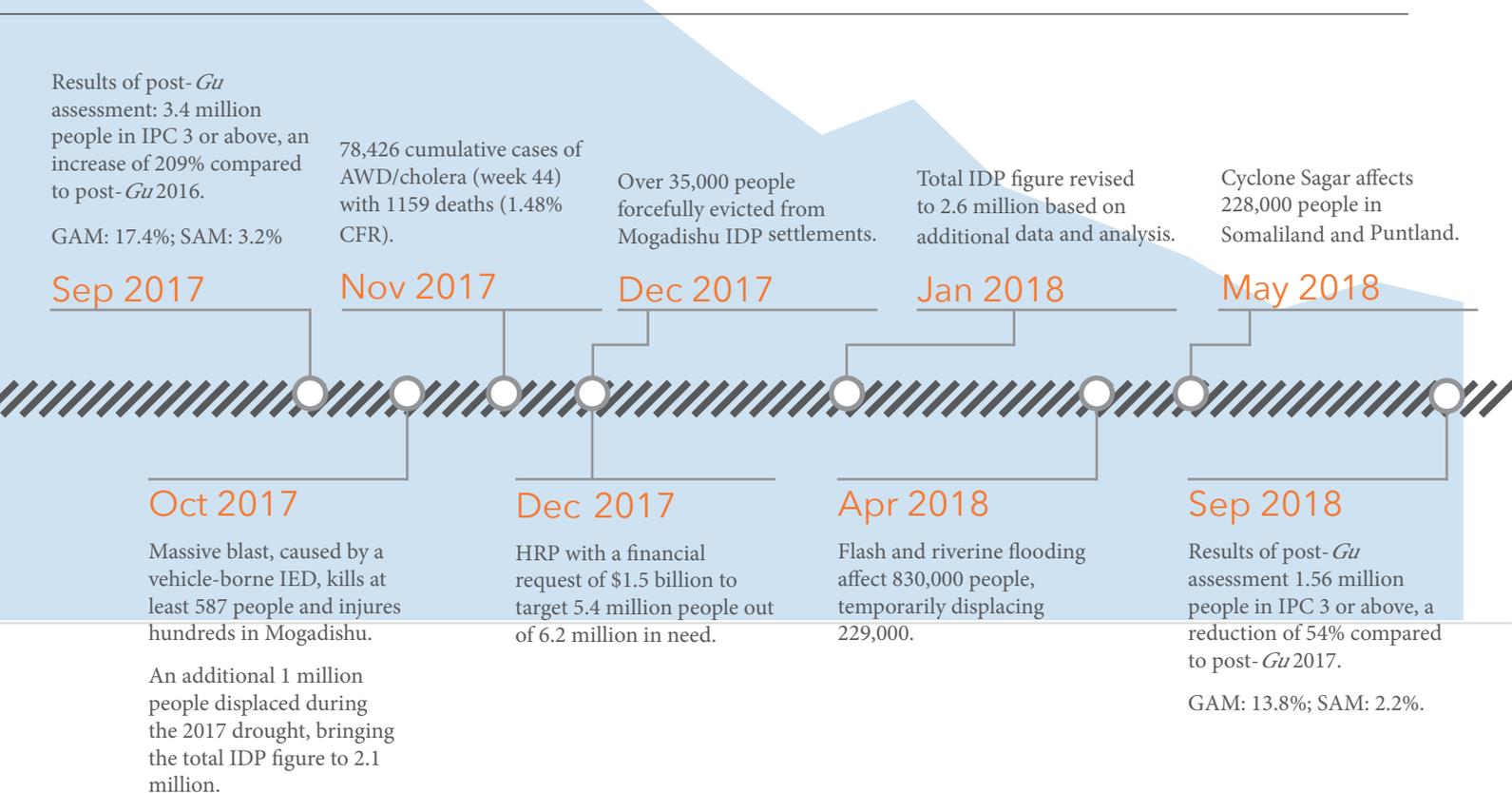
Displacement and protection risks are key drivers of humanitarian needs

Somalia has one of the largest internally displaced population (IDP) in the world, with an estimated 2.6 million IDPs³. There are 2,000 settlements across all 18 regions of Somalia, with most IDPs living in Lower Shabelle and Banadir (497,000 people), as well as in Bay region (272,000 people)⁴. With a strong rural-to-urban trend – around 2.2 out of the total 2.6 million IDPs live in settlements in urban and peri-urban areas – displacement has led to an increase in the population in the cities hosting the highest numbers of IDPs: Mogadishu, Baidoa, Galkacyo and Kismayo. Conflict or fear of conflict, as well as drought, are the main reasons for the recent internal displacements in Somalia, accounting for 22 per cent of the movements,

respectively. Lack of livelihood opportunities (16 per cent), and evictions (5 per cent) are the other two main drivers of displacement⁵. Multiple population movement cycles since 1991 has characterised the complex and protracted situation⁶. At least 45 per cent of IDPs have been displaced for longer than five years, 42 per cent for one to three years and 13 per cent for less than one year. The long-term nature of displacement indicates the need for durable solutions for this group – 90 per cent of the IDPs interviewed have indicated that they intend to remain in their current location, and integrate locally, rather than return to their area of origin.

The rising trend of forced evictions, influenced by the increasing urban population density, growing property prices and a lack of tenure security or regulatory frameworks, constitutes a significant and prevalent protection threat for IDPs and poor urban families. IDPs are exposed to a higher risk of forced eviction as a result of exposure to unequal power dynamics and exploitative relationships with land owners, through informal settlement managers (frequently called gatekeepers). Between January and October 2018, over 234,000 persons were evicted throughout Somalia, representing a 40 per cent increase compared to the same period in 2017⁷.

Somalia has signed the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)⁸. While the procedures for depositing the signed Convention with the African Union (AU) are in progress, they have not yet been finalised. However,



Early -warning Early-action dashboard since Jan 2016 (Source FSNAU): a multi-partner effort mandated by the Somalia Humanitarian Country Team (HCT) to facilitate decision making for early action based on the identification and monitoring of a consistent set of key early warning indicators. These are Climate (rainfall, vegetation coverage/NDVI and river levels and price of water); Market (cereal prices, livestock prices, Wage Labor and Terms of Trade); Health (Measles, AWD, Polio and Malaria); Nutrition (New admission to feeding/treatment centers/GAM) and Population displacement.

several policy frameworks on displacement exist at the regional level. The development of a Federal Policy is ongoing and commitments have been made to draft national guidelines to regulate evictions.

Almost 60 per cent of people in need are children who face specific protection threats

The protection crisis in Somalia exposes children to significant risks. Between January and September 2018, 3,566 children (2,997 boys and 569 girls) were reported to be survivors of grave violations committed by parties to the conflict⁹. According to the Country Task Force on Monitoring and Reporting (CTFMR), 1,811 children (including 56 girls) were recruited by armed groups between January and September 2018, an increase of 15 per cent compared to 2017, when 1,568 children were abducted¹⁰.

Access to education continues to be impeded, with 64 schools attacked and 21 forced to close in 2018¹¹. Many teachers that decline to adopt the curriculum of non-state armed actors are threatened and, on some occasions, detained. Furthermore, children constitute approximately one million, or 38 per cent, of the 2.6 million IDPs, exposing them to additional protection risks such as family separation, forced child labour and sexual exploitation and abuse. Approximately 10 per cent of reported incidents of violation of child rights involve sexual violence¹².

Despite improvements in food security, the humanitarian situation remains characterised by fragility

Due to the above-average rains in the first half of 2018 and sustained humanitarian assistance, the number of people facing severe food insecurity (IPC Phase 3 and above) has decreased by 52 per cent from 3.1 million in September 2017 to 1.5 million in September 2018. However, the IPC Phase 2 caseload remained virtually unchanged, with a reduction of only 0.6 per cent. Due to the mid-2018 *Gu* rainy season, total cereal production exceeded the long-term average (1995-2017) by approximately 17 per cent and is 58 per cent higher than the five-year average (2013-17)¹³. Favourable rainfall between April and June 2018 also improved pasture and water availability for livestock and bolstered market conditions in some areas.

Notwithstanding the relative improvement in food security outcomes since the end of the 2016/17 drought, similar gains were not observed with respect to malnutrition, which is influenced by several factors, including healthcare, clean water, proper sanitation and good hygiene practices. Malnutrition rates across Somalia remain very high and, in 2019, nearly 1 million children will be acutely malnourished, including more than 177,000 children suffering from severe acute malnutrition¹⁴.

One in seven Somali children dies before the age of five¹⁵. Malnutrition, disease outbreaks, low immunisation coverage of only 43 per cent and limited healthcare for those living under the most vulnerable circumstances are the main drivers of mortality. The average prevalence of Global Acute Malnutrition (GAM) is at 14 per cent, considered worrying. Furthermore, many parts of Somalia remain above the emergency threshold of 15 per cent. In particular, IDP settlements in urban areas such as Bossaso, Baidoa, Doloow, Gaalkacyo, Garowe,

Mogadishu and Qardho show high levels of GAM, surpassing the emergency threshold of 15 per cent.

Overall, despite considerable improvements, humanitarian needs in Somalia remain above the levels seen prior to the 2017 drought crisis, and recent gains can easily be reversed. Acute needs persist, particularly among farmers and pastoralists who have experienced drought- or flood-related crop or livestock losses, as well as among IDPs who lost their livelihoods through displacement.

Moreover, some of the food security improvements that followed above-average *Gu* rains (April-June 2018) are now being reversed due to below-average *Deyr* rains in the last quarter of 2018. This is expected to have a direct impact on the upcoming *Jilaal* dry season (January-March 2019), which could be particularly harsh, especially in the north-east of the country¹⁶.

Early and timely humanitarian assistance coupled with substantial investments in sustainable developments solutions and resilience building efforts are critical to mitigating the risk of recurrent shocks, which will in turn reduces humanitarian needs in Somalia.

KEY ISSUES

-  Life-threatening needs among the displaced and other crisis affected communities
-  Protection risks due to exposure to armed conflict, violence, disasters and climatic change
-  Needs of hard-to-reach populations, including access
-  Scarce livelihood opportunities and weakened resilience

2018 HUMANITARIAN

ACHIEVEMENTS



CCCM

715 IDP sites with established
CCCM mechanisms.

665,800 displaced people with
access to information about
humanitarian services



EDUCATION

191,000 school children
reached with Education in
Emergencies Assistance



FOOD SECURITY

2 million people assisted per
month with activities that improved
access to food and SafetyNet
(January-October 2018)



NUTRITION

548,400 children under
age 5 and pregnant and
breastfeeding women treated
for malnutrition
(January-November 2018)



LOGISTICS

455MT of humanitarian
relief items transported by air
to 14 destinations on behalf of
16 partners and the Federal
Government



SHELTER

Over **275,000** IDPs assisted
with NFIs and **184,000** IDPs
with Emergency Shelter kits
(January-November 2018)



PROTECTION

Over **150,000** girls,
boys, women and men reached
per month with protection services
and community-based activities



HEALTH

17 Integrated Emergency
Response Teams were
established reaching
3.8M doses of OCV given to
over 1.5 M individuals



WASH

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

STRATEGIC

OBJECTIVES

Guided by the Humanitarian Country Team Centrality of Protection Strategy 2018-2019, the humanitarian operation in 2019 will focus on four core strategic objectives: Providing life-saving assistance, nutrition, protection and resilience support to the most vulnerable.



1 **Life-saving:** Reduce acute humanitarian needs and excess mortality among the most vulnerable by providing life-saving and sustaining integrated assistance.

Humanitarian programming prioritises assistance to people with acute needs and in life-threatening situations, including IDPs, refugees, refugee returnees and host communities, and those suffering from severe food insecurity (IPC Phase 3 and above) to minimise excess morbidity and mortality, especially among children. The response will encompass access to quality basic services, such as schools, nutrition centres and WASH facilities, among others. As in previous years, the 2019 plan will continue to focus on an integrated approach, with projects and activities concurrently tackling multiple sectoral issues.



2 **Nutrition:** Reduce emergency levels of acute malnutrition by strengthening nutrition-sensitive and integrated, multi-sectoral programming.

Humanitarian actors will collaboratively work towards the sustainable reduction of emergency levels of acute malnutrition. Focus will be directed towards vulnerable areas with prevalence of GAM surpassing emergency thresholds and where these rates persistently spike: IDP settlements, rural communities and areas which are prone to climatic shocks and are affected by conflict. Furthermore, efforts will be channeled through a response which integrates nutrition services with those of other sectors, including health, food security and WASH.



3 **Protection:** Ensure protection of affected populations, including those living in hard-to-reach areas and IDP settlements, through protection promoting assistance that targets the most vulnerable and people at risk of exclusion.

Humanitarian action will be guided through the Centrality of Protection strategy in order to i) identify and address systematic risks of exclusion and discrimination, ii) address critical protection concerns in connection with increasing displacement towards IDP settlements and collective-centres, especially child protection and Gender-Based Violence (GBV), and iii) enhance the protection of communities in conflict zones, through engagement of communities in their self-protection, targeted delivery of assistance, and robust engagement with parties to the conflict.



4 **Resilience:** Increase resilience capacity of at risk communities and promote complementary interventions of development partners in social services.

While the emphasis of the HRP is life-saving assistance, it will also focus on resilience-building at the community level with short-term interventions aimed at preventing a deterioration of their situation and higher severity of needs. Populations classified in IPC Phase 2 will be prioritised. To reduce humanitarian needs, risks and vulnerabilities in the medium to longer term, synergies and complementarities with development, recovery and resilience initiatives, such as the United Nations Strategic Framework (UNSF), the Resilience and Recovery Framework (RRF) and the National Development Plan (NDP), will be further advanced to the extent possible.

RESPONSE

STRATEGY

With protection at the centre of all humanitarian interventions, the response strategy targets 3.4 million people, or 81 per cent of the 4.2 million people in need of humanitarian assistance. Humanitarian partners will assist the most vulnerable people with urgent life-saving aid, ensuring that acute needs are met, while increasingly and pointedly reaching out to development and resilience actors to facilitate synergies and complementary action, to ultimately reduce humanitarian needs. To implement the HRP, \$1.08 billion is required.

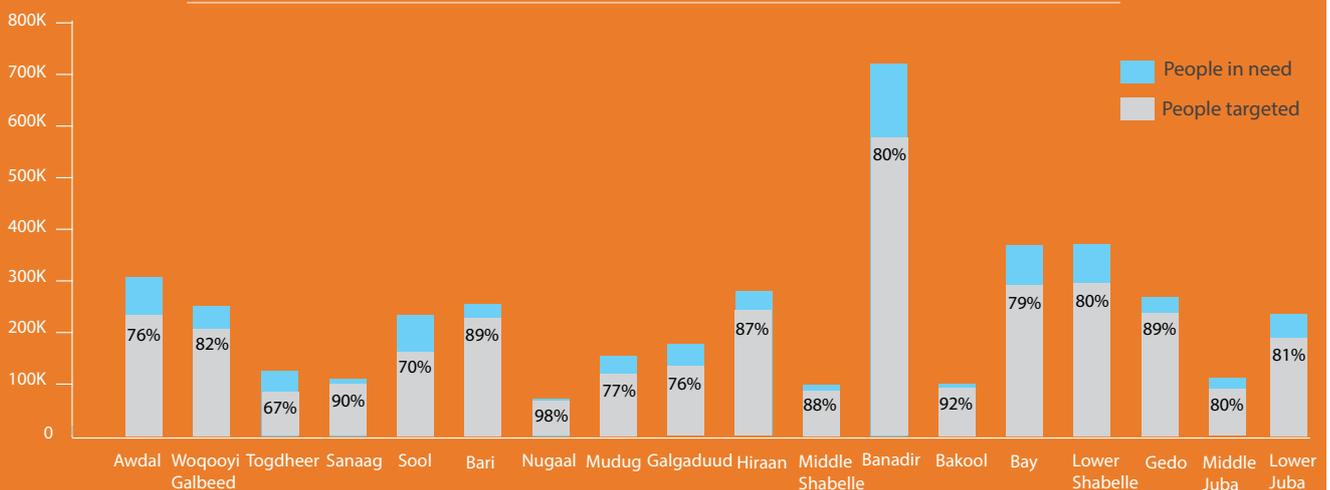
This plan is based on the humanitarian needs as of November 2018 and will be adjusted as required

Humanitarian needs in Somalia are largely driven by conflict, climatic shocks and underlying factors such as weak governance and limited access to basic services. These needs are further compounded by marginalisation and inequality. Conflict dynamics, up-coming elections and irregular weather patterns influence the volatile context in Somalia, making reliable projections of humanitarian needs difficult. Therefore, the HRP, and the financial requirements for its implementation, are based on the needs as identified in the 2019 Humanitarian Needs Overview (HNO). Possible needs related to future climatic shocks, including possible poor rainy seasons, new or escalating armed conflict, or epidemic outbreaks are not considered in this strategy. The HRP and its financial requirements will be adjusted in response to new shocks and the consequent changes in humanitarian needs.

This plan targets 3.4 million people - 81 per cent of 4.2 million people in need

The number of people targeted in the HRP is determined taking into consideration available response capacity, insecurity in large parts of Somalia and the consequent access constraints. Considering these planning assumptions, the response targets 3.4 million people (including 2 million children) or 81 per cent of the 4.2 million people in need. The 4.2 million people include 2.6 million IDPs (of whom 79 per cent are targeted); 39,000 refugees and asylum-seekers (100 per cent targeted); 92,000 refugee returnees (of whom 45 per cent are targeted) and 1.5 million host communities (of whom 93 per cent are targeted). People in all 18 regions of Somalia will be assisted, with the proportion of people in need targeted across regions ranging from 65 per cent to 92 per cent. Continued extension of assistance to those in the hard-to-reach areas remains a priority. Humanitarian actors aim to provide assistance as close to the affected people as possible, including in rural and remote areas, to mitigate the risks associated with displacement.

PROPORTION OF PEOPLE TARGETED COMPARED TO PEOPLE IN NEED BY REGION





People with acute needs and in life-threatening situations

1.5 million people facing severe food insecurity (IPC 3 or worse), 647,000 children suffering from moderate (470,000) and severe (177,000) acute malnutrition will be prioritised with multi-sectoral assistance*



Vulnerable people facing protection concerns and survivors of human rights violations

Groups at risk of violence, exploitation, abuse and neglect, exclusion and discrimination, largely represented by women, children - especially girls-, the elderly, child- and female-headed households, people with disabilities, marginalised clans and IDPs.



People whose livelihoods are particularly fragile after ongoing armed conflict and violence, and recurrent climatic shocks

People living in drought and flood-prone areas, as well those in conflict zones, whose ability to absorb impact of such incidents were undermined by the last crises.



People living in hard-to-reach areas

Rural areas and some urban centres that are insecure and/or controlled by non-state armed actors, and where families flee from the forced recruitment of children



* In addition, Jubaland state, South West state, Hiraan region of Hirshabelle state and Banadir region, all with significant numbers of severely food insecure people (IPC phase 3 and above), many of which are IDPs, are prioritised for response. IDP settlements in urban areas such as Mogadishu, Baidoa, Garowe, Bossaso and Doolow are prioritised due to high levels of acute malnutrition, which surpass the emergency threshold of 15 per cent in all locations.

A more focused humanitarian response plan requires implementation of resilience and development frameworks

For the present HRP, the humanitarian community in Somalia has decided to apply a more focused definition of humanitarian needs, based on specific vulnerability criteria¹⁷. New boundaries have been set on what is considered humanitarian needs and related targets, both at the sectoral and intersectoral levels¹⁸. Therefore, the Humanitarian Country Team (HCT) has also agreed to revise the methodology to calculate the total number of people in need (PiN) of humanitarian assistance for 2019¹⁹, which has led to a 32 per cent reduction in the overall PiN - from 6.2 million people in 2018 to 4.2 million in 2019 - and a 37 per cent reduction in the number of people targeted in the 2019 HRP. Consequently, the funding requirements for 2019 have also reduced from \$1.5 to \$1.1 billion, a decrease of nearly 30 per cent compared to 2018.

The new approach facilitates financial transparency and accountability across the HRP and other development or resilience plans, such as the National Development Plan (NDP), the UN Strategic Framework (UNSF) or the Recovery and Resilience Framework (RRF). This prioritisation also requires - and is based on the assumption - that development partners and donors will prioritise programmes to tackle structural and chronic development challenges in Somalia. Development and resilience actors, as well as donors have been involved in the

discussions to set the new boundaries since the onset of the Humanitarian Programme Cycle process.

Comparing 2018 and 2019, the total number of people in need reduced by 32 per cent, given the revised definition of humanitarian needs as well as an improved humanitarian context. Total number of people targeted in the HRP reduced by 37 per cent. Both the people in need figures and targeted population will be regularly reviewed and refined, considering the evolving situation in the country.

With the reduced funding requirements and given that the HRP focus on immediate humanitarian needs, development partners and donors are expected to prioritise programming for social service delivery, capacity development and livelihood support, in addition to programming for governance and security objectives. Beyond the Somalia Development and Reconstruction Facility (SDRF) or other aid mechanisms, the provision of aid should be extended to include private-public partnerships and other approaches that are consistent with the Federal Government of Somalia's RRF. The UN is working to strengthen its resilience-based programming through the elaboration of a Resilience Platform, in support of RRF priorities, to address the underlying causes of recurrent humanitarian crises.

Limitations on government capacity to provide basic social services requires continued humanitarian action until such activities are gradually handed over to development, durable solution and resilience actors

While the HRP will concentrate efforts on core live-saving activities and protection, some interventions still include delivery of basic services and livelihood support. In line with the ‘New Way of Working’, humanitarian partners will continue to reach out to development and resilience actors, donors and the government to address the underlying causes

of humanitarian needs and gradually transition the delivery of basic social services to such actors.

