

2018

# HUMANITARIAN RESPONSE PLAN -REVISED

JULY-DECEMBER 2018

JULY 2018



**SOMALIA**

TOTAL POPULATION

12.3M

PEOPLE IN NEED

5.4M

PEOPLE TARGETED

4.7M

INTERNALLY DISPLACED PERSONS (IDPS)

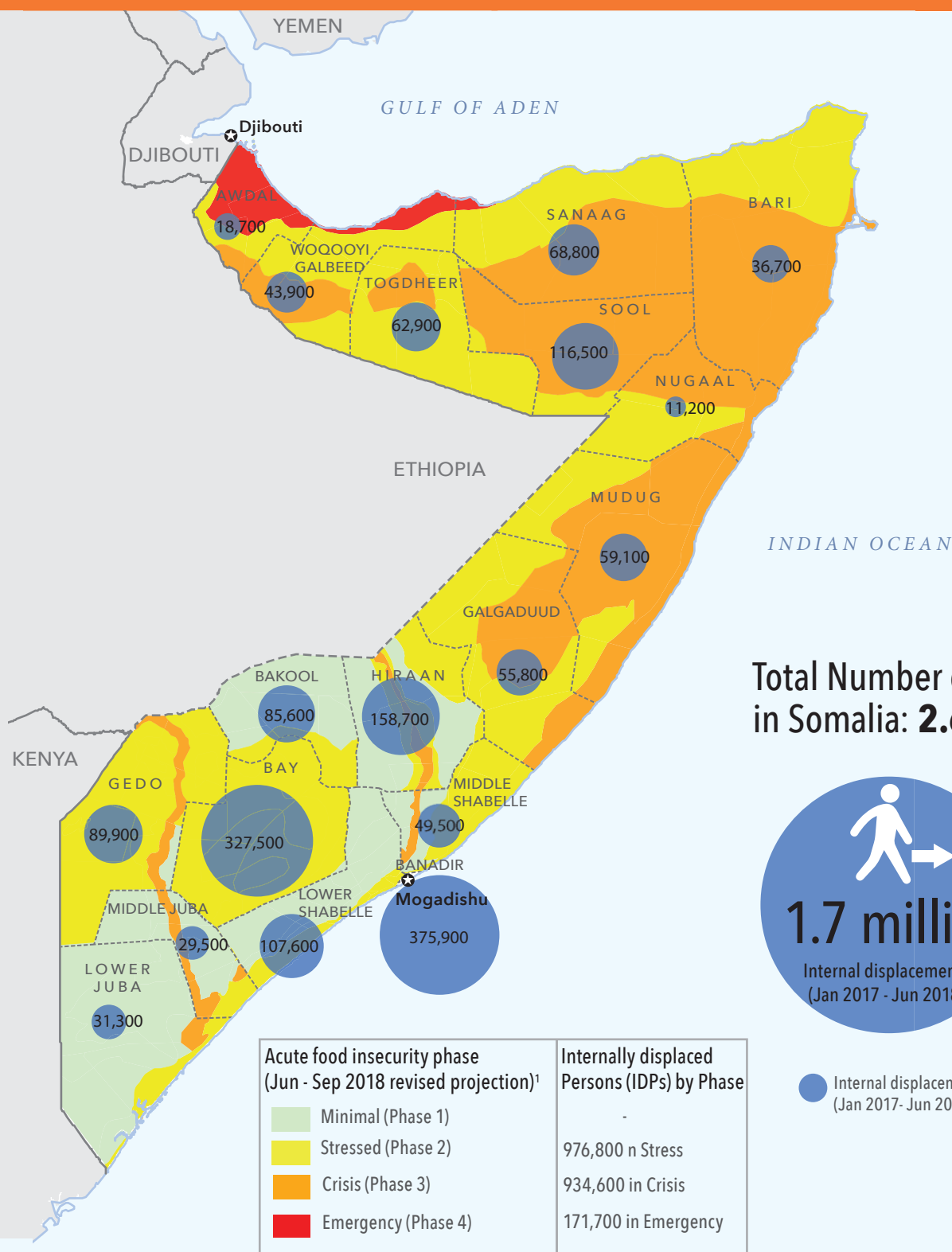
2.6M

NUMBER OF HUMANITARIAN PARTNERS