Building long-term resilience and addressing displacement in a context of rapid urbanisation requires efforts that go beyond humanitarian response. To facilitate collaboration with development and stability actors on durable solutions to displacement and resilience-building, all projects within the HRP have applied a Resilience/Durable Solution filters to show whether and how they could link into resilience building or durable solutions processes. Organisations that selected this

Humanitarian, Resilience and Development plans and frameworks in Somalia

National Development Plan 2017-2019 (NDP): The NDP is the first national level strategic plan crafted by the Federal Government of Somalia (FGS) in over 30 years. The NDP outlines Somalia’s short- to medium-term development priorities and implementation mechanisms. The subsequent NDP is currently being drafted and will cover the period 2020-2024.

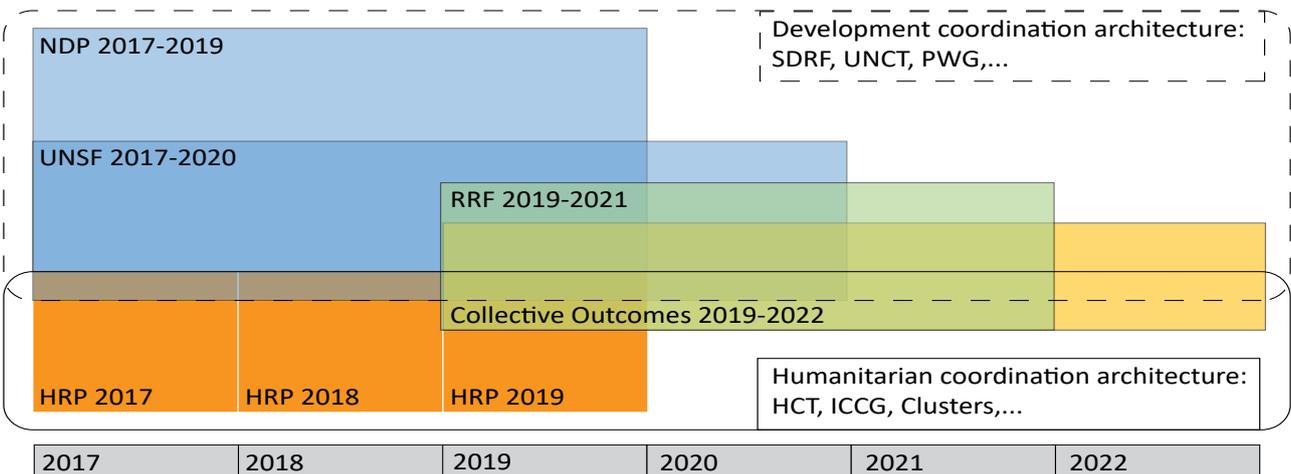
Outlook - streamlining of future planning processes: with a view to ensure more efficient use of resources and sustainable reduction of needs, humanitarian and development actors continue to streamline their planning processes and may consider aligning respective multi-year plans. This may include multi-year needs projections and targets with gradual decrease of humanitarian needs for each year. The HCT will discuss options for multi-year HRP in 2019.

UN Strategic Framework 2017-2020 (UNSF): The UNSF is a multi-year strategic plan to guide the UN’s work and articulates the UN’s collective strategy, commitments and actions in support of the Somali government’s development priorities as articulated in the NDP and in achieving the Sustainable Development Goals. The subsequent UNSF will be aligned to the timeframe of the new NDP.

Humanitarian Response Plan 2019 (HRP): Based on needs identified in the Humanitarian Needs Overview (HNO), humanitarian actors have developed the HRP with targets and financial requirements per cluster. The subsequent HRP will further consider the Collective Outcomes, such as multi-year needs and targets projections.

Recovery and Resilience Framework 2019-2021 (RRF): Developed under the leadership of the FGS and based on the needs identified in the Drought Impact Needs Assessment (DINA), the RRF aims to bring a holistic, systematic approach to the recovery and resilience building process of Somalia. The RRF’s components are closely aligned with NDP’s resilience-oriented priorities. The RRF is also key in realising the Collective Outcomes.

Collective Outcomes 2019-2022 (COs): At the end of 2017, humanitarian and development partners proposed four COs to reduce needs, risks and vulnerabilities and increase resilience by 2022. The COs were designed to ensure alignment and complementarity between the RRE, UNSF, NDP and the HRP and represent key areas that require combined humanitarian and development.



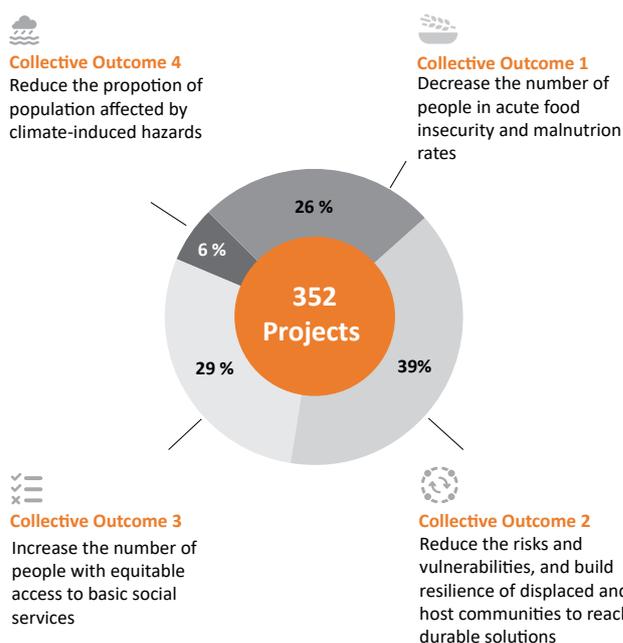
option, were asked to provide further information, responding to the questions in the box in the bottom of the page.

Of the 352 projects under the 2019 HRP, 82 per cent or 289 projects were self-identified as somehow relevant to resilience building or durable solutions²⁰. While not primarily focused on resilience and durable solutions, these projects - with an estimated value of over 50 per cent of the HRP - may provide the potential for an increased impact, as work continues in 2019 to foster coordination and sequencing of humanitarian and development interventions.

Finding durable solutions is a long-term and complex process that gradually enables displaced persons to rebuild their lives and become self-reliant through sustainable economic and social re-integration into society. This can take place either at the location of displacement, the place of origin or elsewhere in the country. Where the environment is sufficiently safe and stable, and the long-term settlement of displaced population is possible, humanitarian assistance can contribute to such processes.

In 2019, humanitarian actors will continue to support the Durable Solutions Initiative (DSI)²¹, aiming at strengthening ability of local government authorities to take over service delivery, plan across sectors, establish service referral mechanisms and reinforce formal structures in settlements. In this sense, humanitarian actors will also engage with development and resilience actors in 2019, by considering existing community-based planning processes and local government plans, as adequate²².

Furthermore, humanitarian and development partners have developed at the end of 2017 four Collective Outcomes (CO). These CO may be considered as the framework for a future multi-year response plan with multi-year needs projections, including the gradual decrease in annual estimates of humanitarian needs. All projects included in the HRP indicated that they are contributing to achieving the CO (see annexes for detailed information on the CO).



The Centrality of Protection is at the centre of the HRP

The Somalia Humanitarian Country Team's Centrality of Protection (CoP) Strategy 2018-2019 is at the centre of the 2019 Humanitarian Programme Cycle in Somalia. This includes needs analysis from a protection lens (as reflected in the HNO), response planning, project design and implementation. All 352 projects in the HRP have been vetted against the CoP to identify the main risks faced by the targeted population and outline the appropriate prevention/mitigation measures. Organisations uploading projects in the Project Module for the Somalia HRP 2019, were asked to respond to the questions in the box below, to explain which prevention/mitigation measures they planned to put in place through their project to address the protection risks identified.

The CoP will continue to be central in project monitoring and communications with affected people. As also highlighted in the CoP strategy (see next page box), one of the key priorities for 2019 will be to enhance the protection of communities in conflict zones, which also includes protecting education and health facilities against attacks, including the occupation of such facilities for non-intended purpose.

ALL PROJECTS HAVE BEEN ANALYZED AGAINST ...

... Durable Solutions & Resilience	... Centrality of Protection
Explain if the protection environment is sufficiently safe or stable to enable durable solutions/resilience	Identify the main risks facing the targeted population, as related to the lenses below and the appropriate prevention/mitigation measures in your project
Is a sustainability/handover component built into the project?	Lens 1: Preventing risks of exclusion based on displacement
Is the project linked to government/community systems, or to longer-term interventions?	Lens 2: Mitigating the impact of armed conflict and violence
Will the entitlement of beneficiaries to services/utilities provided be legally recognized?	Lens 3: Preventing risks of exclusion based on gender and age

Centrality of Protection (CoP) Priorities

Somalia Humanitarian Country Team Centrality of Protection Strategy 2018-2019

Multi-layered conflict and climatic shocks, compounded by emerging but still weak governance structures, massive displacement and persistent exclusion and marginalisation have led to a complex humanitarian environment, where international norms are regularly violated. Violations of International Humanitarian and Human Rights laws are causing grave protection challenges that can only be addressed through collective action. A significant number of people have been forced to flee their homes, exposing them to multiple risks. Cases of abuse against civilians remains a pervasive feature of the crisis, 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.

Drought, floods and conflict have triggered massive displacement and further exposed civilians to serious protection threats and the emergence of negative coping mechanisms. Consequently, the resilience of communities has eroded, and social fragmentation has increased. Women, children, persons with disabilities, and marginalised 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 on the rise, coupled with the limited options to end displacement through durable solutions. The consequence is the high level of protracted displacement characterised by chronic protection concerns and continued dependency on humanitarian aid.

The centrality of protection is paramount in the response strategy for 2019, and underpins the HNO, as well as the sector-specific operational response plans in the HRP. Humanitarian partners consider protection as a collective responsibility, and 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 HCT in December 2017, as being critical for the humanitarian response in Somalia. They are centred around the issues 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 to facilitate more effective protection for affected populations.
2. Addressing increasing critical protection concerns emanating from displacement towards IDP sites and collective centres, and the heightened protection risks/threats that have emerged as a consequence of the multiple obstacles to ending displacement through appropriate solutions, such as

local integration, return to the area of origin, and settlement elsewhere.

3. Engaging with conflict-affected communities and parties to the conflict (national and international), to minimise the 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.

In response, the HCT identified three interlinked activities as priorities for 2019:

- **Targeting, vulnerability and marginalisation.** Those who are historically marginalised and those more recently marginalised by their presence in Al Shabab controlled areas all need to be considered. Work on mapping the exclusion will keep the HCT informed about this priority activity which is closely linked to the need to increase information and data sharing among humanitarian actors, government agencies and community members. The mapping will also support advocacy for tackling biases in practices, policies and procedures, including recruitment systems for employment, assisting HCT members in developing a position on targeting, vulnerability and marginalisation and related matters, such as resource allocation for procurement (see below).

- **Data sharing and analysis.** The HCT will be provided with protection analysis, which will be produced by the monitoring system of the protection cluster. The HCT will follow the analysis closely, require regular updates on progress, be kept informed about and alert to gaps and weaknesses, and encourage participation by all protection and other actors who have the capacity to share data and support the analysis. The protection analysis will support the HCT's capacity to mainstream protection in a relevant way, and to orient its response towards reaching protection results.

- **Protection Advocacy,** with appropriately contextualised material, will be pursued energetically by the HCT with appropriate champions vigorously taking issues forward. There are numerous advocacy issues that HCT members may wish to bring to the HCT for support and the Protection Cluster and NGO consortium and others can meet as appropriate to draft advocacy notes to the HCT, based upon pertinent issues to facilitate a timely advocacy response.

With the support of the protection cluster, promoting the mainstreaming of protection into humanitarian programming will continue with all clusters at the national and sub-national levels, as well as the mainstreaming of Gender-Based Violence (GBV) and Child Protection. For this HRP, partners have been systematically requested to identify main obstacles and security concerns affecting the access of targeted population to humanitarian assistance and protection, and mitigation and prevention measures, with a focus on (i) age, gender and disability, (ii) armed conflict and violence, and (iii) social exclusion.

Implementation and delivery considerations

Integrated response

The 2019 HRP will continue to advance and expand the integrated response approach in the delivery of humanitarian assistance, which encompasses all cluster strategies and facilitates the holistic and effective delivery of services to those living under the most vulnerable conditions. Based on experience from previous years, an integrated response approach has led to the more strategic use of limited resources, value for money and enhanced coordination among clusters. Responding to the intersectoral nature of the humanitarian needs in Somalia, the 2019 response plan also includes 24 multi-cluster projects, covering some \$39 million of the plan’s financial request. In addition, Integrated Emergency Response Teams (IERTs) by the Health, Nutrition and WASH clusters, used for response to the outbreaks of cholera, will be maintained and further encouraged.

The HRP will be actively supported and promoted through the Somalia Humanitarian Fund (SHF) by focusing on integrated projects in its allocation rounds. For example, in 2018, \$24 million, or 48 per cent of total SHF funds, were allocated to integrated projects. Moreover, integrated response will be supported by the Disaster Operations Coordination Centres (DOCCs) in Mogadishu, Garowe and Baidoa, where multiple cluster representatives are working from the same office space to enhance coordination.

Localisation

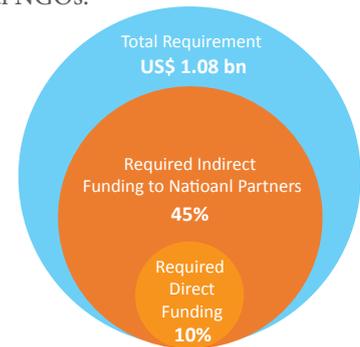
Humanitarian action in Somalia continues to be aligned with commitments made at the 2016 World Humanitarian Summit and the Grand Bargain, including the ‘localisation of aid’. There are 91 National Non-Governmental Organisations (NNGOs) participating in the HRP, resulting in \$125 million in financial requirements. Overall, out of the \$1.08 billion required to implement the HRP, over 50 per cent (\$582 million) is planned to be channelled directly or indirectly to local and national responders²³.

As also raised during the most recent Peer-to-Peer mission²⁴, humanitarian actors clearly acknowledged that international organisations are working effectively with national and local NGOs, and in a spirit of equal partnership. Furthermore, the Somalia HCT includes two national NGOs, and the NGO Consortium which represents the humanitarian international and national NGO community in Somalia.

Meanwhile, the SHF will continue its contribution to concretely implement ‘localisation’. By October 2018, the SHF channelled 47 per cent, or \$15.6 million, of allocations to national NGOs, far exceeding the 30 per cent benchmark set by the Advisory Board for 2018. Furthermore, the pool of SHF partners has expanded to more than 100, of whom more than half are national/local organisations. While the SHF has stepped up support to national partners, priority is given to those who are best placed to implement prioritised activities in a timely, efficient and accountable manner. As the prioritisation of funds is nested with the inter-cluster system, both at the local and national level, the identification of priority needs and geographic locations for SHF funding is collective and includes national and international NGOs.



91
National Partners

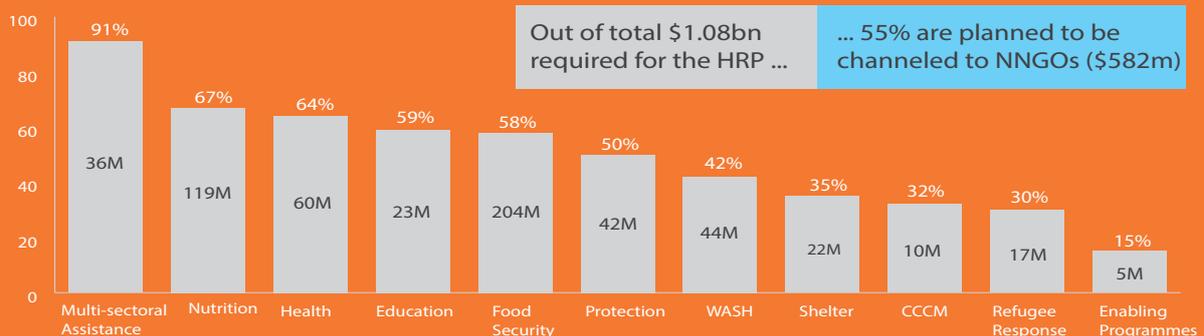


Cash-based interventions

Given the wealth of evidence on the feasibility and benefits of using cash-based interventions (CBI) in Somalia for humanitarian response, the first question now considered by humanitarian agencies is always: if not cash, why not?

In Somalia, signatories of the Grand Bargain Commitment are leveraging their experience and knowledge to encourage CBI as an important part of the humanitarian toolbox. In 2018, a large volume of CBI was provided through digital transfers, increasing the financial inclusion of those in hard-to-reach areas. Cash was used to meet a wide range of needs, as basic supplies, education, shelter, health and livelihood support. The use of cash reduced logistical costs associated with in-kind assistance, while ensuring that people could make their own choices and stimulate their local economy. Multi-purpose cash responses also have the flexibility that allows needs to be met across multiple sectors, assessed on a multi-sector basis and provided to meet basic priority needs. Since the high-level panel discussion on humanitarian cash transfers in 2015, agencies are applying innovative integrated approaches

PLANNED BUDGET TO BE CHANNLED TO NATIONAL NGOS: BUDGET & PERCENTAGE AGAINST TOTAL REQUIREMENTS PER CLUSTER



to establish and strengthen shock-response procedures by aligning humanitarian response with nascent safety net and social protection mechanisms in country.

Even though CBIs have gained more acceptance in Somalia, in-kind-assistance still dominates emergency assistance across the country, and there are concerns that cash transfers are under-utilised. To improve the systemic consideration of cash, the 2019 HRP included a step whereby “why not cash” had to be addressed during the project vetting process. This initiative was put forth to evaluate if any reluctance to use cash reflects donors’ preference, lack of institutional capacity, market information, or a combination of all factors. In total, \$292 million – or 27 per cent of 2019 HRP requirements – are planned in cash and vouchers interventions. Multi-sectorial assistance for non-refugee has the highest proportion of CBI, accounting for 75 per cent of the budget, followed by the refugee response, with 70 per cent, and Food security cluster, with 49 per cent allocated to CBIs. Most planned cash interventions are unrestricted and beneficiaries can fully make spending decisions, and some CBIs adopt a nutrition lens to target people in need.

In 2019, the Somalia Cash Working Group (CWG), in collaboration with REACH, is planning several assessments around various aspects of cash feasibility to support the increase of CBIs. These assessments will be conducted with a protection lens and will include the analysis of current goods available, vendor capacity to restock, some assessment of supply chain and seasonality and demand from families, among others. The FSNAU will contribute to the analysis by monitoring and providing market data, which will be used both to establish cash transfer values and monitor any inflationary pressures. In addition, the CWG also aims to support a system-wide approach in the implementation of CBIs and to increase linkages with existing humanitarian coordination structures (such as ICCG and HCT) to ensure partners are “cash-ready” to make informed decisions on CBI.

Gender

Deep-rooted gender inequality, anchored in cultural norms, persists throughout Somalia and requires the humanitarian system to consider the specific needs of women, men, boys and girls in any intervention. Among the main challenges faced by women and girls, gender discrimination and gender-based violence (GBV) cuts across all social and economic strata. Women and girls from minority or marginalised groups are especially vulnerable²⁵ and often face a lack of protection, economic opportunities, access to humanitarian aid and have

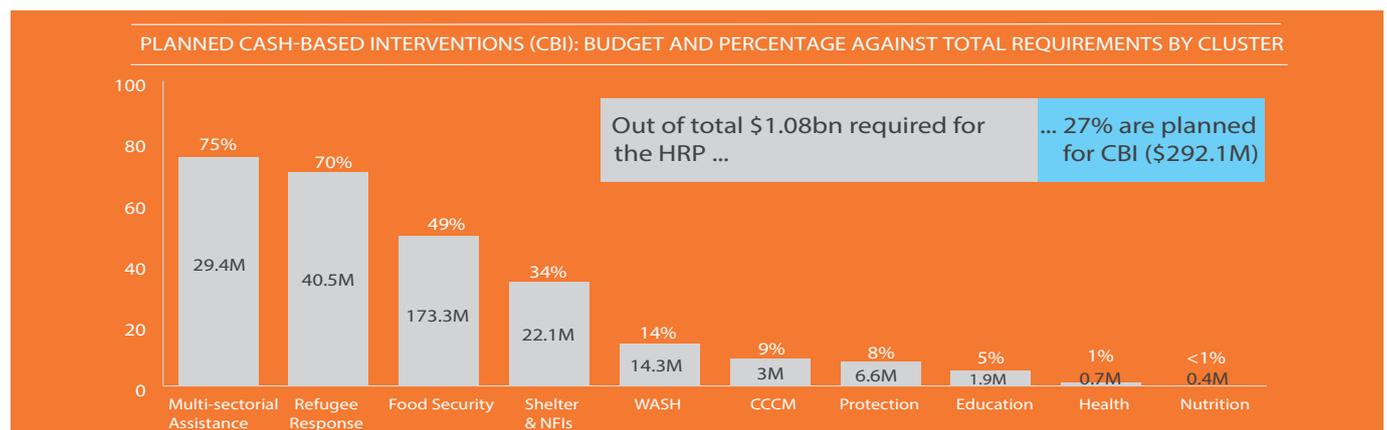
limited, if any, access to justice²⁶. Widows, elderly, and the people living with physical and mental disabilities are even more likely to be excluded from accessing services, particularly humanitarian assistance²⁷. Women are also more present in the labour market, which despite the economic empowerment has also increased their vulnerability, especially in relation to GBV. Women are often sexually exploited in the workplace, and targeted while travelling to and from their homes²⁸.

The HRP aims to mitigate gender protection risks, particularly GBV, by ensuring that interventions are built on a comprehensive gender analysis. During project implementation and monitoring, the needs of women, men, boys and girls are taken into consideration²⁹. According to the Gender and Age Marker database, over 25 per cent of all the projects submitted within the 2019 HRP in the Project Module system, have completed the gender questionnaire³⁰. Of these, over 90 per cent mainstream gender or gender and age in their project. At least one third of the 97 projects that completed the questionnaire clearly articulate effects of gender inequality in relation to their sector, and 15 per cent aim to concretely address inequality. In addition to that, two thirds of all projects in the HRP adapt or tailor activities for different groups based on their different needs.

Accountability to Affected Populations

The HRP will further advance Accountability to Affected Population (AAP) and Communication Engagement (CE) in line with the Grand Bargain commitment to a ‘participation revolution’. The activities in the HRP will involve targeted people and their communities in the decision-making process, including by providing accessible information, ensuring that an effective process for participation and feedback is in place.

The Somalia operation has an assortment of AAP/CE mechanisms in place, including hotlines, village committees, SMS feedback systems, third-party monitoring and focus group discussions, among others. However, there is a gap in the impact these mechanisms are making, as demonstrated in recent assessments. For instance, some 85 per cent of both host communities and displaced people said they did not receive sufficient information about humanitarian services³¹. It is particularly critical to receive adequate feedback from the most marginalised group of beneficiaries such as women, children, the elderly, child- and female-headed families, and people with disabilities, to reflect their voices, and to adjust humanitarian programming, implementation and monitoring as necessary.



In 2019, humanitarian actors will increase interaction and communication with communities. This will also be done by using existing feedback mechanisms for individual organisations and through the humanitarian Radio Ergo. This Radio is considered an independent voice-based feedback system for gathering views and comments from rural and other hard-to-reach areas. In accordance with the recent Peer-to-Peer mission report, which reiterated the importance of establishing a collective approach to AAP and use of information from crisis-affected people to adjust programming, humanitarian partners will determine why a common feedback mechanism established in 2016 has stalled and identify lessons learnt for the way forward. The HCT has also agreed that dedicated leadership by a champion will help to elevate AAP/CE, institutionalise it within the leadership of the operation, and drive it forward in support of the HCT.

Protection from Sexual Exploitation and Abuse (PSEA)

In 2019, the humanitarian community will holistically address Prevention of Sexual Exploitation and Abuse (PSEA). In 2018, the PSEA Task Force Steering Committee presented and initiated the implementation of a PSEA Task Force work plan. A comprehensive PSEA strategy has been adopted and its implementation will be facilitated by the PSEA Task Force Steering Committee. As a key part of implementation in 2018, the HCT was briefed and trained in IASC standards, and each agency nominated a PSEA focal point, to whom any complaints or concerns can be addressed and who will constitute the PSEA Task Force at the country level. For 2019, the HCT has committed to the IASC standards of PSEA, and will work on strengthening the PSEA Task Force by placing a dedicated PSEA Coordinator under the DSRSG, developing Standard Operating Procedures and establishing a pilot community-based complaint mechanism (CBCM) which will improve the access for vulnerable populations to report exploitation and abuse.

National Disaster Management Policy 2017-19

Developed in line with the vision of the National Development Plan 2017-19 (NDP) and under the leadership of the Minister for Humanitarian Affairs and Disaster Management (MoHADM), the Disaster Management Policy aims at providing a legislative framework for the establishment of a comprehensive disaster management system in Somalia. The policy combines measures on disaster preparedness, prevention and mitigation as well as on response, recovery and reconstruction. It also ensures to embed disaster management into national development activities.

The Policy is based on eight guiding principles – State responsibility, division of roles among the different levels of the government, local risk assessments and capacity, capacity building, community participation and resilience, coordination and partnership, neutral and non-discriminatory interventions, responsibility of the Government to protect - to which all the relevant institutions part of the Federal Government of Somalia (FGS) are required to abide by. Equally, the policy has set six main objectives:

- 1. Ensure that disaster management interventions are undertaken systematically and expeditiously in order** to both save and protect lives, livelihoods, assets, and promote disaster risk reduction.
- 2. Provide a clear framework for disaster prevention, mitigation, preparedness, response, recovery and reconstruction,** undertaken within a risk management framework by all parts of the government.
- 3. Ensure that institutions and activities for disaster risk management are coordinated and delivered in**

partnership between the governments at various levels (Federal, State and local authorities), local communities, Somali Red Crescent, United Nations, private sector and non-governmental organisations, as well as regional institutions in Africa.

4. To clarify for all involved the role of key government departments and institutions at the federal, member state and district levels in various aspects of disaster management, and how they work with and complement each other.

5. To mainstream disaster risk reduction in development plans and strategies at all levels to enhance capacity of vulnerable communities to withstand the adverse effects of disasters.

6. To provide direction to all federal Ministries and institutions of the Federal Government of Somalia to prepare Standard Operating Procedures (SOP) in consonance with this policy and encourage all Member State institutions, District Authorities and other stakeholders to prepare SOPs for their respective institutions in areas directly related to disaster prevention, mitigation, preparedness, risk assessment, early warning, immediate response, recovery and reconstruction.

Acknowledging the linkages and interdependence between the vulnerability of Somali people to disasters as well as their resilience to shocks, the disaster management policy was crafted as a multi-sectorial and holistic approach that would go beyond relief alone, pointing at strengthening the synergies with resilience and development actors.

The policy document will be reviewed in 2020.

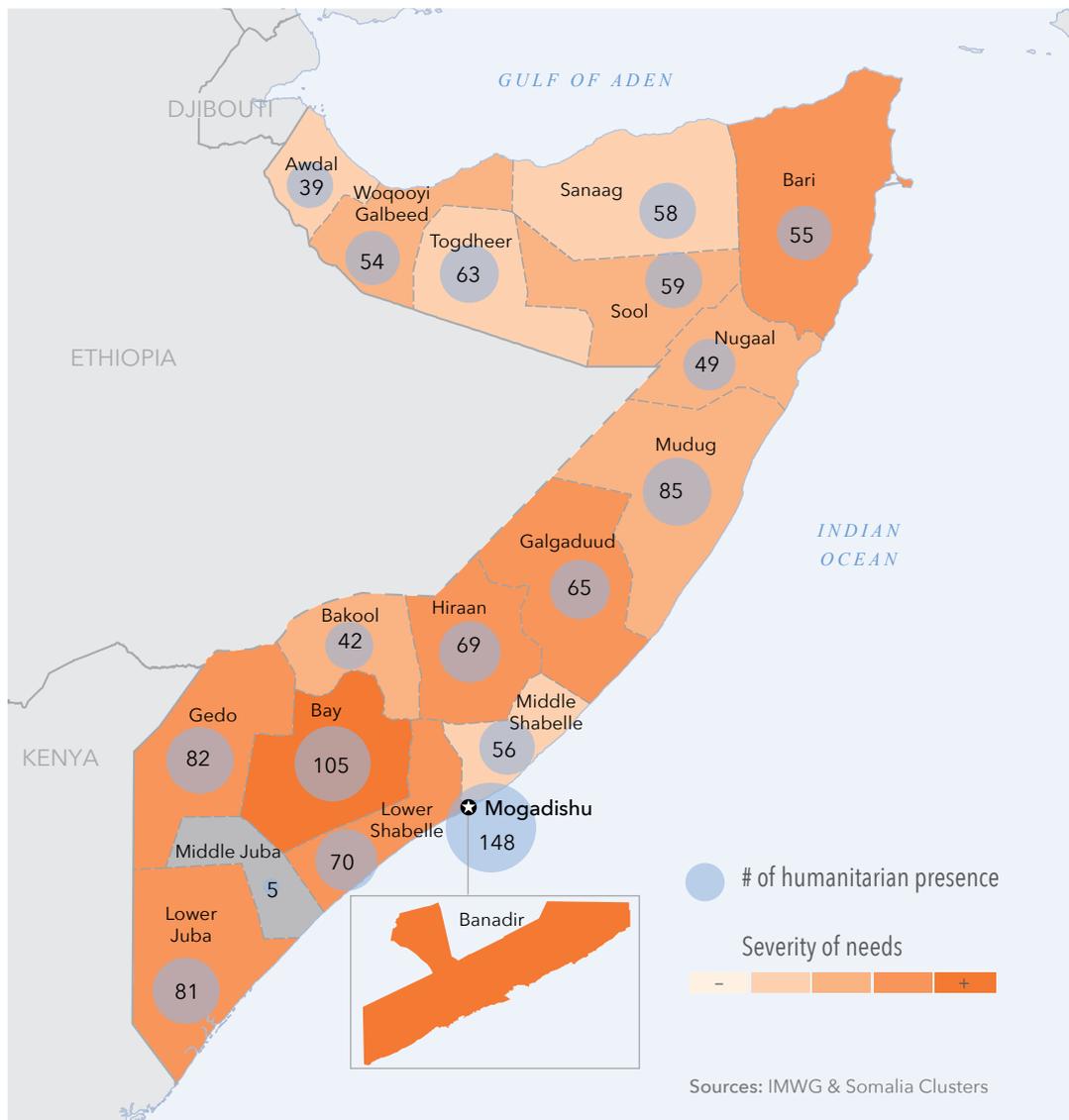
OPERATIONAL

CAPACITY

The number of humanitarian partners continue to increase in the country, despite the challenging operational environment. A wide range of national and international organisations are involved in the delivery of humanitarian assistance in all 18 regions of the country, with 328 partners actively implementing activities.

The operational capacity increased by nearly 38 per cent over the course of 2018, from 238 humanitarian partners in December 2017 to 328 in December 2018. The increase is primarily due to improved coordination, especially among local organisations, better data collection, and the extension of humanitarian interventions in places that were not previously accessible. Improvements in risk mitigation and management

has built confidence among international partners in the provision of support to local organisations in the delivery of assistance in hard-to-reach areas. Though humanitarian access remains a challenge, there was slight increase in number of partners in some areas, notably Galmudug and Hirshabelle States.



OF HUMANITARIAN PARTNERS

328

*The numbers in the map reflects the partners working in each region. Note that the same organisation might have activities in more than one region at the same time.

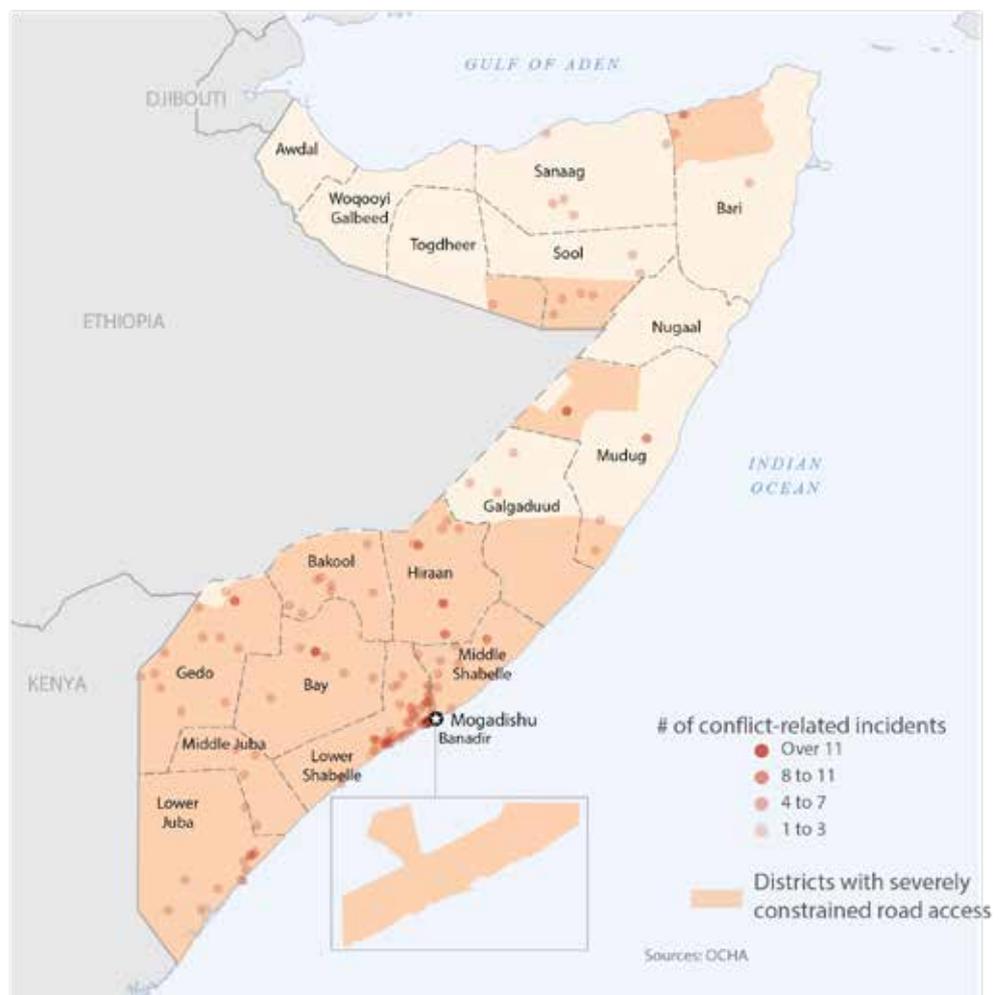
Sources: IMWG & Somalia Clusters

HUMANITARIAN ACCESS

Securing access to deliver humanitarian assistance and the ability of affected populations to access assistance and protection will remain a priority for humanitarian actors in 2019. Active conflict and insecurity, particularly on key supply routes, interference in the implementation of humanitarian activities, bureaucratic impediments and attacks against humanitarian staff and assets, continue to constrain the humanitarian assistance in Somalia.

OF INCIDENTS
DIRECTLY IMPACTING
HUMANITARIAN
OPERATIONS IN 2018

≥ 110



Ongoing active conflict, insecurity and restrictions on the movement of goods and personnel has limited humanitarian access into contested areas or those not under government control. As consequence, people in hard-to-reach areas, often including highly vulnerable families, might receive little, if any assistance.

Although local partners have been more successful in securing access in conflict-affected areas, much more needs to be done to ensure the safe, unimpeded and predictable passage of humanitarian goods and personnel to affected zones. Additional steps will be taken to strengthen the capacity of front-line partners and develop relationships with authorities, local administrations, security actors and key stakeholders across the country. OCHA is working with humanitarian partners to improve access by monitoring impediments, advocating with authorities at national and local levels, and improving civil-military coordination.

Conflict - Active conflict, including clan conflicts and military operations, will continue to force civilians to leave their homes and farms, towards main population centres, in Baidoa, Mogadishu and Kismayo, or towards AMISOM bases, further reducing the already overstretched resources and weakened resilience of many communities. Lower Shabelle and Lower Juba will likely remain a focus for active clashes in southern and central Somalia, with Lower Shabelle reporting the highest number of conflict incidents and violence. The planned drawdown and focus of AMISOM along main supply routes may limit the mission's logistical capability and will likely reduce security operations in other areas.

Electoral violence – In 2019, there may also be a reduction in humanitarian access and operations as result of political violence. A long electoral season in the lead up to the 2020 voting campaign will likely see a steady rise in violence, including clan competition and disruption of government-led election processes at the regional and national levels. This may restrict movement of goods and personnel, and may lead to delays or suspension of humanitarian services.

Violence against humanitarians - Humanitarian operations continue to be affected by violence in southern and central Somalia, with isolated incidents still reported in the north. Direct targeting has included abductions of humanitarian staff, expulsion, arrest and detention, as well as deaths. Armed violence and clashes at distribution sites also continue to be reported. Incidents directly targeting humanitarians are reported more frequently in Mogadishu and in rural areas, impacting mainly the front-line responders.

Road access challenges – The use of improvised explosive devices on key supply roads, including the Mogadishu to Jowhar corridor, attacks on trucks using main supply routes in Hiraan, as well as reports of checkpoint fees continue to negatively impact road movement. Ongoing blockades of goods moving by road into government-controlled towns are also likely to reduce freedom of movement for humanitarian and commercial supplies. Extortion, illegal checkpoints and increasing fees that are demanded along the Mogadishu-Afgooye-Baidoa and Mogadishu-Jowhar routes and in Galmudug State, by elements from both state and non-state affiliated groups, will continue to put pressure on all traffic.

Bureaucratic impediments - Without a common regulatory framework, aid organisations continue to report ad-hoc and arbitrary taxation requests by some local and state authorities, interference in staff recruitment, as well as supply and procurement procedures. This has led to disruptions, delays, intrusions in humanitarian facilities, arrests, detention and in some cases expulsions of humanitarian workers, with occasional suspensions of humanitarian programmes. In 2018, such incidents led to the arrest and temporary detention of 18 humanitarian workers and expulsion of three³².

VIOLENT INCIDENTS IN 2018

- Over 110 violent incidents directly impacting humanitarian organisations
- 9 humanitarian personnel killed
- 13 humanitarian personnel injured
- 22 humanitarian personnel abducted
- 18 arrested or temporarily detained

RESPONSE

MONITORING

In 2019, the humanitarian community will build on the enhanced collective monitoring mechanisms that were established in 2018 and will 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

Humanitarian partners will be closely monitoring the response, changes in context dynamics, 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 for enhanced prioritisation and enables improved targeting to reach the most vulnerable. Monthly Humanitarian Dashboards, ad hoc needs assessments, in addition to regular assessments conducted by the FSNAU, DOCC and ICCG, among other tools, provide regular analysis of the needs and humanitarian response in Somalia. The mechanisms also indicate the progress against the key cluster-specific outcome indicators, all linked to the four over-arching strategic objectives of the HRP.

Monitoring responsibilities

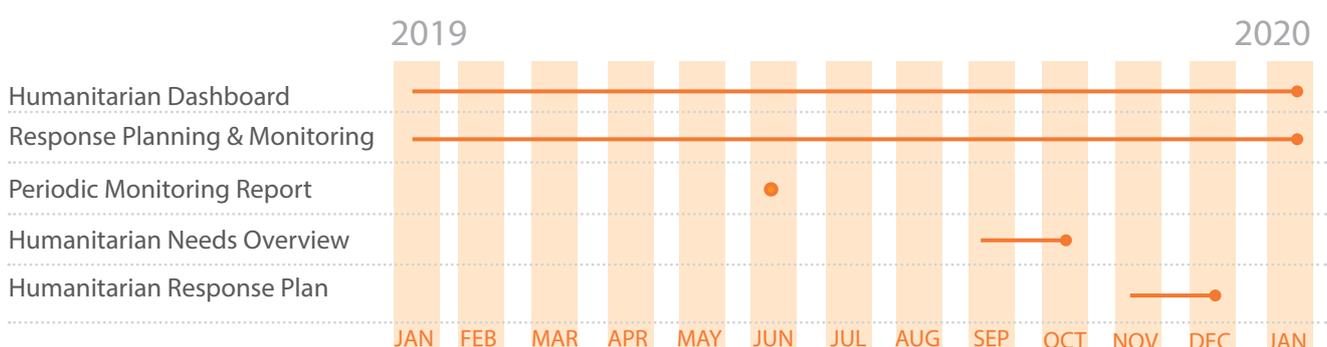
Under the strategic guidance of the HCT, the ICCG is tasked to assess progress toward reaching strategic objectives, cluster objectives, and cluster activities, as outlined in the HRP. Based on regular reviews of the evolving needs and most critical gaps, the ICCG regularly makes recommendations to the HCT for action or adjustments in the response operation. The Information Management Working Group (IMWG) will support the ICCG in undertaking these tasks. In 2019, 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 the online RPM module³³. The Response Planning and Monitoring tool manages the development and subsequent monitoring of the strategic framework at the inter-cluster and cluster levels, supporting first the HRP planning process, and then the periodic monitoring processes which happen throughout the year.

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). In 2018, Cluster Frameworks were developed by each of the clusters, and included in the RPM online platform. Reporting on the objectives and indicators will be done by collecting key figures in the RPM, and consolidating the data acquired in monthly Humanitarian Dashboards. The HCT will also produce a mid-year monitoring report and/or theme/issue-based analytical monitoring reports. 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 2019, or major new humanitarian needs emerge, the HCT can revise the HRP and the monitoring framework accordingly.

HUMANITARIAN PROGRAMME CYCLE TIMELINE



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



In 2019, 4.2 million people will need humanitarian assistance. This figure represents a reduction of 32 per cent, from 6.2 million people in 2018, which is due to the combination of the overall improvement in the food security outlook linked to the above average *Gu* rains, sustained humanitarian response, as well as a revised methodology for calculating the number of people in need³⁴.

For 2019, the total number of people in need was calculated by summing the highest people in need figure of a cluster in each region. All clusters utilised the same base population data sources for the calculation and disaggregation of the people in need figures³⁵, both overall and on a sectoral basis.

Equally, to define the total target – 3.4 million people – humanitarian partners adopted the highest target figure out of all Clusters by region. Other elements were considered in the target calculation both at intersectoral and sectoral level: the severity of needs as identified in the HNO, the operational capacity to deliver, security and access.

As a consequence of a more focused approach to defining humanitarian needs in the HNO and people targeted in the HRP, the financial requirements have been reduced from \$1.54 billion in 2018 to approximately \$1.08 billion in 2019, representing nearly 30 per cent reduction in financial requirements.

23

BREAKDOWN OF PEOPLE TARGETED

	TOTAL		BY STATUS				BY SEX & AGE		REQUIREMENTS
	People in need	People targeted	IDPs	Refugees/Asylum seekers	Refugee Returnees	Host communities	% Female	% children, adult, elderly**	Total in US\$
Camp Coordination and Camp Management (CCCM)	2.6M	1.8M	1.8M	-	-	-	51%	61 37 2%	32M
Education	1.8M	337K	202K	-	15K	120K	50%	99.6 0.4 0%	40M
Enabling Programmes	-	-	-	-	-	-	-	-	32M
Food Security	3.5M	2.6M	1.4M	-	41.5K	1.1M	50%	59 39 2%	353M
Health	3M	2.4M	1M	16K	39K	1.4M	50%	59 39 2%	93M
Nutrition	1.5M	1.1M	364K	10K	-	764K	50%	59 39 2%	178M
Protection	2.6M	1.4M	1.1M	39K	-	276K	51%	63 33 4%	84M
Shelter/NFIs	2.3M	1.6M	1.4M	-	41.5K	142K	51%	61 37 2%	64M
Water, Sanitation and Hygiene (WASH)	2.9M	2.6M	1.4M	-	41.5K	1.1M	50%	55 43 2%	104M
Multi-Sectoral Assistance	-	-	-	-	-	-	-	-	39M
Refugee Response	131K	81K	-	39K	41.5K	-	50%	59 39 2%	58M
TOTAL	4.2M*	3.4M*	2M*	39K*	41.5K*	1.3M*			1.08BN

*Total figure is not the total of the column, as the same people may appear several times

**Children (<18 years old), adult (18-59 years), elderly (>59 years)

PART II: OPERATIONAL RESPONSE PLANS

-  Camp Coordination & Camp Management
-  Education
-  Enabling Programmes
-  Food Security
-  Health
-  Nutrition
-  Protection
-  Shelter
-  Water, Sanitation & Hygiene (WASH)

-  Multi-Sectoral Assistance
-  Refugee Response Plan

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



CCCM OBJECTIVE 1:

1 Improve living conditions of displaced people through site development, care and maintenance.

RELATES TO SO1, SO3

CCCM OBJECTIVE 2:

2 Strengthen community self-management and access to information for displaced populations.

RELATES TO SO1, SO2

CCCM OBJECTIVE 3:

3 Support opportunities for displaced people to achieve durable solutions.

RELATES TO SO1, SO2

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



Overview/Cluster context

Camp Coordination and Camp Management (CCCM) systems are required to ensure equitable access to services and protection for displaced persons in informal settlements. People displaced to informal sites do not have their basic needs met due to the inconsistent provision of services or exclusion from accessing humanitarian support as a result of poor targeting of sites. Displaced people in informal sites are in the greatest need of CCCM services to reduce barriers to assistance, ensure access to quality basic services, enhance the accountability of humanitarian actors to affected populations, and strengthen community participation and empowerment through consistent engagement.

Targeting and response priorities/boundaries

Based on figures collected through the CCCM Cluster Detailed Site Assessment (DSA), the CCCM Cluster will target 1.8 million people living in IDP sites in accessible areas. The CCCM Cluster will prioritise districts with the largest numbers of displaced people for site coordination and management activities. Sites will be targeted through discussions and coordination with local authorities and the humanitarian community at the district level to ensure services reach the most vulnerable populations, particularly women and children from marginalised clans. The Cluster will put mechanisms in place that ensure the most vulnerable, including the elderly and disabled, have equal access to services that are delivered within a protective environment.

Response strategy and modalities

The CCCM Cluster will continue to support displaced populations in sites through the following activities: (i) improve site level coordination ensuring equitable access to quality basic services; (ii) strengthen community participation and their empowerment through consistent engagement; (iii) monitoring and mapping service delivery at site level to ensure efficiency and accountability; (iv) reinforcing mechanisms for communication and feedback on multi-sector services; (v) improve living conditions of populations through site improvement and maintenance; (vi) enhance coordination with local authorities and development partners to support displaced people in sites to achieve durable solutions; (vii) and information collection of populations data through DSA and site verification exercises as a baseline of access and availability of services in sites.

In coordination with local authorities, the CCCM Cluster will use an area based approach at the district level to ensure the effective coordination and management of IDP sites using mobile teams. When appropriate, the CCCM Cluster will support CBIs, such as improving site safety through cash-for-work programmes and the allocation of cash grants to camp committees. To minimise pull factors to sites, the CCCM cluster will advocate for basic services provision in sites through integrated programming and in parallel for centralised access to services outside of sites, which will benefit both IDPs and host communities.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/en/operations/somalia/somalia-camp-coordination-and-camp-management>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	2.6M	-	-	-	51%	61 37 2%
PEOPLE TARGETED	1.8M	-	-	-	51%	61 37 2%
FINANCIAL REQUIREMENTS	\$32M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Kathryn Ziga
Cluster Coordinator
kziga@iom.int

Muhammad Ilyas
Cluster Coordinator
ilyas@unhcr.org

CCCM actors are committed to the responsible provision of equitable access to services by all beneficiaries. Improving quality of life and restoring dignity during displacement involves creating mechanisms and structuring programs to ensure that displaced persons are able to hold humanitarians accountable. CCCM partners will ensure that two-way communication channels are available to displaced people and will guarantee IDP participation during service delivery.

The CCCM Cluster will work together with the Protection Cluster to develop strategies to mitigate exclusion of populations

in service delivery. CCCM Cluster will strengthen complaints and feedback mechanisms and encourage all actors to prioritise communication with communities (CwC) as a core component of their programming to mitigate exclusion based on ethnicity, age, disability or gender ensuring the participation of all groups in decision making process. The CCCM Cluster will also advocate for community cohesion projects to minimise potential tension between displaced and host communities related to the delivery of humanitarian assistance.

Photo: Max Schott/UNOCHA



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



EDUCATION OBJECTIVE 1:

1 Ensure vulnerable children/youth are engaged in life-saving learning that promotes personal well-being and social cohesion.

RELATES TO SO1, SO2& SO4

EDUCATION OBJECTIVE 2:

2 Strengthened capacity to deliver effective and coordinated education in emergencies, preparedness and response within the education.

RELATES TO SO1 & SO4

EDUCATION



Overview/Cluster context

Conflict and natural disasters have undermined social and economic development in Somalia, leaving communities with socio-economic vulnerabilities that demand more resources, thus reducing the priority of education. The education system has suffered widespread loss and damage, resulting in limited capacity and resources. Access to education has reached a historic low, with more than three million children out of schools in Somalia. The national Gross Enrollment Rate (GER) is 30 per cent for primary education and 26 per cent for secondary level education. A recent assessment report indicates that 58 per cent of girls in host communities, and 75 per cent of girls in displaced communities, are not attending school³⁶. In addition, the dropout rate of those from host communities is around 30 per cent, and 17 per cent for those from IDP communities³⁷. These national figures hide significantly worse regional-level variations. A high number of children are not able to access and attend schools. Furthermore, school dropouts are a major concern, as girls are forced in to early marriages and boys are recruited into armed groups or are exposed to other vices.

The fragilities of the education system are exacerbated by inequalities in children's access to and progression through education systems, gender disparities, untrained teachers, few female teachers and inadequate learning environments. An estimated 1.8 million school-aged IDP and host community children are in need of education support.

Capacity constraints of the Ministry of Education, limited outreach and weak governance structures have had a negative impact on education. Learning is regularly interrupted by various emergencies, absenteeism of teachers, lack of funding among others and, for those who do have access to education, attendance is often inconsistent.

Targeting and response priorities/boundaries

The Education Cluster will aim to support 337,000 out of 1.8 million school-aged children in need of education interventions. Response priority will be given to the most vulnerable children among displaced people and food insecure families. The Education Cluster will focus on immediate educational interventions, to ensure that school-aged children have access to quality education in a safe and protected learning environment, which should result in improved school retention rates.

To improve to improve quality of education during crisis, the Education Cluster and partners will work to enhance the pedagogical and psychosocial capacity of teachers and school staff. A key focus will be ensuring the well-being of children and improving learning outcomes.

The Education Cluster will work closely with the Ministry of Education, as well as Community Education Committees, to strengthen capacity and promote the ownership and sustainability of education services. The education response will be

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/en/operations/somalia/education>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	1.1M		42K	724K	51%	99.4 0.6 0%
PEOPLE TARGETED	202K		15K	120K	51%	99.4 0.6 0%
FINANCIAL REQUIREMENTS	\$40M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Sara Skovgaard
Cluster Coordinator
sskovgaard@unicef.org

designed to meet the needs of vulnerable girls, women, boys and men, in both IDP and host communities, ensuring gender inclusiveness and equal access to services. It will further prioritise the identification and mitigation of protection risks in order to reduce school-aged children's exposure to GBV and other safety concerns.

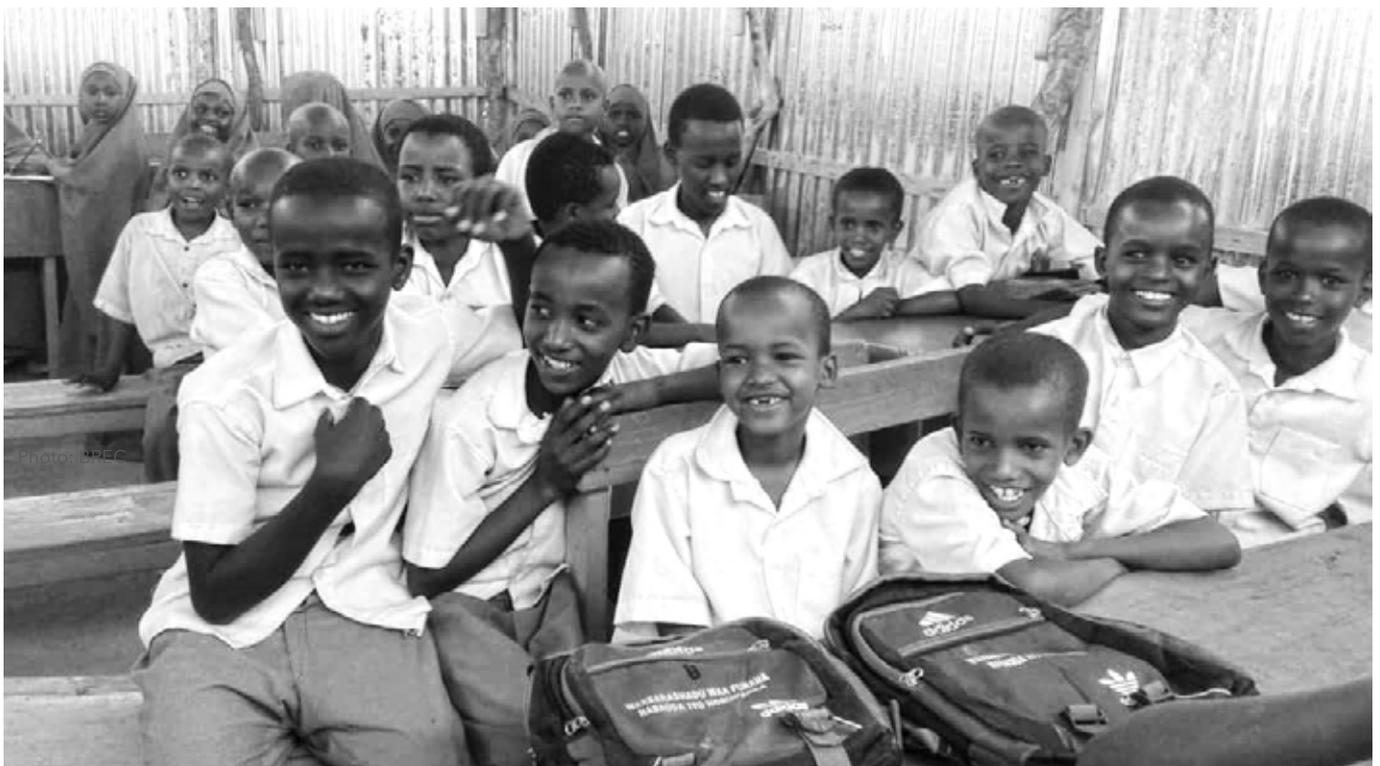
Response strategy and modalities

The education response aims to (i) provide vulnerable, school-aged children and youth with immediate access to safe learning opportunities, (ii) support learners' retention, (iii) improve learning environments, and (iv) strengthen and improve the quality and effectiveness of service delivery. Greater focus will be given to system strengthening, ensuring sustainability, and on enhancing education capacities, particularly with respect to education in emergencies, preparedness, and response planning within the education system. Support will be given to develop the Ministry of Education's capacity for education in emergencies and community engagement, and to implement effective emergency preparedness and response, in line with education strategic sector plans. In addition, the response will continue to invest in the capacity-building of local partners as an integral part of the broader partnership programme, in line with global commitments made with respect to localisation at the 2016 World Humanitarian Summit and the Grand Bargain

The protection crisis remains a persistent humanitarian challenge. Accordingly, the education response will be driven

by a protection-sensitive approach which underpins the Centrality of Protection Strategy for Somalia. Supporting education, and its 'built-in' protective components such as physical, psychosocial and cognitive protection, provides vital continuity and support for children living through crisis. Education will play a role in enhancing child protection as a service to be supported and delivered, and as an 'enabling right' which facilitates children's access to their other rights. Although the drought has ended, the food security situation remains dire with 1.5 million people facing crisis, or worse, levels of food security in 2019. Accordingly, school feeding programs and the provision of water will be included as an element of the response.

The education response will support vulnerable and marginalised girls and boys among the internally displaced and food insecure communities in southern and central Somalia, Puntland and Somaliland. With the potential for education to be used as a central platform for coordinated and integrated humanitarian response, the Education Cluster will continue to work closely with the WASH, Protection, Food Security, Health and Nutrition Clusters to expand the range of services provided to children in schools. Providing a range of services in will facilitate access to education, improve education quality, and increase the retention of learners. When appropriate, the cluster will support cash based interventions to support attendance, teacher incentives, school capitalisation grants and other relevant areas.



REQUIREMENTS (US\$)


32M

OF PARTNERS


7
ENABLING PROGRAMME
OBJECTIVE 1:

1 Ensure effective, principled and well-coordinated humanitarian aid to ensure equal access for women, girls, boys and men
RELATES TO S01, S02, S03 & S04

ENABLING PROGRAMME
OBJECTIVE 2:

2 Provide timely and relevant information to the population and humanitarian partners, to ensure a common understanding of humanitarian needs and to enable more informed decision making.
RELATES TO S01, S02, S03 & S04

ENABLING PROGRAMME
OBJECTIVE 3:

3 Fill in the identified logistics gaps through facilitating access to logistics services and ensure continuity of the UN Humanitarian Air Service flights.
RELATES TO S01, S02, S03 & S04

ENABLING PROGRAMME



Overview

To ensure an efficient coordination system is in place 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 ensuring a coherent response to emergencies. Civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilisation and advocacy will remain priorities. Overall, severe access constraints continue to have a direct impact on the ability of the humanitarian community to effectively deliver humanitarian relief to populations in need. The logistics sector has been included in Enabling Programmes, in order to build upon the currently-limited capacity among national actors, and to increase the mitigation of, preparation for, and response to emergencies and shocks.

Response Strategy

In 2019, strengthening coordination and the capacity of relevant Government counterparts, national and sub-national coordination forums and partners will remain a priority. Regional inter-cluster coordination forums will be strengthened to facilitate localised situational analysis, to identify gaps, and mobilise response, including improving seasonal planning, in line with the IASC Emergency Response Preparedness (ERP) approach.

The Somalia NGO Consortium will support 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 in improving front-line response.

In 2019, improved collaboration with development partners to address chronic needs and vulnerabilities will be a priority, with a focus on the agreed Collective Outcomes, which includes reducing needs, risks and vulnerabilities and increasing resilience. Clusters will continue to identify priority needs through cluster-specific and integrated needs assessments, and will ensure timely reporting and monitoring to eliminate gaps and duplications in response.

The FSNAU will continue to provide information on the food and nutrition situation that supports prioritisation of response. FSNAU will also provide additional information through its Early Warning Early Action Dashboard in order to support timely and prioritised response. Additionally, the Somalia Water and Land Information Management (SWALIM) will continue to provide early warning information to improve flood- risk management and to develop the risk management capacity of partners, in particular, 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. Furthermore, Radio Ergo will provide advocacy programming and dialogue facilitation with communities to support the overall delivery of humanitarian aid. Radio Ergo will also share its independently gathered audience feedback from mainly rural areas to inform the humanitarian response.

The International NGO Safety Organisation (INSO) Somalia will contribute to international and national NGOs operating safely and securely by providing timely and relevant information and analysis with special focus to support NGOs relocating offices to Somalia.

The United Nations Department for Safety and Security (UNDSS) will continue to enhance security for UN Agencies, and provide emergency medical response teams that are capable of delivering rapid life-support interventions to UN and INGO staff in Somalia.

Air services provided by the United Nations Humanitarian Air Service (UNHAS) continue to constitute the only option to travel to most destinations within Somalia. The lack of safe, secure and efficient commercial alternative, makes UNHAS one of few options to reach locations safely and to ensure a 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.

CONTACT

Justin Brady
OCHA Head of Office
bradyj@un.org

Franklyn Frimpong
Head of UNHAS
franklyn.frimpong@wfp.org



FOOD SECURITY

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



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 3-5) **RELATES TO S01, S02**

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 S01, S02**

FOOD SECURITY OBJECTIVE 3:

3 Support household and community resilience to shocks, through rehabilitation and/or restoration of productive assets, enhance livelihood strategies and disaster preparedness. (IPC 2-4) **RELATES TO S01, S04**

Overview /Cluster context

Recent climatic improvements and the large-scale delivery of humanitarian assistance led to an improvement in the food security situation in Somalia. Still, acute food insecurity, malnutrition and livelihood needs remain, with two in five Somalis acutely food insecure. Seasonal assessment results indicate severe levels of acute food insecurity and malnutrition among the 2.6 million IDPs. The residual impact of the 2016/17 drought, combined with recent floods, a cyclone, displacement, evictions, and other factors, continues to undermine opportunities for food security improvements, especially for the most vulnerable Somalis. Contrary to earlier forecasts, the latest projections indicate that the Deyr seasonal rainfall is expected to be below average, despite the expectation of a weak El Niño. Consequently, there is an increased risk for the deterioration of pasture and water resources, which could negatively impact food security outcomes.

Under these circumstances, recent food security improvements are at risk of deterioration if humanitarian assistance is not sustained, particularly among vulnerable population groups. Furthermore, to ensure lasting improvements in the food security situation, sustained assistance and livelihood support is necessary.

The recent post-Gu assessment, done by the Food Security and Nutrition Analysis Unit (FSNAU), indicates that 4.6 million people are acutely food insecure (IPC 2 or higher). Approximately 40 per cent (or 1.1 million

people) of those classified under IPC 2 will be reached through the RRF, and funded by development partners.

The Food Security Cluster will strive to create a protective environment in which the most vulnerable, particularly female and child headed households, can safely access services and goods. The Cluster will continue to work with the GBV Sub-cluster to mitigate protection risks during food/cash distribution and increase access to livelihood opportunities for survivors of GBV.

Targeting³⁸ and response priorities/ boundaries

The Food Security Cluster objectives focus on (i) increasing immediate access to food, (ii) protecting and restoring livelihood-related food and income sources, and (iii) supporting the resilience of vulnerable communities and households against shocks. Target population groups and key priority activities are summarised 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). Approximately 1.6 million people who are facing severe levels of food insecurity (IPC Phases 3, 4 and 5) will be supported under this objective.

Objective 2: To protect and restore livelihood-related food and income sources. Priority activities include the provision of: (i) seasonally appropriate agricultural inputs (e.g. certified quality seed, farm tools, training,

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://fscluster.org/somalia>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	1.9M	-	92K	1.5M	50%	59 39 2%
PEOPLE TARGETED	1.4M	-	41.5K	1.1M	50%	59 39 2%
FINANCIAL REQUIREMENTS	\$353M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Mulugeta Shibru
Cluster Coordinator
mulugeta.shibru@fao.org

Bernard Mrewa
Cluster Coordinator
bernard.mrewa@wfp.org

land preparation and irrigation support), (ii) emergency livestock assistance (e.g. supportive treatment, vaccinations, feed, fodder production), (iii) livelihood diversification (e.g. fishing, backyard poultry and vocational programmes), (iv) improved post-harvest practices, and (v) response to food chain threats (e.g. fall armyworm, desert locusts, trans boundary animal disease). The scope of these activities will continue to be informed by the ongoing discussions on the RRF to ensure complementarity with development activities and the maximum impact of assistance. The cumulative target is 900,000 acutely food insecure people, including rural IDPs (IPC Phases 2, 3, 4 and 5).

Objective 3: To support the resilience of vulnerable populations against shock. This objective will contribute to protecting and conserving natural resources on which lives, and livelihoods depend, such as water, soil, land and forest resources. The activities will be directed at repairing and effectively managing small-scale productive infrastructure to mitigate shocks (e.g. river de-silting and embankment repair to prevent seasonal floods) using a combination of machinery and human labour, as appropriate. Additionally, life skills training activities will be prioritised to increase household income for vulnerable and food insecure households. Community-based preparedness, surveillance and early warning systems/networks will contribute to preventing damage or losses to crops, livestock and coastal fisheries. Combined, these activities will directly benefit around 1 million people (IPC Phase 2-4) per month through conditional transfers (e.g. cash/food for the work/training) and will indirectly benefit entire communities in rural and urban areas, including IDPs.

Response Strategies and Modalities

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

- Prioritise areas with 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, livelihood and gender analysis;
- Strengthen partners' ability to target the people most in need, including socially marginalised groups, and improve partners' accountability to affected populations;
- Promote the common use of tools to facilitate beneficiary information management and the coordination of assistance to those most in need (e.g. SCOPE);
- Scale-up assistance in hard-to-reach areas through strengthened engagement with local authorities and NGOs;
- Integrate protection risk mitigation measures throughout the design, implementation and monitoring of projects to ensure the most vulnerable are protected from exploitation and abuse;
- Ensure that market analysis, harmonised transfer values and local coordination guide partners' cash- and market-based responses;
- Jointly analyse, plan and integrate Food Security Cluster

responses with the Nutrition, WASH and Health Clusters, especially in areas with sustained high levels of acute food insecurity and malnutrition;

- Strengthen partnership between UN and NGO resilience consortia to increase outreach and prevent vulnerable households from sliding to worse phases of food insecurity, and
- Link humanitarian, early recovery and development efforts based on the RRF, and SDRF.

Food Security Cluster partners will employ diverse response options for response, such as in-kind assistance, cash-based transfers, and the provision of basic services related to the livelihoods of affected people, depending on the severity and cause of acute food insecurity in a given area. The seasonal food security assessment, localised market assessments and monitoring inform the appropriate choice of response modalities. The Food Security Cluster has advised partners to use the Cash Working Group's (CWG) recommended transfer value³⁹. Overall, cash-based transfers continue to be the preferred modality of response to food assistance, as well as for livelihood support. The use of CBIs is preferred because of its contribution to enhancing of local production, stimulation of local markets, and the promotion of a people-centric approach in humanitarian response.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



HEALTH OBJECTIVE 1:

1 Improve equitable and safe access to quality emergency and essential lifesaving health services for crisis affected aimed at reducing avoidable morbidity and mortality.

RELATES TO SO1, SO2, SO3 & SO4

HEALTH OBJECTIVE 2:

2 Mitigate impact and respond to shocks to the affected population as a result of conflict and public health emergencies

RELATES TO SO1, SO2 & SO4

HEALTH



Overview/Cluster context

Over 3 million people in Somalia need urgent action to assure their equitable and dignified access to health care and to maintain their right to health and wellbeing. IDPs, especially those displaced by conflict and those from minority groups, face barriers to accessing health services. People facing extreme food insecurity, malnutrition and poor access to clean water and sanitation are at particular risk to diarrhoeal and communicable diseases. Health security measures, including immunisation, are lacking in many areas. Furthermore, wellbeing and productivity are threatened by traumatic injury, non-communicable illness and mental stress for which services are lacking that lack services to avert long-term harm.

Targeting and response priorities/boundaries

The conflict affected population, especially those displaced by violence and natural disaster, are particularly vulnerable to discrimination, neglect, illness and injury, and, without intervention, face long-term morbidity or even death. The sector will target groups with specific vulnerabilities, including pregnant women, the disabled, the elderly and people suffering from chronic diseases. Health Cluster partners will prioritise the delivery of services to the most vulnerable and at risk due to violence including GBV survivors, marginalised groups, and those who face barriers to health services. Women and children are particularly at risk, especially during pregnancy, childbirth, and when a

child is very young, and specialised services can prove crucial. Emergency and essential services must be not only available, but reachable and of good quality.

Three areas of health risks, namely malnutrition, access to water and low immunisation, which often interact to worsen health and well-being, and must be targeted in order to reduce mortality and morbidity. Some of the most vulnerable need life-saving interventions for malnutrition and concomitant illness. Severe illness is also driven by (i) insufficient access to water, which leads to diarrhoeal disease, a concern given that 26 per cent of non-displaced and 41 per cent of IDPs households reported having inadequate access to water in the 30 days prior to the assessment, and (ii) poor overall vaccination rates, which average below 50 per cent, exposing the population to disease outbreaks. Beyond these threats, traumatic injury due to violence and other common occurrences, such as road accidents claim many lives and result in permanent disabilities. Those with physical disabilities and mental disorders face social isolation and lack of services.

Response strategy and modalities

The Health Cluster is committed to equitable access to emergency and essential health-care services. Partners will directly provide health services; in conjunction with national and local health authorities, by filling gaps in human resources, supplies and equipment. Mobile services will augment the capacity of static facilities, enabling health providers to

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/en/operations/somalia/health>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	1.2M	66K	92K	1.7M	50%	59 39 2%
PEOPLE TARGETED	1M	16K	39K	1.4M	50%	59 39 2%
FINANCIAL REQUIREMENTS	\$93M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Craig Hampton
Cluster Coordinator
hamptonc@who.int

Dayib Ahmed
Cluster co-
Coordinator
Dayib.Ahmed@
savethechildren.org

serve marginalised, nomadic and hard-to-reach communities. Integrated health, nutrition and WASH services will continue as a preferred modality, which will ease the burden of care on families. Health Partners will strengthen specialised services, specifically clinical management of rape and psychosocial support within the multi-sectoral approach to GBV; and ensure that survivors of violence are referred to complimentary services. The strengthening of disease surveillance, rapid response and case management remains a priority, including improved vaccination campaigns. Acute health services, such as trauma and maternal care must consider gaps in referral pathways between life-saving and rehabilitative care, and gaps in mental health care must also be addressed.

Community engagement is key to improving the rates health services utilisation and disease prevention, especially among

women and girls from minority clans. Improved accountability mechanisms with respect to marginalised and vulnerable populations will aim to identify and break-down barriers to health services. Improved accountability mechanisms must be matched by quality improvements in health care that ensure up-to-date knowledge and skills of medical practitioners and that services are provided in a safe and patient-rights centred environment.

The Health Cluster continues to work closely with health authorities at the Federal and state levels to ensure that humanitarian action is aligned with local priorities and sector development strategies. Projects will integrate activities that build longer-term resilience and that scale-up the capacities needed to address public health challenges involving trauma and disease outbreaks.



Photo: Qatar Red Crescent Society (QRCS)

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



NUTRITION OBJECTIVE 1:

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

NUTRITION OBJECTIVE 2:

2 Improve equitable access to quality lifesaving 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

CONTACT

Samson Desie
Cluster Coordinator
sdesie@unicef.org

Naema Hirad
Deputy Cluster
Coordinator
naema.hirad@wfp.org

NUTRITION



Overview/summary of needs

Acute Malnutrition remains the major problem that has persisted over time in Somalia, with high levels of GAM that are well above the emergency threshold of 15 per cent. During 2016 and 2017, the humanitarian situation in Somalia continued to deteriorate because of poor rains received during the consecutive Gu and Deyr seasons. The resulting drought caused widespread food insecurity, deepening health, nutritional and water and sanitation problems, which were exacerbated by the large-scale displacement of people. In response, the Nutrition Cluster, alongside other humanitarian clusters, developed a pre-famine response plan that addressed operational systems, staffing and supplies management in a holistic manner, all building on work underway and already scaled up in 2016. The increased response across clusters supported health and nutrition service delivery, the accessibility of safe water and sanitation, and reinvigorated protection services, after a slight hiatus. Meanwhile, continued continued support was given to children sustained emergency nutrition interventions, which were given a fresh perspective from the emergency processes.

In 2018, the overall food security situation in Somalia improved in comparison to the previous year, as demonstrated in the latest food security and nutrition assessment by FSNAU⁴⁰. The improvement is due to the above-average performance of the April to June 2018 Gu rains. However, these gains have not translated into corresponding improvements in the nutrition situation and categorically,

malnutrition situation remains of serious concern. Recent nutrition surveys⁴¹ across the country indicate slight improvements in a few areas and a stagnated nutrition situation in most parts of the country. The trends in GAM prevalence(WHZ) across the country have remained at serious levels, in comparison to six months ago. This is further evidenced by the high admission rates to in nutrition sites/ centres over the 12 months during 2018, and as well as compared to similar months in previous years of 2016 and 2017. The comparison has been done only at all time operational (fixed) sites functional over the years otherwise the highest ever admission is recorded in 2017 due to large scale pre-famine response operation.

Targeting and response priorities

Providing their high susceptibility to death, the Nutrition Cluster will target 100 per cent of all 177,534 severely malnourished boys and girls under the age of five with lifesaving therapeutic interventions. Moreover, we will target moderately malnourished boys and girls under the age of five, and Pregnant and Lactating Women (PLW) who are affected by moderate acute malnutrition. The response priority will follow the GAM rate and the overall burden in terms geographic prioritisation, while individual objective measurements (anthropometry) will be used in targeting cases with a package of life-saving services. As well targeting boys and girls under the age of two and pregnant and lactating women (PLW) with food-based therapeutic nutrition services during periods of lean seasons.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/en/operations/somalia/nutrition>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	364K	20K	-	1.1M	50%	59 39 2%
PEOPLE TARGETED	364K	10K	-	764K	50%	59 39 2%
FINANCIAL REQUIREMENTS	\$178M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

The key Response Activities to be prioritised would include the regular identification of acutely malnourished children and PLW, including through the Mothers MUAC approach, and therapeutic feeding support for the treatment of acute malnutrition cases. The Nutrition Cluster will also promote and advocate with all development and humanitarian actors for prioritisation and implementation of micronutrient support to vulnerable groups, such as PLW and children under age five. Examples of support include the provision of Vitamin A & MMN, food-based and non-food based preventive actions, including nutrition sensitive activities and integrated multi-sectoral Nutrition, Health, and Hygiene Preventative Care (NHHP), food security and promotional support, and MCHN/IYCF-E support (promotional and preventative), and especially support to caregivers. The Cluster will continue to support cash based interventions to support preventative activities, to address root causes of malnutrition at household level and to support treatment outcomes. Cash based interventions, especially those targeting households with children under the age of five, can significantly contribute to overall resilience/livelihood and/or wellbeing of the families, ultimately impacting dietary diversity & frequency positively.

Response strategy and modalities

The Nutrition Cluster will focus on basic life-saving activities and community resilience-building activities in priority hotspot geographical areas, including all locations with high GAM and Severe Acute Malnutrition (SAM) rates and IDP areas. In addition, the Nutrition Cluster will promote preventive nutrition programmes across the country, using a mix of strategies focusing on both nutrition specific and nutrition sensitive actions in an integrated manner. In the 2019 HRP, the Nutrition Cluster will build upon current successes and achievements and will support the Government and other implementing partners to enhance equitable access to and utilisation of quality, high impact mother and child nutrition interventions. Such interventions will result in a reduction of acute malnutrition and will contribute to lowering, child mortality and morbidity, with the aim of achieving the Sustainable Development Goals (SDGs).

Equal access to basic nutrition services across the country will be ensured using a combination of strategies and approaches, including a multi-sectoral approach, nutrition sensitive, and nutrition specific service delivery through mobile and static services. There will be greater and equal focus on the promotion of multi-sectoral approaches to (i) emergency nutrition, (ii) building the resilience of mothers, caregivers and communities to promote preventive behaviors, and (iii) a diversified mix of nutrition sensitive and nutrition specific actions. The Nutrition Cluster also aspires to develop the capacity of the Somali Authorities, and local and international actors to enable them to steadily lead and manage different components of the emergency nutrition response plan. Given the complex and interconnected causes of malnutrition, multi-sectoral and integrated approach is at the heart this strategy, stressing the importance of involving multiple sectors in addressing malnutrition. Therefore, sustainable solutions require coordination and integration with Health, WASH, Food Security, Agriculture and Social Protection partners, among others.

Malnutrition is an outcome indicator that highlights needs in several sectors and in the overall vulnerability of communities. In Somalia, the key drivers of malnutrition are linked to protection concerns. The critical prevalence of acute malnutrition has persisted among some displaced populations, and most notably IDPs that have been located in Garowe and Galkacyo since the 2012 Gu season, and among IDPs in Qardho and Mogadishu since 2016 the Deyr season. This is partly attributed to high morbidity and inconsistent household income, as reflected in poor diet diversity and infant and young child feeding behaviours. Equally important factors that affect nutritional outcomes are (i) insufficient health services, (ii) climatic hazards, (iii) internal displacement from rural areas due to armed conflict and/or climate shocks, and (iv) the growing trend of the forced eviction of IDPs, which leaves families with poor housing structures, and limited sanitation and hygiene facilities. Similarly, as indicated in the Somalia 2016 IYCF Study Somali children are at higher risk of nutritional deprivation including those living in a poor household headed by a male, or those under the care of a young mother⁴². While mothers are away from the household in search of casual labour, children and infants are left without proper care.

Given the complex nature of causality, and the heavy burden of malnutrition, considering the high susceptibility of malnourished children to death, it is of paramount importance to put collective, multi-sectoral and integrated efforts into the prevention and treatment of malnutrition. It is also imperative to protect households by building resilience to minor shocks and alleviating economic hardship by preserving vital and limited assets. Preventative programs that circumvent malnutrition through early action interventions to those who are most at risk are essential. Over one million children and pregnant and nursing women would benefit from life-saving, preventative nutrition programs that aim to break the intergenerational cycle of hunger. Hence, the priorities for 2019 remain focused on response programming that is both nutrition specific and nutrition sensitive. Furthermore, the Nutrition Cluster will continue to holistically consider the perspectives of protection, gender, and accountability to affected populations in the overall response.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



PROTECTION OBJECTIVE 1:

1 Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, as well as coercion, and abuse

RELATES TO S01 & S02

PROTECTION OBJECTIVE 2:

2 Strengthen resilience of individuals, communities and institutions exposed to protection risks, and prevent further abuse.

RELATES TO S02 & S04

PROTECTION OBJECTIVE 3:

3 Strengthen the coordination of protection services and enhance protection advocacy with relevant stakeholders.

RELATES TO S01, S02 & S04

PROTECTION



Overview/Cluster context

The situation of people affected by displacement and disasters remains precarious with respect to physical safety and dignity. As a result of destitution, women, men, girls and boys, are exposed to particular and various forms of violence, exploitation and discrimination. Frequent protection risks reported on the ground include (i) GBV, (ii) forced evictions (see graphs below), (iii) exposure to explosive hazards and (iv) child rights violations, such as child recruitment by armed groups and early marriage. Displacement increases the risk of family separation, and currently, there is an estimated caseload of 8,000 unaccompanied or separated children in Somalia. Furthermore, due to the loss of men's livelihoods, displaced women are increasingly taking on the role of breadwinners, which exposes them to the increased risk of domestic violence, exploitation and abuse.

Targeting and response priorities/ boundaries

Of the 2.6 million people in need of protection services there are varying levels of vulnerability within the affected community, by age, gender and other factors, such as disability or clan affiliation. Considering the level of funding in the 2018 HRP, ongoing access challenges and operational capacity, the Protection Cluster will prioritise the provision of protection services to vulnerable people in newly displaced communities, displaced people in IPC 2⁴³, and among host communities. Interventions will further be

prioritised based on rates of child recruitment, eviction, displacement from conflict areas, malnutrition, and the ratio of displacement against the total population.

Response strategy and modalities

The Protection Cluster, and its sub-clusters (i) Child Protection in Emergencies, (ii) Gender-Based Violence, (iii) Housing, Land and Property, and (iv) Explosive Hazards will respond to the emergency protection needs of vulnerable members of disaster-affected displaced communities. The Protection Cluster will ensure that victims of serious protection violations have access to essential protection services, including healthcare, psychosocial support, or other related protection life-saving assistance.

Protection partners will support the capacity of protection stakeholders in addressing protection needs, and will primarily engage communities and related institutions such as the Federal and state governments, and regional protection services. At the community level, partners will reinforce the capacity of committees or other networks to perform key protection functions. Community protection functions include the identification and referral of people in need to protection services, such as women and children at risk, people with disabilities, those with injuries and chronic illnesses, the elderly and people with psychological distress. Support for the recovery and reintegration of victims into communities will be provided. Awareness-raising among communities about protection

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/en/operations/somalia/protection>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	1.9M	39K	92K	566K	51%	63 33 4%
PEOPLE TARGETED	1.1M	39K	-	276K	51%	63 33 4%
FINANCIAL REQUIREMENTS	\$84M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Christophe Beau
Cluster Coordinator
beau@unhcr.org

risks, rights and services will be continued. Communities will be supported to develop community prevention plans and facilitate peaceful coexistence.

The coordination of protection services will be strengthened to ensure that evidence-based advocacy can be conducted regarding protection concerns. In particular, this requires the reinforcement of protection monitoring and information management systems, and advocacy for protection mainstreaming in humanitarian response. The coordination of protection services will further aim at ensuring that referral pathways are in place, especially for GBV survivors and victims of child abuse.

Child Protection

Child protection partners will provide integrated Child Protection Case management services to at least 15,000 children including Unaccompanied and Separated Children (UASC), and other vulnerable children in need of immediate support. Emphasis will be placed on the prevention of family separation and effectively responding to the specific needs of identified UASC through (i) identification documentation, (ii) the provision of immediate care or referral, (iii) family tracing and reunification, and (iv) the provision of alternative care.

Building on the existing community based Child Protection (CP) mechanisms, the Child Protection Sub-cluster will continue to provide gender and age appropriate psychosocial support services for boys, girls and their caregivers. In addition, the Child Protection Sub-Cluster will strengthen the provision of inclusive, community-based reintegration services for children who are associated with armed forces and groups, or those at risk. This community-based approach will not only ensure that CP services are brought closer to those in need, but will also expand the reach of services.

The Child Protection Sub-Cluster will target over 450,000 community members with a wide range of awareness raising activities on child protection concerns, including the prevention of family separation, recruitment, and Mine Risk Education. Schools, food distribution, nutrition and health facilities, among others, will be used as platforms to raise awareness about child protection issues. In addition, the Child Protection Sub-Cluster will implement a robust capacity building plan for government, community based-structures and child protection actors to facilitate compliance with the minimum standards for child protection in Humanitarian Action⁴⁴.

Gender-Based Violence

GBV partners will broaden the scope of life-saving services by expanding geographical reach and improving service quality. The provision of comprehensive services will be scaled up, including (i) GBV case management, (ii) psychological first aid and support accompanied by referrals for appropriate services, (iii) the expansion and strengthening of referral services, (iv) the provision of critical material support, (v) livelihood training opportunities, and (vi) GBV mobile response for hard-to-reach communities.

In support of the recovery and resilience of GBV survivors and of women and girls at risk of GBV, GBV partners will provide livelihood training opportunities, and will establish and support safe spaces for women and girls. In addition, partners

will work with men and boys to mobilise them against GBV.

The capacity of service providers at the national, sub-national and community levels will be strengthened in the prevention of and response to incidents of GBV. In particular, GBV partners will promote the mainstreaming of GBV response and prevention in humanitarian response and reporting.

Housing Land Property

Partners will mitigate protection risks that are exacerbated by evictions through provision of different forms of tenure security support, including facilitating the issuance of documentation at the household and group levels. Partners will engage proactively with relevant stakeholders to negotiate improved tenure arrangements and/or facilitate dignified relocations. Extremely vulnerable victims of evictions will be supported in coping with Post-Eviction Stress (PES) through the provision of multi-sectoral cash assistance, specialised counselling and legal assistance services.

Access to information will be facilitated to assist IDPs in accessing services, navigating complex procedures, and exercising existing remedies. Particular efforts will be made to mobilise and support the government's efforts to address evictions, including robust engagement with landlords, gatekeepers and community leaders. Eviction monitoring and eviction risk mapping will be strengthened to enhance analysis, prevention and advocacy.

Explosive Hazards

The capacities of the FGS and Federal Member States will be reinforced to ensure (i) victim assistance, and clearance and risk education in areas that are contaminated by landmines and other explosive hazards that pose a threat to local communities and hamper the delivery of humanitarian aid, (ii) strengthened coordination and management of humanitarian mine action activities, and (iii) enhanced Explosive Ordnance Disposal (EOD) capabilities of Somali Police and other governmental and non-governmental mine action partners.

At the local level, training will be provided to 300 focal points among humanitarian organisations that are supporting vulnerable groups, to facilitate the implementation of explosive hazard management interventions. Particular focus will be given to landmines/ERW risk education, and local referral mechanisms to mine action service providers, such as the Somalia Explosive Management Authority (SEMA), police, and survivors' assistance organisations. Furthermore, disability awareness will be raised among local authorities and humanitarian partners.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



SHELTER OBJECTIVE 1:

1 Contribute to the protection of newly displaced people, IDPs / refugee returns / host community and those affected by natural hazards.

RELATES TO SO1, SO3

SHELTER OBJECTIVE 2:

2 Improve the living conditions and contribute to local reintegration of the protracted internally displaced persons (IDPs) and refugees returning back to their place of origin. RELATES TO SO3& SO4

SHELTER OBJECTIVE 3:

3 Improve the quality of shelter assistance and ensure accountability through effective mechanisms RELATES TO SO1, SO3 & SO4

SHELTER & NFI



Overview/Cluster context

Most IDPs are currently residing in informal crowded settlements, with insufficient access to basic services and under poor shelter conditions that raise protection and health, and privacy and dignity concerns.

In 2018, various assessments conducted across Somalia demonstrate that 80 per cent of IDPs live in makeshift shelters, temporary emergency shelters, tents, or under trees. Furthermore, 35 per cent have suffered damage to their shelters in the last three months, 16 per cent reported thefts from shelters, and 80 per cent were NFI vulnerable. Shelters made of simple materials provide little/no protection from outside threats, which has led to the perpetration of rape and other forms of GBV, especially among female-led households⁴⁵. Overcrowding has forced multiple families to live in the same shelter without any kind of separation, which has led to additional protection concerns. They remain in need of improved shelter and NFI support to provide protection from harsh climatic conditions, overall improvements in living conditions, and increased opportunities to access livelihoods and durable solutions.

Targeting and response priorities and boundaries

The Shelter Cluster will mainly target IDPs living in informal urban and peri-urban settlements. In order to reduce tensions, between ten per cent and 20 per cent of host community members will also be targeted, and in addition, the entire refugee returnee

caseload will be targeted. The FSNAU SADD population estimate, JMCNA and several cluster partners across Somalia provides a breakdown of the IDP population in terms of age and gender.

The Shelter Cluster will prioritise the delivery of aid to locations that have a high number of IDPs and that are accessible to humanitarian actors. The most vulnerable of the affected population will be prioritised. Among the most vulnerable are (i) female or child headed households, (ii) households from minority clans, (iii) extremely poor households, and (iv) households that have a large household size, disabled family members, pregnant and lactating mothers, and children under five years old.

The Shelter Cluster has defined the people in need of shelter as strictly those who are internally displaced or are refugees returning to the country. This definition facilitates the provision of life-saving emergency response to the newly displaced and transitional assistance to those facing protracted displacement. Transitional assistance should be sustainable and designed to catalyse durable solutions to displacement.

Response strategy and modalities

The Shelter Cluster will continue to support crisis and displacement affected populations, through the provision of life-saving emergency shelter and NFIs. Transitional and permanent shelter support will also be considered, after due consideration of the phase of displacement, the prevailing security

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.sheltercluster.org/response/national-cluster>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	2M	-	75K	224K	51%	61 37 2%
PEOPLE TARGETED	1.4M	-	41.5K	142K	51%	61 37 2%
FINANCIAL REQUIREMENTS	\$64M				*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

CONTACT

Nurta Adan
Cluster Coordinator
adan@unhcr.org

of land tenure, and the possibility to catalyse durable solutions through sustainable access to basic services. To this end, the Shelter Cluster will promote integrated humanitarian response.

The Shelter Cluster aims to use combined approaches in the delivery of assistance to the targeted population, including both in-kind and cash assistance. For each location and group, the modality used will be determined on the basis of market assessments and analyses. However, shelter partners have made a commitment to deliver more than half of all shelter assistance and NFIs through conditional and unconditional cash and vouchers. Beneficiary use CBIs in local markets can serve to diversify and strengthen local resources, stimulate the economy, and support livelihood opportunities. Where in-kind assistance is preferred, the Shelter Cluster will advocate for the allocation of complementary cash assistance amounting to approximately ten per cent of the total value of the assistance. Such allocation will enable beneficiaries to purchase items or components that may be missing from, or needed in addition to, the assistance provided.

Furthermore, the Shelter Cluster will endeavour to improve emergency response time by promoting the establishment of a pipeline system. To expedite the delivery of aid in emergencies, the Shelter Cluster shall leverage on established logistic and supply chain arrangements and prepositioning of supplies at strategic locations.

Internal displacement is the key driver of humanitarian shelter needs in Somalia. It has been observed through the cluster partners report and OCHA that there is no difference in the shelter needs of IDPs displaced by either conflict or by drought.

However, there have been increasing needs for shelter and NFIs due to the unprecedented displacement that took place in 2017 and 2018. Accordingly, the Shelter Cluster will continue to maintain focus on providing life-saving and life-sustaining assistance to (i) IDPs living in settlements, (ii) refugee returnees, (iii) locally integrated IDPs, and (iv) vulnerable host communities. The majority of IDPs are hosted in urban and peri-urban areas, concentrated around Mogadishu, Baidoa, Kismayo and Gaalkacyo. The Shelter Cluster will give marginalised communities special attention in order to lower their risk of exclusion, especially with regard to HLP, and exploitation by gatekeepers.

The Shelter Cluster will promote partners' consultation with the community with regard to the design and implementation of shelter assistance. Partners will be required to report on how community consultations are conducted, and how the special needs of women and children have been taken into consideration in delivery of assistance. All reporting will be required to include disaggregated information on beneficiaries in terms of age and gender.

As evictions and HLP concerns continue to be major impediments to the provision of shelter, the Shelter Cluster will work closely with the Protection Cluster to build the capacity of shelter actors who encounter HLP issues first hand. Such activities will aim to improve the capacity of settlement managers and individual households to negotiate appropriate land use and rental agreements. Partners will work more closely with the local authorities to simplify and legitimise any tenure agreements reached between beneficiaries and land owners.

Photo: Max Schott/UNOCHA



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



WASH OBJECTIVE 1:

1 Deliver life-saving WASH assistance to reduce acute needs among the most vulnerable settlements and communities.
RELATES TO SO1 & SO2

WASH OBJECTIVE 2:

2 Reduce risk of violence against women, children and vulnerable groups when accessing WASH services.
RELATES TO SO3

WASH OBJECTIVE 3:

3 Provide or restore sustainable access to safe water and adequate sanitation services in targeted communities and institutions.
RELATES TO SO1, SO2, SO3 & SO4

WATER, SANITATION AND HYGIENE



Overview/Cluster context

Unreliable access to temporary and/or inadequate Water, Sanitation and Hygiene (WASH) facilities remains an important feature of the humanitarian landscape in Somalia. As a consequence of recent displacement, repeated disasters, and a chronic lack of investment in durable WASH solutions, the Somali people are exposed to all categories of WASH-related public health threats. In total, 2.9 million people need emergency WASH assistance. IDP communities, host populations in rural areas that are at risk of drought and those living in districts prone to disasters and disease outbreaks are among the most vulnerable. In addition, the safety of people, particularly women and children, in accessing latrines and water points remains a serious risk for exposure to violence.

Targeting and response priorities/boundaries

Target populations for humanitarian response were identified based on limited levels of access to water and sanitation facilities, and poor compliance with hygiene practices in both IDP settlements and in host communities, across urban and sub-urban or rural contexts. Targeting criteria related to (i) food security and malnutrition, for those in IPC 3 to 5, (ii) health, considering AWD prevalence and attack rates, (iii) vulnerability to disasters and (iv) protection with respect to the latrine safety index and distance to water points, were used to further narrow the analysis and identify strategic locations and communities for the delivery of services.

In 2019, the riverine regions of Hiraan, Middle Shabelle, Gedo and Lower Juba are prioritised, as most acute needs resulting from floods were insufficiently addressed in 2018. Prioritisation is also given to recently established IDP settlements with low WASH coverage in crowded urban and sub-urban settings, such as in Banadir, Baidoa, and Kismayo among others⁴⁶. Populations in the most chronically underserved locations are also prioritised for sustainable solutions, particularly with respect to historical hotspots for AWD/Cholera, persistent pockets of drought and long-term IDP settlements.

Response strategy and modalities

In times of WASH-related disease outbreaks and/or the sudden onset of disaster, with or without population displacement, WASH partners will deliver temporary emergency services to address life-saving needs and reduce the burden of WASH-related mortality and morbidity.

In long-term IDP settlements, localised pockets of drought, and historical AWD/Cholera hotspots, within humanitarian boundaries established by the WASH Cluster, partners will deliver sustainable WASH solutions when feasible to progressively improve the water and sanitation ladder. WASH Cluster partners will further contribute to health, nutrition and education outcomes by ensuring access to essential WASH services in health facilities of all types and in schools.

WASH services will continue to be delivered under a strong protection lens, which involves, among other efforts, ensuring that latrines

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed sector response plan can be found at <https://www.humanitarianresponse.info/fr/operations/somalia/somalia-wash-cluster>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	1.5M	-	92K	1.3M	50%	55 43 2%
PEOPLE TARGETED	1.4M	-	41.5K	1.1M	50%	55 43 2%
FINANCIAL REQUIREMENTS	\$104M					

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

CONTACT

Frederic Patigny
Cluster Coordinator
fpatigny@unicef.org

Mohamed Ali Isak
Cluster Support
Officer
miali@unicef.org

and bathing facilities are gender separated, are provided with lockable doors, have sufficient lighting at night, and the distance to water points is reduced to within the agreed standards.

Where feasible and adequate, the WASH Cluster's partners contribute to building local WASH markets, and to enhancing the use of Market Based Programming (MBP) and CBIs. Such modalities are developed beyond water trucking, and include, for example, the for desludging of latrines and septic tanks, and repair and improvement of minor water infrastructures.

The WASH Cluster will strengthen its capacity to deliver against its core functions. The 6 (+1) core functions strategy⁴⁷, including its related action plan, is the key reference document, outlining the tools to be developed and operationalised by the WASH Cluster in 2019. The strategy includes, non-exhaustively, an accountability framework, an inter-agency contingency plan, plans to strengthen the data collection and analysis process and a new information management framework.



Photo: WASH/UNICEF

REQUIREMENTS (US\$)

 **39M**
(75% cash)

OF PARTNERS

 **4**

MULTI-SECTORAL ASSISTANCE
OBJECTIVE 1:

1 Strengthen integrated multi-sectoral response, to ensure that delivery of humanitarian response is people-centric and addresses those most vulnerable.

RELATES TO SO1

MULTI-SECTORAL ASSISTANCE
OBJECTIVE 2:

2 Provide multi-purpose cash assistance (MPCA) for highly vulnerable people (displaced during the year or newly displaced) in priority locations with functioning markets.

RELATES TO SO4

MULTI-SECTORAL ASSISTANCE



Overview

In 2018, a key priority in humanitarian response was to improve the implementation of a multi-sectoral response, and to ensure that services more effectively addressed potential protection risks. For example, as part of the flood response in early-mid 2018, improved integration was developed through various complementary approaches, including through (i) the scale-up of multipurpose cash programming, (ii) the deployment of Integrated Emergency Response Teams (IERTs) to respond to the AWD/Cholera outbreak, (iii) the support of the DOCCs in Mogadishu, Baidoa and Garowe, and (iv) increased nutrition-sensitive, multi-sectoral programming. Furthermore, two rounds of allocations from the SHF also ensured greater integration across clusters and catalysed integration across the system.

Disaster Operations and Coordination
Centres (DOCC)

As part of the famine prevention efforts, humanitarian partners established three Drought Operations Coordination Centres (DOCCs) in early 2017. Owing to the impact which the DOCC concept had on those efforts, these forums were transformed into Disaster Operations Coordination Centers in 2018, in recognition of their ability to respond to all forms of disaster in Somalia. The DOCC mechanism involves multiple cluster representatives working from the same space, which enhances information sharing and coordination between all humanitarian actors in the country. It also allows for the possibility of joint mission planning, as is evidenced by the four successful DOCC assessment missions which took place across Somalia in 2018. In 2019, it is anticipated that the mechanism will be enhanced, to further prioritise joint assessment and preparedness planning, while also continuing to adapt and grow to meet operational requirements.

Multipurpose Cash

Multi-Purpose Cash Assistance (MPCA) in Somalia opened possibilities for enhanced collaboration among technical sector specialists and cash experts. The use of multi-wallet approaches is becoming increasingly common in Somalia as it has helped agencies and sectors to collaborate better together to

avoid duplications when responding to the diverse needs of the minimum expenditure basket (MEB). In Somalia, MPCA have been delivered through a range of emerging financial services including prepaid cards, mobile money transfers and Hawalas. The CWG and ICCG work closely together to coordinate the delivery of MPCA to ensure the complementarity of this support with in-kind and sectoral cash assistance.

Regular Market monitoring activities are conducted on a monthly basis to evaluate the impact of cash in the local economy and to ascertain that MPCA transfer values continue to adequately meet the needs of the targeted population. In addition, regular post distribution monitoring (PDM) assessment are conducted by partners to continuously examine the impact of MPCA and assess its outcome against on sectoral indicators

In Somalia, MPCA is proven to be an effective tool to help identifying sustainable linkages of humanitarian cash transfers with longer-term resilience and development assistance. The CWG is committed to work closely with ICCG to increase quality and effectiveness of cash coordination to support a principled and holistic humanitarian assistance.

CONTACT

Justin Brady
OCHA Head of Office
bradyj@un.org

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



REFUGEE RESPONSE OBJECTIVE 1:

1 Favorable Protection Environment and Durable Solutions **RELATES TO SO3 & SO4**

REFUGEE RESPONSE OBJECTIVE 2:

2 Fair Protection Processes and Documentation **RELATES TO SO3**

REFUGEE RESPONSE OBJECTIVE 3:

3 Security from Violence and Exploitation **RELATES TO SO3**

REFUGEE RESPONSE OBJECTIVE 4:

4 Basic Needs and Essential Services. **RELATES TO SO1**

REFUGEE RESPONSE OBJECTIVE 5:

5 Community Empowerment and Self Reliance. **RELATES TO SO1**

REFUGEE RESPONSE PLAN



Overview

In 2019, the protection environment in Somalia is expected to remain fragile, creating challenges for persons seeking international protection in the country. The response strategy is geared towards providing life-saving assistance to over 39,000 refugees and asylum-seekers, mostly originating from Ethiopia and Yemen. The absence of a comprehensive and up-to-date federal legal and policy framework for refugee protection increases their vulnerability considerably. All refugees and asylum-seekers live in urban or peri-urban areas amongst the host community, with a significant proportion residing in areas housing the urban poor. Refugees and asylum-seekers face a range of protection problems, including xenophobia, risk of refoulement, arbitrary arrest and detention, sexual violence, exploitation and abuse, and discrimination with regard to access to justice and to the already limited basic services and livelihood opportunities.

Targeting and response priorities/ boundaries

The Refugee Response Plan is based on an inclusive, 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 reside. Activities implemented to protect and assist refugees and asylum-seekers in Somalia also cover host communities, which creates improved mutual

understanding and trust. A combination of lack of livelihood opportunities and instability including the cyclical natural disasters such as droughts and floods have increased the vulnerability of refugees and asylum-seekers as well as their host communities. Accordingly, refugee response partners must continue life-saving and multi-sectoral assistance projects targeting the most vulnerable, especially addressing food security, health, education, and shelter needs.

There is also a need to pursue a progressive approach to durable solutions by ensuring that refugees and asylum-seekers are included in national services and basic services. In line with the 'whole-of-society' approach of the Comprehensive Refugee Response Framework (CRRF)⁴⁸, UNHCR and its partners work in close collaboration to promote comprehensive durable solutions for the Somali refugee situation among the host communities under the leadership of the Government of Somalia. Skills training and other livelihood initiatives will be promoted to minimise dependency on humanitarian aid, enhance self-reliance, and provide linkages with opportunities arising from the National Development Plan (NDP).

Response strategy and modalities

Prioritised activities of the protection-focused refugee response within Somalia are: (i) multi-sectoral, rights-based, life-saving protection assistance including legal interventions to address legal and physical protection risks, (ii) improved registration, identity, and civil status documentation, and targeted Refugee Status Determination (RSD), (ii) promotion of refugees' access to and their integration in national systems, in particular basic services

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

Detailed refugee response plan can be found at <http://reporting.unhcr.org/node/2550>

	BY STATUS				BY SEX & AGE	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host Communities	% female	% children, adult, elderly*
PEOPLE IN NEED	-	39K	92K	-	50%	59 39 2%
PEOPLE TARGETED	-	39K	41.5K	-	50%	59 39 2%
FINANCIAL REQUIREMENTS	\$58M				*Children (<18 years old), adult (18-59 years), elderly (>59 years)	

CONTACT

Takeshi Moriyama

UNHCR Deputy
Representative
moriyama@unhcr.org

available to nationals such as health and education, (iv) enhancing self-reliance through livelihoods and Vocational Skills Training (VST), (v) support for the development of updated refugee protection legislation, policy and procedures adhering to international standards, and the capacity-building of federal, state and regional institutions to prepare for transition of registration and RSD, and (vi) for Somali refugees who have made the informed decision to voluntarily return to Somalia, UNHCR will continue to manage way stations / reception centres in Somalia that act as the point of entry for the returnee population, and where counselling and basic services are provided.

UNHCR will continue to use cash as the assistance modality of choice, while assistance will also be delivered through in-kind support and, indirectly, through capacity-building activities with the Government, local actors and partners. Additional assistance is provided through core relief items, supplementary feeding, and sanitary materials to girls and women of reproductive age to improve school attendance and engagement in economic opportunities.



Photo: Kate Holt/UNICEF

PART III: ANNEXES

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ACRONYMS

AAP	Accountability to Affected Population	NDP	National Development Plan
AMISOM	African Union Mission in Somalia	NFI	Non-Food Items
AU	African Union	NGO	Non-Governmental Organisation
AWD	Acute Watery Diarrhea	NHHP	Nutrition, Health, and Hygiene Preventative Care
CCCM	Camp Coordination and Camp Management	OCHA	United Nations Office for Coordination of Humanitarian Affairs
CBI	Cash based interventions	PIN	People in Need
CWG	Cash Working Group	PDM	Post Distribution Monitoring
CO	Collective Outcomes	PES	Post-Eviction Stress
CE	Communication Engagement	PLW	Pregnant and Lactating Women
CwC	Communication with Communities	PSEA	Protection from Sexual Exploitation and Abuse
CAPS	Community Action Plans	RSD	Refugee Status Determination
CBCM	Community-based complaint mechanism	RPM	Response Planning and Monitoring
CoP	Centrality of Protection Strategy	RRF	Resilience and Recovery Framework
DSA	Detailed Site Assessment	SAM	Severe Acute Malnutrition
DOCC	Disaster Operations Coordination Centre	SMS	Short Message Service
DSRSG	Deputy Special Representative of the Secretary General	SDRF	Somalia Development and Reconstruction Facility
DSI	Durable Solutions Initiative	SEMA	Somalia Explosive Management Authority
ERP	Emergency Response Preparedness	SHF	Somalia Humanitarian Fund
EOD	Explosive Ordnance Disposal	SWALIM	Somalia Water and Land Information Management
FGS	Federal Government of Somalia	SDGs	Sustainable Development Goals
FSNAU	Food Security and Nutrition Analysis Unit	UASC	Unaccompanied and Separated Children
GAM	Global Acute Malnutrition	UNFPA	United Population Fund
GBV	Gender-Based Violence	UNHCR	United Nations High Commissioner for Refugees
GER	Gross Enrollment Rate	UNDSS	United Nations Department for Safety and Security
HCT	Humanitarian Country Team	UNHAS	United Nations Humanitarian Air Service
HLP	Housing, Land and Property	UNSF	United Nations Strategic Framework
HRP	Humanitarian Response Plan	VST	Vocational Skills Training
HNO	Humanitarian Needs Overview	WASH	Water, Sanitation and Hygiene
IASC	Inter-Agency Steering Committee		
ICCG	Inter-Cluster Coordination Group		
IDPs	Internally Displaced Persons		
IMWG	Information Management Working Group		
IERT	Integrated Emergency Response Teams		
INSO	International NGO Safety Organisation		
IPC	Integrated Phase Classification		
MEB	Minimum Expenditure Basket		
MPCA	Multi-Purpose Cash Assistance		

PARTICIPATING ORGANISATIONS & FUNDING REQUIREMENTS

ORGANISATION	REQUIREMENTS (US\$)
World Food Programme	244,603,838
United Nations Children's Fund	145,325,618
United Nations High Commissioner for Refugees	136,134,332
Food & Agriculture Organization of the United Nations	104,761,566
International Organization for Migration	41,336,450
Save the Children	38,097,920
Norwegian Refugee Council	31,253,000
World Vision International	15,598,076
Organisation of the Islamic Conference	14,877,996
Danish Refugee Council	14,190,400
Agency for Technical Cooperation and Development	13,280,000
Mercy Corps	11,999,998
Office for the Coordination of Humanitarian Affairs	10,833,619
Action Contre la Faim	10,549,997
United Nations Population Fund	9,673,514
Center for Peace and Democracy	8,621,709
American Refugee Committee	7,199,947
Wardi Relief and Development Initiatives	7,069,475
Diakonie Katastrophenhilfe	7,008,710
Cooperazione E Sviluppo - CESVI	6,935,192
Sustainable Development and Peace Building Initiatives	6,500,000
International Rescue Committee	6,363,525
CARE Somalia	6,319,533
INTERSOS Humanitarian Aid Organization	5,929,430
Relief International	5,766,622
OXFAM Netherlands (NOVIB)	5,703,762
Wamo Relief and Rehabilitation Services	5,273,900
African Development Solutions	4,780,000
Comitato Internazionale per lo Sviluppo dei Popoli	4,594,497
MEDAIR	4,540,304
World Health Organization	4,500,000
Islamic Relief Worldwide	4,218,918
Humanitarian Initiative Just Relief Aid Organization	4,053,901
Concern Worldwide	3,980,738
Somali Young Doctors Association	3,638,898
AYUUB Organization	3,240,910
Zamzam Foundation	3,125,000

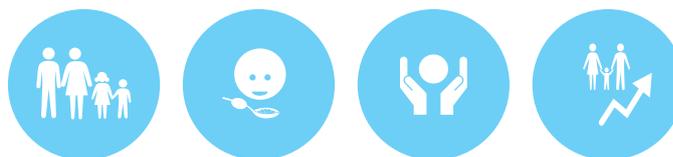
ORGANISATION	REQUIREMENTS (US\$)
Rural Education and Agriculture Development Organization	3,120,000
African Volunteers for Relief and Development	2,942,530
Women and Children Child Care Organization	2,820,876
CARE International	2,800,000
Catholic Relief Services	2,773,764
Deeg-Roor Medical Organization	2,764,325
Agricultural Development Organisation	2,554,100
Cooperazione Internazionale - COOPI	2,445,900
Save Somali Women & Children	2,430,545
International NGO Safety Organisation	2,407,783
Aid Vision	2,370,785
African Network for the Prevention and Protection Against Child Abuse and Neglect in Somalia	2,360,500
Qatar Red Crescent Society	2,341,052
Hidig Relief And Development Organization	2,327,576
Towfiq Umbrella Organization	2,311,280
Mercy-USA for Aid and Development	2,286,944
ACT Alliance / Norwegian Church Aid	2,234,420
United Nations Mine Action Service	2,200,000
Action Against Disasters Somalia	1,892,500
International Medical Corps	1,855,000
New Ways Organization	1,782,976
Skills Active Forward	1,671,148
Handicap International / Humanity & Inclusion	1,637,000
Qatar Charity	1,595,000
World Vision Somalia	1,589,238
SomaliAid	1,588,320
Nomadic Assistance for Peace and Development	1,547,915
Vétérinaires sans Frontières (Germany)	1,526,398
Northern Frontier Youth League	1,364,420
Somali Community Concern	1,298,290
Puntland Minority Women Development Organisation	1,298,256
Iimaan Relief and Development Organization	1,292,146
Gedo Women Development Organization	1,265,000
Active in Development Aid	1,224,000
ActionAid International	1,203,369
Burhakaba Town Section Committee	1,191,600
Solutions for Humanity International	1,165,700
Somali Organic Agriculture Development Organization	1,120,000

ORGANISATION	REQUIREMENTS (US\$)
Southern Aid	1,110,790
Community Development and Humanitarian Network	1,104,999
Somali Vulnerable Actors	1,100,632
Shabelle Relief and Development Organization - SRDO	1,075,150
Somali Women Development Centre	1,073,300
Women Pioneers for Peace and Life	1,050,650
Adventist Development and Relief Agency	994,999
Human Development Concern	987,321
Human Appeal UK	973,300
DEH Relief and Development Organization	938,730
Shabelle Humanitarian and Relief Organization	930,000
Direct Aid	904,960
Somali Relief and Development Society	896,000
Wajir South Development Association	894,000
Polish Humanitarian Action	866,973
Physicians Across Continents	865,062
Social Life and Agricultural Development Organisation	839,858
Riverine Relief Program	830,000
Juba Foundation	783,190
Peace Action Society Organisation for Somalia	765,000
Somali Development and Rehabilitation Organisation	763,814
Great Hope Foundation	750,000
Humanitarian Africa Relief Development Organization	715,000
Dialog Forening	705,390
Vétérinaires sans Frontières (Switzerland)	690,000
Socio-Economic Development and Human Rights Organization	680,000
Rasawad Welfare Association	661,580
Active Development Aid	653,679
Action for Women and Children Concern	648,150
Himilo Relief and Development Association	605,552
Peace and Development Action	604,342
Green Hope	600,250
Gruppo per le Relazioni Transculturali	583,346
Somali Youth Voluntary Group Association	570,375
Himilo Organization for Development	566,334
International Federation of Red Cross and Red Crescent Societies	545,592
Somali Society Development Association	526,206

ORGANISATION	REQUIREMENTS (US\$)
Ocean Training and Promotion	524,300
Somaliland Nutrition and Rural Development Organization	509,570
International Media Support	500,000
Comprehensive Community Based Rehabilitation in Somaliland	499,508
Rainwater Association of Somalia	494,688
Humanitarian Integrity for Women Action on Advocacy for Peace and Human Right	488,821
Aamin Organization	470,813
KAAALO Relief and Development Organisation	465,000
Mandher Relief and Development Organization	450,000
Regional Development Association	431,880
Empowering Vulnerable Society Organization	429,042
KAAH Relief and Development Organization	403,290
Action for Relief and Development	400,000
Trocaire	394,600
KAAALO Aid and Development	385,000
Barwaaqo Voluntary Organization	383,137
Formal Education Network for Private Schools	350,000
African Development Trust	340,000
Women Association for Relief and Development Actions	323,000
Elbon Development and Relief Organization	300,000
Society Development Initiative Organization	300,000
Bay Regional Education Committee	299,998
Urban and Rural Development Organization	296,700
Women Initiative for Society Empowerment	292,900
Community Activity for Development and Relief Organization	292,850
African Relief Development initiative	281,189
Livelihood Relief and Development Organization	250,000
African Relief and Development	239,500
Somali Children Development Association	169,384
Family Empowerment and Relief Organisation	151,458

OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES



Strategic Objective 1 (SO1): Reduce acute humanitarian needs and excess mortality among the most vulnerable by providing life-saving and sustaining integrated assistance.

INDICATOR	IN NEED	BASELINE	TARGET
Reduce the percentage of people in severe acute food insecurity phases (crisis and worse) from the total population in Somali from post Gu 2018 level	1.42 million	12% (1.42 million)	10% (1.2 million)
Number of people in targeted settlements and communities with access to temporary safe water services	2,306,600	1,309,200	2,092,200

Strategic Objective 2 (SO2): Reduce emergency levels of acute malnutrition by strengthening nutrition-sensitive and integrated, multi-sectoral programming.

INDICATOR	IN NEED	BASELINE	TARGET
Medium Prevalence rate (%) of global acute malnutrition in children 6 to 59 months of age)	946,000	14%	12.5%
Percentage of IDPs in acute food insecurity phases (stressed and worse) from the total acute food insecure population (sum of IPC 2, 3, 4 and 5) post Gu 2018 level	1.9 million	41%	35%
Number of people in targeted settlements and communities with access to sustainable safe water service	1,581,320	247,290	889,360
Coverage of vaccinations for children 6-59 months -Penta 3 and micronutrients	962,000	42%	85%

Strategic Objective 3 (SO3): Ensure protection of affected populations, including those living in hard-to-reach areas and IDP settlements, through protection promoting assistance that targets the most vulnerable and people at risk of exclusion..

INDICATOR	IN NEED	BASELINE	TARGET
Number of safety audit conducted in IDP settlements with follow up actions taken to improve safety conditions	955	38	100
Percentage of SHF funded projects with protection - oriented objectives and indicators	N/A		100%
Number of people in targeted settlements and communities having access to a gender separated sanitation facility and located at less than 50 m from the household and equipped with a lockable door	1,906,290	433,428	953,150

Strategic Objective 4 (SO4): Increase resilience capacity of at risk communities and promote complementary interventions of development partners in social services.

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%)
Number of government institutions receiving support from the cluster	10	10	10
Number of protracted IDPs/refugee returnees provided with safe, well-tailored, sustainable and habitable shelter with appropriate land tenure security	175,800		114,000

INDICATOR	IN NEED	BASELINE	TARGET
Percentages % of adult persons of concern (18 -59 Yrs) whose livelihood and self-reliance needs are met through different actions	19,874	N/A	10,000
Number of joint HCT-UNCT or Cluster/Pillar Working Group meetings to promote complementary humanitarian and development interventions	6	3	6



CAMP COORDINATION AND CAMP MANAGEMENT

CCCM Objective 1: Strengthen the predictability and effectiveness of multi sectorial services at site level through improved site management and coordination. Relates to SO1, SO2, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of sites with established CCCM mechanisms	1,911	705	1,911
Number of districts covered by the Detailed Site Assessment	90	53	60
Number of government institutions receiving support from the cluster	10	10	10

CCCM Objective 2: Improve living conditions of displaced people through site development, care and maintenance. Relates to SO1 & SO2.

INDICATOR	IN NEED	BASELINE	TARGET
Number of sites that have received care and maintenance support	1,911	705	1,911

CCCM Objective 3: Strengthen community self-management and access to information for displaced populations. Relates to SO1 & SO2.

INDICATOR	IN NEED	BASELINE	TARGET
Number of sites with established community participation structures	1,911	705	1,911
Number of displaced people with access to information about humanitarian services	2,648,000	665,800	1,774,700

CCCM Objective 4: Support opportunities for displaced people to achieve durable solutions. Relates to SO2 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of advocacy interventions made to promote durable solutions of IDPs	12	9	12



EDUCATION

Education Objective 1: Ensure emergency- and crisis-affected children/youth have access to safe and protective learning environment. Relates to SO1, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of children and youth (M/F) reached with Education in Emergency assistance	1,800,200	168,400	330,068

INDICATOR	IN NEED	BASELINE	TARGET
Number of classrooms constructed or rehabilitated with child friendly and inclusive WASH facilities available to emergency-affected children and youth	3,300	159	3,300
Number of school-aged children and teachers (M/F) with interrupted schooling due to attacks on education	12,000	40	100
Number of children and youth (M/F) participated in the children protection awareness sessions	1,800,000	0	150,000

Education Objective 2: Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion. Relates to SO1, SO2 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of school-aged children (M/F) benefiting from emergency teaching and learning materials	1,800,000	147,000	330,068
Number of teachers (M/F) supported with emergency incentives	12,000	3,400	5,000
Number of school children (M/F) with access to safe drinking water	1,800,000	119,000	240,000
Number of school children (M/F) with access to emergency school feeding	1,800,000	80,000	210,000

Education Objective 3: Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system. Relates to SO1 & 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) and psychosocial support	12,000	2,000	5,000
Number of CEC members (M/F) trained in Safe Schools, contingency planning, DRR, maintenance and management of learning spaces	4,000	1,900	11,000
Provision of training for cluster partners and MoE staff on emergencies preparedness and response	150	100	150



ENABLING PROGRAMMES

Enabling Programmes Objective 1: Ensure effective, principled and well-coordinated humanitarian aid to ensure equal access for women, girls, boys and men. Relates to SO1, SO2, SO3 and SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of inter-cluster meetings hold in 2019	12	24	12
Number Humanitarian Country Team (HCT) meetings hold in 2019	12	24	12

Enabling Programmes Objective 2: Provide timely and relevant information to the population and humanitarian partners, to ensure a common understanding of humanitarian needs and to enable more informed decision making. Relates to SO1, SO2, SO3 and SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of dashboards produced in 2019	12	12	12
Number of snapshots produced in 2019	12	12	12

Enabling Programmes Objective 3: Fill in the identified logistics gaps by ensuring the continuity of the UN Humanitarian Air Service flights.

INDICATOR	IN NEED	BASELINE	TARGET
Number of passengers transported on regular scheduled and ad-hoc UNHAS flights (per month)		2,000	2,000
Percentage of security and medical evacuation requests completed		100%	100%

Enabling Programmes Objective 4: Enhance safety and security of humanitarian personnel and assets, to enable operations and ensure continuity of humanitarian programme delivery. Relates to SO1, SO2, SO3 and SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Percentages of areas of operation reached with safe access.		N/A	80
Number of incident reports produced, regular reports, advisories.		N/A	24



FOOD SECURITY

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. Relates to SO1, SO2, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Reduce the percentage of people in severe acute food insecurity phases (crisis and worse) from the total population in Somali from post Gu 2018 level (baseline 12%) to 10%. The long-term average 17%	1,561,813	12% (post Gu 2018) and 17% (Long term-average)	10%

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 settings. Relates to SO1, SO2, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of beneficiaries (hhs) supported with livelihoods inputs (agriculture, livestock and fishers) compared to target beneficiaries (HH) per season	1,078,299	90%	90%

Food Security Objective 3: Support household and community resilience to shocks, through rehabilitation and/or restoration of productive assets, enhance livelihood strategies and disaster preparedness. Relates to SO1, SO2, SO3 & SO4

INDICATOR	IN NEED	BASELINE	TARGET
Reduce the percentage of people in acute food insecurity phases from the total population in Somalia from post Gu 2018 level (baseline 37%) to 35%	4,639,209	37%	35%



HEALTH

Health Objective 1: Improve equitable access to quality emergency and essential lifesaving health services for crisis affected aimed at reducing avoidable morbidity and mortality. Relates to SO1, SO2, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of outpatient consultations per person per year (Target > = 1 new visit / person / year)	3,022,400	2,778,500	2,381,000
Proportion of children under 1 year received Penta3 vaccine	119,000	817,000	119,000
Proportion of births assisted by a skilled birth attendant	74,400	80,000-	26,000

Health Objective 2: Mitigate impact and respond to shocks to the affected population as a result of conflict and public health emergencies. Relates to SO1, SO3 & SO4

INDICATOR	IN NEED	BASELINE	TARGET
Proportions of communicable diseases outbreaks investigated and responded to in the first 96 hrs. (target should be above 80%)	3,022,400	2,115,680	2,417,920
Number of equipped trauma management centres / 250,000 population (target > = 1)	3,022,400	0	3,022,400



NUTRITION

Nutrition Objective 1: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases. Relates to SO1, SO2, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys and girls 6-59 months with severe acute malnutrition treated	177,530		177,530
Number of boys and girls 6-59 months with moderate acute malnutrition treated	780,410		470,260
Number of PLW with moderate acute malnutrition treated	275,660		127,500

Nutrition Objective 2: Strengthen lifesaving food based therapeutic/preventive nutrition services for vulnerable population groups focusing on blanket supplementary feeding. Relates to SO1

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys and girls under age of two and PLW provided with BSFP	225,260		225,260



PROTECTION

Protection Objective 1: Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, as well as coercion, and abuse. Relates to SO1 & SO2.

INDICATOR	IN NEED	BASELINE	TARGET
Number of unaccompanied and separated girls and boys identified, documented, and receiving family tracing services	15,000	TBD	15,000
Number of gender based violence survivors receiving clinical care, case management, psychosocial support, legal assistance, and safe house support	148,000	TBD	GBV: 70,000 CP: 10,000
Number of individuals supported with cash to cope with post-eviction stress.	46,600	TBD	25,200
Number of explosive hazards removed	TBD	TBD	3,000

Protection Objective 2: Strengthen resilience of individuals, communities and institutions exposed to protection risks, and prevent further abuse. Relates to SO2 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of girls and boys participating in community-based psychosocial support activities.	463,000	TBD	250,000
Number of gender based violence survivors and child victims of violations (including children associated with armed groups/forces) reached with social-economic reintegration	11,000	TBD	GBV: 2,900 CP: 3,000
Number of other individuals with specific needs or heightened vulnerability reached with protection oriented direct assistance	13,000	TBD	7,000
Number of households protected from forced eviction threats through preventive engagements	77,700	TBD	42,000
Number of individuals targeted with rights based public outreach and awareness raising	1,542,000	TBD	GBV: 225,000 CP: 400,000 EH: 208,000
Number of duty bearers, service providers and community leaders trained on protection	N/A	TBD	CP: 4,700 GBV: 2,000 EH: 500 HLP: 500 GP: 1,000

Protection Objective 3: Strengthen coordination of protection services and enhance advocacy on protection with relevant stakeholders. Relates to SO1, SO2 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of GBV or CP referral pathways in place with SOPs and service mappings	N/A	16	GBV: 6 CP: 4
Number of protection monitoring and displacement reports, assessments disseminated with gender disaggregated data	N/A	TBD	35



SHELTER AND NFI

Shelter Objective 1: Contribute to the protection of newly displaced people, IDPs / refugee returns / host community and those affected by natural hazards. Relates to SO2 & SO3.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in need of emergency assistance receiving appropriate NFIs through in kind distribution, vouchers or cash mechanisms	555,145	450,000	360,000
Number of people in need of emergency assistance receiving relevant emergency shelters through in kind distribution, vouchers or cash mechanisms.	323,830	420,000	210,000
Number of people in need of emergency assistance receiving emergency assistance package through pipeline mechanisms within 3 weeks from the onset of disaster.	647,670	450,000	420,000

Shelter Objective 2: Improve the living conditions and contribute to local reintegration of the protracted internally displaced persons (IDPs) and refugees returning back to their place of origin. Relates to SO3 & SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of protracted IDPs/refugee returnees provided with safe, well-tailored, sustainable and habitable shelter with appropriate land tenure security	175,800	120,000	114,000
Number of protracted IDPs/refugee returnees receiving non-food items through in kind distribution, vouchers or cash mechanisms.	508,890	30,000	330,000
Number of protracted IDPs supported in repairing and maintaining their shelters.	101,780	72,000	66,000

Shelter Objective 3: Improve the quality of shelter assistance and ensure accountability through effective mechanisms. Relates to SO1, SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of shelter assistance projects delivered through cash modalities.	100%	15%	50%
Percentage of shelter assistance projects incorporating CRFM and CwC.	100%	30%	100%
Percentage of shelter assistance projects incorporating settlement planning.	100%	10%	100%

WATER, SANITATION AND HYGIENE (WASH)



WASH Objective 1: Deliver life-saving WASH assistance to reduce acute needs among the most vulnerable settlements and communities. Relates to SO1 & SO2.

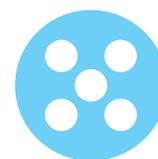
INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities with access to temporary safe water services	2,306,560	1,309,160	2,092,170
Number of people in targeted settlements and communities with access to an emergency sanitation facility and/or services	1,680,700	291,910	1,092,460
Number of people in targeted settlements and communities practicing hand washing with soap at critical moments	2,702,390	1,468,430	2,213,140

WASH Objective 2: Reduce risk of violence against women, children and vulnerable groups when accessing WASH services. Relates to SO3.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities having access to a gender separated sanitation facility and located at less than 50 m from the household and equipped with a lockable door.	1,906,290	433,428	953,150
Number of people in targeted settlements and communities having their main source of drinking water located at less than 500 meters from the household and a queuing time less than 30 minutes.	1,680,700	725,340	1,176,491

WASH Objective 3: Provide or restore sustainable access to safe water and adequate sanitation services in targeted communities and institutions. Relates to SO1, SO2 SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in targeted settlements and communities with access to sustainable safe water service	1,581,320	247,290	889,360
Number of people in targeted settlements and communities with access to sustainable an adequate sanitation facility	1,188,890	284,480	609,000
Number of institutions (schools or health structures) provided with a minimum water and sanitation package		N/A	150

**MULTI-SECTORAL ASSISTANCE****Multi-sectorial Assistance Objective 1: Strengthen integrated multi-sectoral response, to ensure delivery of humanitarian response to the most vulnerable people is targeted and inclusive. Relates to SO1.**

INDICATOR	IN NEED	BASELINE	TARGET
Percentage or number of vulnerable people in priority districts, other than IDPs/host communities, reached with integrated multi-sectoral response	92,200	78,000	41,500
Percentage or number of vulnerable IDPs/host community members, in priority districts, reached with integrated multi-sectoral response	92,200	78,000	41,500

Multi-sectorial Assistance Objective 2: Provide multi-purpose cash assistance (MPCA) for highly vulnerable people (displaced during the year or newly displaced) in priority locations with functioning markets. Relates to SO1 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number (or %) of beneficiary households reporting an improvement in their ability to meet basic needs.	92,200		41,500
Number of MPCA beneficiaries reporting a reduction in the use of negative Coping Strategies by the end of their assistance.	92,200		41,500



REFUGEE RESPONSE

Refugee Response Objective 1: Favourable Protection Environment and Durable Solutions. Relates to SO3 & SO4.

INDICATOR	IN NEED	BASELINE	TARGET
Number of Refugees and Asylum Seekers in need of asylum space	38,970	31,991	38,970
Number of Refugees identified for urgent need of durable solutions related to resettlement	200		60

Refugee Response Objective 2: Fair Protection Processes and Documentation. Relates to SO3.

INDICATOR	IN NEED	BASELINE	TARGET
Number of persons of concern registered on an individual basis	38,970	1,980	38,970
Extent applicants have access to status determination procedure	38,970	N/A	38,970

Refugee Response Objective 3: Security from Violence and Exploitation. Relates to SO3.

INDICATOR	IN NEED	BASELINE	TARGET
Number of reported SGBV cases receiving both materials and legal assistance	1,000	305	500

Refugee Response Objective 4: Basic Needs and Essential Services. Relates to SO1.

INDICATOR	IN NEED	BASELINE	TARGET
Percentage/Extent persons of concern have access to primary health care (including improving facilities and equipment)	100	N/A	100
Percentages of persons of concern with specific needs (PSN) who receive services for their specific needs	100	N/A	90
Percentages of primary school-aged children enrolled in primary education	100	N/A	75
Number of primary school-aged children enrolled in primary education	13,217	N/A	13,217
Percentages of targeted households whose basic needs are met with multi-purpose cash grants or vouchers	100	N/A	60
Number of HH whose basic needs are met with multi-purpose cash grant or vouchers	7,794	N/A	4,676
Percentages of women with sanitary supplies	100	N/A	40
Number of women receiving sanitary materials	17,810	N/A	6,900

Refugee Response Objective 5: Community Empowerment and Self Reliance. Relates to SO4

INDICATOR	IN NEED	BASELINE	TARGET
Percentages % of adult persons of concern (18 -59 Yrs) whose livelihood and self-reliance needs are met through different actions	19,874	N/A	10,000

PLANNING FIGURES: PEOPLE IN NEED AND TARGETED

PEOPLE IN NEED (OCTOBER 2018)	BY STATUS				BY SEX & AGE*		TOTAL	Total population
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host communi- ties	% female	% children, adult, elderly*	People in need	
AWDAL	26K	0.3K	0.1K	280K	50%	59 39 2%	306K	673K
WOQOQYI	117K	22K	0.6K	112K	50%	59 39 2%	252K	1.2M
GALBEED	126K	0.5K	0.1K	-	50%	59 39 2%	126K	721K
TOGDHEER	92K	0.2K	-	19K	50%	59 39 2%	111K	544K
SANAAG	233K	-	-	-	50%	59 39 2%	233K	327K
SOOL	198K	10K	1.4K	47K	50%	59 39 2%	256K	730K
BARI	60K	-	0.1K	4K	50%	59 39 2%	64K	393K
NUGAAL	155K	0.1K	0.1K	-	50%	59 39 2%	155K	718K
MUDUG	144K	-	0.1K	33K	50%	59 39 2%	177K	569K
GALGADUUD	78K	-	0.4K	201K	50%	59 39 2%	279K	521K
HIRAAN	51K	1.7K	2K	44K	50%	59 39 2%	99K	516K
MIDDLE SHABELLE	497K	4K	17K	203K	50%	59 39 2%	721K	1.7M
BANADIR	48K	-	-	53K	50%	59 39 2%	101K	367K
BAKOOL	272K	-	4.2K	94K	50%	59 39 2%	370K	792K
BAY	139K	-	0.7K	231K	50%	59 39 2%	370K	1.2M
LOWER SHABELLE	207K	-	2.3K	59K	50%	59 39 2%	268K	508K
GEDO	40K	0.7K	2K	69K	50%	59 39 2%	112K	363K
MIDDLE JUBA	165K	-	61K	9K	50%	59 39 2%	235K	489K
TOTAL	2.6M	39K	92K	1.5M	50%	59 39 2%	4.2M	12.3M

PEOPLE TARGETED
(NOVEMBER 2018)

	BY STATUS				BY SEX & AG		TOTAL	
	IDPs	Refugees/ Asylum seekers	Refugee Returnees	Host communities	% female	% children, adult, elderly*	People targeted	people in need
AWDAL	22K	0.25K	0.03K	212K	50%	59 39 2%	234K	306K
WOQOQOYI	105K	22K	0.3K	80K	50%	59 39 2%	207K	252K
GALBEED	78K	0.49K	0.05K	5K	50%	59 39 2%	84K	126K
TOGDHEER	50K	0.16K	0.01K	50K	50%	59 39 2%	100K	111K
SANAAG	148K	0.01K	0.02K	16K	50%	59 39 2%	164K	233K
SOOL	153K	10K	0.64K	65K	50%	59 39 2%	229K	256K
BARI	43K	0.02K	0.03K	24K	50%	59 39 2%	67K	64K
NUGAAL	115K	0.09K	0.04K	4K	50%	59 39 2%	120K	155K
MUDUG	97K	-	0.05K	31K	50%	59 39 2%	134K	177K
GALGADUUD	95K	-	0.2K	146K	50%	59 39 2%	242K	279K
HIRAAN	42K	1K	0.9K	41K	50%	59 39 2%	87K	99K
MIDDLE SHABELLE	486K	4K	8K	70K	50%	59 39 2%	577K	721K
BANADIR	48K	-	0.01K	67K	50%	59 39 2%	93K	101K
BAKOOL	272K	-	2K	31K	50%	59 39 2%	292K	370K
BAY	139K	-	0.3K	226K	50%	59 39 2%	297K	370K
LOWER SHABELLE	207K	-	1K	97K	50%	59 39 2%	238K	268K
GEDO	40K	0.65K	0.9K	55K	50%	59 39 2%	89K	112K
MIDDLE JUBA	165K	-	28K	42K	50%	59 39 2%	190K	235K
TOTAL	2M	39K	41.5K	1.3M	50%	59 39 2%	3.4M	4.2M

COLLECTIVE OUTCOMES FOR SOMALIA

At the end of 2017, humanitarian and development partners proposed four Collective Outcomes (COs) to reduce needs, risks and vulnerabilities and increase resilience by 2022. The COs are based on the key findings from the 2018 Humanitarian Needs Overview (HNO) and Drought Impact Needs Assessment (DINA). The COs represent the key areas that require combined humanitarian and development action. The operationalisation of the Collective Outcomes will seek to ensure that the activities led under the various plans, strategies and frameworks are complementary and effectively sequenced in a way that effectively reduces needs, risks and vulnerabilities. While the COs have been endorsed by the HCT, some targets/indicators may be slightly modified to adjust to the changing context in Somalia.

Collective outcome 1: By 2022, the number of people in acute food insecurity decreases by 84 percent, with GAM rates reduced by 5% and sustained below the emergency threshold.



Lead: WFP/FAO

- Relates to SDG 1-End poverty in all its forms everywhere; 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture; 8 - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
- Relates to NDP Resilience Pillar / Food Security and Nutrition Target - Decrease in numbers of rural acutely food insecure in IPC Phase 3 or above.
- Related UNSF Outcome 4.2: Resilience and cohesion of Somali society strengthened through food and nutrition security and social protection systems.
- Related to HRP Strategic Objectives 1 and 2: Life-saving and Nutrition.

	INDICATOR ⁴⁹	BASELINE DEC 2017	TARGET DEC 2018	TARGET DEC 2019	TARGET DEC 2020	TARGET DEC 2021	TARGET DEC 2022	SOURCE ⁵⁰	REPORTING FOCAL POINT
1.1	Number of people in IPC 3, 4 and 5	3.2 million	2,500,000	1,500,000	1,000,000	750,000	500,000	HRP	FSNAU
1.2	Medium Global Acute Malnutrition (GAM) prevalence	17.4%	16.4%	15.4%	14.4%	13.4%	12.4%	Nutrition Cluster, FSNAU, HNO/HRP	UNICEF
1.3	Households with Acceptable Food Consumption score	45.6%	55%	60%	65%	65%	65%	UNSF 4.2.2, NDP	WFP
1.4	Production levels in crop, livestock, and fishery sectors (Increment in production and productivity)	Agriculture: Sorghum-1MT Maize -1.5 MT Livestock: Goats milk yield-0.4 l/day; Fodder - <1% Fisheries: Marine catch - 30,000T	TBD	TBD	Agriculture: 25% Livestock: 20% Fisheries: 15%	TBD	TBD	UNSF 5.2.3	FAO
1.5	Coping Strategy Index	12	11	11	10	10	9	UNSF	WFP/ FAO

Collective outcome 2: Risk and vulnerability reduced and resilience of internally displaced persons, refugee returnees and host communities strengthened in order to reach durable solutions for 100,000 displaced households by 2022.



Lead: Durable Solutions Unit in Integrated Office/UNHCR

- Relates to SDG 1- End poverty in all its forms everywhere; 4 - Ensure inclusive and equitable quality education for all; 5 - Achieve gender equality and empower all women and girls; 8 - Promote [...] full and productive employment and decent work for all; 10 - Reduce inequality within countries; 11 - Make cities and human settlements inclusive, safe, resilient and sustainable; 16 - peace, justice and strong institutions.
- Relates to NDP Resilience Pillar / Reintegration of the Displaced Vision - To reverse the trend of protracted displacement and substantially reduce the number of IDPs; Chapters III on poverty; V on economic development; VII on social and human development; VIII on infrastructure; and IX on building resilience capacity.
- Relates UNSF Outcome 4.3: Provision of comprehensive and sustainable solutions for IDPs, vulnerable migrants, refugee returnees and host communities.
- Relates to HRP Strategic Objectives 3 and 4: Protection and Resilience.

	INDICATOR	BASELINE DEC 2017	TARGET DEC 2018	TARGET DEC 2019	TARGET DEC 2020	TARGET DEC 2021	TARGET DEC 2022	SOURCE	REPORTING FOCAL POINT
2.1	Number of IDPs/returnees having reached durable solutions (DS) (return/reintegration)	n/a	10,000 households (55,000 people ⁵¹)	20,000 households (110,000 people)	40,000 households (220,000 people)	70,000 households (385,000 people)	100,000 (550,000 people)	NDP-SDRF Annual Work Plan	RCO Durable Solutions Unit
2.2	Number of settlements/areas of return impacted by displacement included in urban extension plans/ rural dev. plans and % of plans fully/partially implemented	n/a	Targets to be defined in 2018	TBD	TBD	TBD	TBD	NDP-SDRF Annual Work Plan	UNHCR
2.3	Number of IDPs/returnees with access to livelihoods/ employment generating an average daily income of \$1.47 ⁵² per person per day	n/a	Targets to be defined in 2018	TBD	TBD	TBD	TBD	NDP-SDRF Annual Work Plan	RCO Durable Solutions Unit
2.4	Number of IDPs/returnees with ID papers, property/tenancy entitlements	No mechanism in place for land and property registry	TBD	TBD	TBD	TBD	TBD	NDP-SDRF Annual Work Plan	RCO Durable Solutions Unit
2.5	Number of government entities & regional/local authorities capacitated to coordinate and lead DS initiatives	n/a	Targets to be defined in 2018	TBD	TBD	TBD	TBD	NDP-SDRF Annual Work Plan	UN Habitat, IOM

Collective outcome 3: Number of vulnerable people⁵³ with equitable access to inclusive basic social services⁵⁴ increases by 27 per cent by 2022



Lead: UNICEF

- Relates to SDG 3 - Ensure healthy lives and promote well-being for all at all ages; 4 – Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; 5 – Achieve gender equality and empower all women and girls; and 6 - Ensure availability and sustainable management of water and sanitation for all.

- Relates to NDP Social & Human Development Pillar Goal - Provide adequate and safe water, hygiene and sanitation for all people in Somalia; NDP Social & Human Development Pillar Goal on Health - Reduce maternal and child mortalities and improve quality of life through improved access to essential health services of acceptable quality and through prevention and control of communicable and non-communicable diseases.

- Related UNSF Outcome 5.1: The Somali population benefits has improved access to and benefits from equitable and quality essential social services. 2.3: Strengthened local governance through provision of basic and public services will contribute to peace and stability .

- Related to HRP Strategic Objectives 1, 2, 3 and 4: Life-saving, Nutrition, Protection and Resilience level.

	INDICATOR	BASELINE DEC 2017	TARGET DEC 2018	TARGET DEC 2019	TARGET DEC 2020	TARGET DEC 2021	TARGET DEC 2022	SOURCE	REPORTING FOCAL POINT
3.1	Number of people with access to sustainable safe water & sanitation	6.36 million (53%)	7.32 million (61%)	7.8 million (65%)	8.28 million (69%)	9 million (75%)	9.6 million (80%)	UNSF 5.1.1, NDP	UNICEF
3.2	Under-five mortality rate	133/1,000 (2016)	131/1,000	129/1,000	127/1,000	125/1,000	<122/1,000	UNSF 5.1.3, NDP, UN Inter- agency Group for Child Mortality Estimation (UN IGME)	WHO, UNICEF
3.3	Primary education gross enrolment ratio	32%	34%	36%	38%	40%	42%	UNSF 5.1.2, NDP, UNFPA, EMIS/MOEs	UNICEF
3.4	Number of people with obstructed access to services ⁵⁵ (decrease)	To be defined as committed in Centrality of Protection Strategy	TBD	TBD	TBD	TBD	TBD	HCT Centrality of Protection Strategy / Implement. Framework	UNHCR / Centrality of Protection Implement. Support Group

Collective outcome 4: Proportion of population affected by climate-induced hazards (drought and flood) reduces by 25% by 2022



Lead: UNDP

- Relates to SDG 9 – Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; 11 – Make cities and human settlements inclusive, safe, resilient and sustainable; 13 – Take urgent action to combat climate change and its impacts; 15 – Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.
- Relates to NDP Resilience Pillar Goals on Disaster Management.
- Related UNSF Outcome 4.1: Government capacities, institutions, policies, plans and programmes are strengthened to better prevent, prepare for, respond to and recover from the impact of natural and man-made shocks at Federal, FMS levels and local level.

	INDICATOR	BASELINE DEC 2017	TARGET DEC 2018	TARGET DEC 2019	TARGET DEC 2020	TARGET DEC 2021	TARGET DEC 2022	SOURCE	REPORTING FOCAL POINT
4.1	Proportion of people affected by climate-induced hazards	65%	62%	59%	56%	53%	49%	NDP-SDRF Annual Work Plan	UNDP
4.2	Existence of functioning Disaster Risk Management (DRM) and early warning systems (EWS) at Federal Government (FG) and Federal Member States (FMS) level (gender and age sensitive)	Institutions under formulation	Mandates of institutions dealing with DM adopted (at FG and FMS level)	Gender-sensitive vulnerability assessments are conducted throughout the country	FG and FMS humanitarian & DM ministries have basic capacities to perform and coordinate their functions. State level drought & flood mitigation strategies/ plans development & implementation started.	National systems for DRR respond to at least 50% of vulnerable people (IDPs, women, children and the elderly)	DRM and EWS are operational at FG and FMS level	UNSF 4.1.1	UNDP
4.3	Number of gender-sensitive laws, policies and strategies formulated and adopted for strengthening DRR and climate change adaptation	Weak policies and regulatory frameworks	1	X	2 (cumulative for 2018 to 2020)	X	3 (cumulative from 2018 to 2022)	NDP-SDRF Annual Work Plan	UNDP
4.4	Number of communities benefiting from DRR activities (drought & flood risk)	Lack of investments in DRR	2,500	5,000	10,000	15,000	25,000	NDP-SDRF Annual Work Plan	UNDP
4.5	Number of households with very low resilience (using RIMA resilience measurement and analysis tool)	600,000	500,000	400,000	300,000	200,000	100,000	NDP-SDRF Annual Work Plan	FAO

REFERENCES

- 1 These estimates were made based on the results of the 2018 post-Gu assessments in June/July 2018. Needs are expected to increase as result of the poor performance of the 2018 Deyr rains (October-December). For more information on the PiN calculation, see the 2018 Humanitarian Needs Overview (HNO).
- 2 EU, FGS, UN, World Bank, “Somalia Drought Impact and Needs Assessment – Volume I”, April 2018.
- 3 In February 2018, the Somalia Information Management Working Group (IMWG) and the IDP Population Technical Work Group had provided an updated figure for the number of IDPs living in sites or camp-like settings, which corresponds to 2.6 million IDPs, based on the most up-to-date data available.
- 4 Somalia UNHCR Protection and Return Monitoring Network (PRMN): <https://bit.ly/2BrYcIU>.
- 5 REACH, “Joint Multi Cluster Needs Assessment (JMCNA) Final Report”, October 2018.
- 6 REACH, “Joint Multi Cluster Needs Assessment (JMCNA)”, November 2017; REACH, “Drought Protection Concerns in IDP Sites: Joint Partner Assessment”, April 2018.
- 7 UN Habitat/NRC, Eviction Trend Analysis Dashboard, August 2018. See also: UN Habitat/NRC, “Back to Square One”, December 2018; Banadir Regional Administration, “29/30 December 2017 Forced Eviction Committee Report”, April 2018.
- 8 The Kampala Convention is the first regional instrument aimed specifically at preventing displacement, protecting and assisting the displaced, and identifying durable solutions.
- 9 Somalia Country Task Force on Monitoring and Reporting Mechanisms (CTFMRM), September 2018.
- 10 Ibid.
- 11 Education Cluster, 2017/2018.
- 12 UNICEF, Sitrep #5, September 2018.
- 13 Food Security and Nutrition Analysis Unit for Somalia (FSNAU) and the Famine Early Warning Systems Network (FEWS NET) 2018 Post-Gu Technical Release, September 2018: <https://reliefweb.int/report/somalia/fsnau-fews-net-2018-post-gu-technical-release-01-sep-2018>
- 14 HNO 2019, Nutrition Section.
- 15 UNICEF, Sitrep #5, September 2018.
- 16 FSNAU/FEWSNET Outlook Report October 2018 - May 2018: <http://www.fsnau.org/in-focus/somalia-food-security-outlook-november-2018>.
- 17 The calculation of the number of people in need (PiN) in the HNO 2019 is based on vulnerability criteria by identifying focus populations and geographic areas. The focus population includes IDPs and the focus geographical areas include: Jubaland, South West, Hiraan (Hirshabelle), Awdal (Somaliland), and Banadir. While in previous years, the definition included the entire caseload of Integrated Phase Classification 2 (IPC 2) in the calculation of the total people in need, in 2019, the IPC 2 caseload is focused on those who meet the relevant vulnerability criteria, including all IDPs at IPC 2 level and others at the IPC 2 level who are living in the most vulnerable areas. Consequently, over 60 per cent of the total IPC 2 caseload (or 2 million people) are included in the 4.2 million people in need of humanitarian assistance.
- 18 More information on the boundaries of the Clusters’ response can be found in the Cluster Response Plan, Part II of the this HRP
- 19 The 2019 HNO includes in the total PiN calculation those in Stress that reside mainly in southern portions of the country where conflict, limited governance, access constraints and marginalisation are more pronounced. In addition, IPC 2 populations that are internally displaced, regardless of geographic location, are also part of the inter-sectoral PiN. As a consequence, around 60 per cent of the IPC Phase 2 caseload has been included in the PiN calculation, as explained also in the annex of the 2019 HNO, on the PiN calculation and decrease of PiN number.
- 20 The data are taken from the projects registered in the Project Module system within the 2019 HRP.
- 21 The Durable Solutions Initiative (DSI), launched in early 2016 and led by the Government, provides a collective framework for harmonising approaches to durable solutions to displacement by increasing understanding and developing common pro-programming principles and guidance, thereby ensuring better consistency among actors and more efficient use of resources. For more information about the DSI approach and its achievements, see: <https://bit.ly/2R8A3kr>.
- 22 In Baidoa, Xudur, Kismayo, Afmadow, Doolow, Gaarbahaarey and Balcad, Community Action Plans (CAPs) have been developed through a comprehensive community planning process facilitated by local authorities and community leaders, with inclusive participation of representatives from all segments of society - host communities, IDPs, returnees, marginalised clans, youth, and women (among others). The CAPs identify and prioritise community needs and their solutions and serve as authorities’ planning tool for coordinating interventions by humanitarian and development partners. CAPs will also be developed in several other locations under the Midnimo (Unity) Joint Programme.
- 23 The data are taken from the projects registered in the Project Module system within the 2019 HRP
- 24 The Peer-2-Peer mission took place between the 1 and 13 July 2018, following an earlier STAIT mission that visited Somalia in November 2016. The team had discussions with approximately 150 people in Nairobi and Mogadishu. The mission also included participatory self-assessment exercises, with the Humanitarian Country Team (HCT), the Inter Cluster Coordination Group (ICCG), national NGOs in Mogadishu, the Area Humanitarian Team in Baidoa and international NGOs in Nairobi
- 25 Human Rights Watch, “The Power These Men Have Over

- Us: Sexual Exploitation and Abuse by African Union Forces in Somalia”, September 2014.
- 26 Home Office, “Country Policy and Information Note; Somalia: Majority clans and minority groups in south and central Somalia”, June 2017.
- 27 REACH, “Drought and Protection Concerns in IDP Sites, Joint Partner Assessment”, April 2018.
- 28 Ibid.
- 29 See the summary of needs, targets and requirements, to have a clear overview of the disaggregated caseload.
- 30 For more information on the GAM, see: <https://bit.ly/2rGFhpk>.
- 31 REACH, “Joint Multi Cluster Needs Assessment (JMCNA) Final Report”, October 2018.
- 32 HCT Access Task Force, 2018.
- 33 The RPM is available at: <https://bit.ly/2Gq3p9M>.
- 34 For more information on the PiN calculation see the 2019 Humanitarian Needs Overview.
- 35 UNFPA, 2014 population estimates, 2014.
- 36 REACH, “Joint Multi Cluster Needs Assessment (JMCNA) Final Report”, October 2018.
- 37 Ibid.
- 38 The FSC has three targets: (i) access to food and safety nets (1.6 million people in IPC 3-5); (ii) emergency livelihood support (1.0 million people in IPC 2-4); and disaster resilience (0.9 million people in IPC 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 FSC often receive “multiple supports” and the three targets cannot be directly aggregated. The overall target of the FSC arrived at 2.7 million based on FSC targeting logic considering the multiple support. However, this overall ‘target’ is only possible to calculate at the planning stage, but not when using actual responses reported by partners.
- 39 The CWG uses the FSNAU MEB as the basis for calculating transfer value recommendations. As per the decision of the CWG, transfer value recommendations will remain fixed for three months at a time, and only be subject to change if the MEB in the region changes by more than +/- 10%.
- 40 FSNAU-FEWSNET, “2018 Post- *Guz* Technical Release”, September 2018.
- 41 Ibid.
- 42 <https://bit.ly/2ECL080>.
- 43 FSNAU-FEWSNET, “2018 Post- *Guz* Technical Release”, September 2018.
- 44 <https://uni.cf/2pNsAWO>.
- 45 REACH, “Drought and Protection Concerns in IDP Sites: Joint Partner Assessment”, April, 2018.
- 46 <https://bit.ly/2RaGRhm>
- 47 <https://bit.ly/2M2jlhv>
- 48 <https://bit.ly/2BsS8jt>
- 49 In each table, the first indicator (or two, where relevant) tracks progress towards the collective outcome target
- 50 The source refers to the planning framework(s) which track(s) each indicator. Where key indicators are not yet part of an existing results framework, it has been agreed that these will be incorporated into the results framework of the relevant NDP-SDRF pillar working group which are currently being developed (i.e. NDP-SDRF Annual Work Plan)
- 51 The average IDP household is comprised of 5-6 people.
- 52 Estimated absolute poverty line for Somalia based on the High Frequency Survey (round 1) results of 2016.
- 53 Humanitarian caseload, populations on the move and urban poor.
- 54 The indicator for sustainable access to safe water and sanitation is used as a proxy
- 55 DG ECHO definition: ‘Social exclusion is defined as a process and a state that prevents individuals or groups from full participation in social, economic and political life and from asserting their rights. It derives from exclusionary relationships based on power resulting from social identity (e.g. race, gender, ethnicity, caste/clan/tribe or religion), or social location (areas that are remote, stigmatised or suffering from war/conflict).’ Other actors define it as ‘marginalized communities, defined by clan, culture (pastoralist vs agricultural), physical appearance, occupational group, or perceived ethnicity or caste, which are excluded from power and resources either on the basis of identity, or because the group is a minority in a particular geographic area.’

WHAT IF?

...WE FAIL TO RESPOND

SITUATION OF PEOPLE IN ACUTE FOOD INSECURITY WOULD FURTHER DETERIORATE



Without assistance, 2.6 million food-insecure people in Somalia could see their situation further deteriorate with potential irreversible impacts. Moreover, an inadequate assistance may push them to negative coping mechanisms, including the sale of crucial livelihood assets.

ACUTE MALNUTRITION LEVELS WILL SHARPLY INCREASE, CAUSING EXCESS MORTALITY



If there is no substantial nutrition response, and the climatic situation stays stable, levels of acute malnutrition are expected to increase by 50 per cent. If there is no response, and the situation deteriorates, projections indicate that the current acute malnutrition burden may double, leading to avoidable high mortality which will disproportionately affect children under the age of five.

PEOPLE WILL CONTINUE TO BE EXPOSED TO PREVENTABLE DISEASE OUTBREAKS



Lack of investment in quality WASH infrastructure and services, coupled with recurrent disaster and massive displacement, would continue to expose 2.9 million Somali to water-related diseases, including AWD/cholera. Adequate access to safe water, sanitation and hygiene also prevent other communicable and preventable diseases, and increase the resilience of drought-affected population.

AN ESTIMATED 1.8 MILLION SCHOOL-AGED CHILDREN WILL REMAIN WITHOUT EDUCATION



Without a substantial educational response, approximately 1.8 million children in Somalia will continue to be excluded from learning opportunities, hampering them from thriving and fulfilling all their potential. Moreover, access to education will also prevent children from being affected by other protection threats, as family separation, early marriage, child recruitment and child labour.

LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO EXCESS DEATH AND MORBIDITY



Women and children in Somalia will continue to suffer the world's highest child mortality rate, and high risk of death during pregnancy. Extremely low vaccination coverage places over 700,000 children at risk of serious illnesses from preventable disease. Marginalised people will not be able to exercise their right to health, keeping the most vulnerable, such as survivors of gender-based violence, from protecting their health and well-being.

DISPLACED POPULATION WILL REMAIN VULNERABLE TO PROTECTION RISKS



Should this plan be underfunded, 1.6 million people will remain without adequate shelter or non-food items, leaving them further exposed to protection risks and increase their vulnerability. Moreover, the continuing heavy influx of IDPs into urban centres will further hamper accessibility to basic services, while the quality of those services will severely suffer.

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 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 the humanitarian response in Somalia can click here <http://bit.ly/2oXKj12> to contribute directly to SHF.

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) are 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>



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 2018, CERF allocated \$17 million to support response to the lingering impact of drought in northern Somalia, and floods and the south-central part of the country. To ensure the Fund is able to sustain its support to the humanitarian response in Somalia in 2019, donors are encouraged to make their contribution to 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.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



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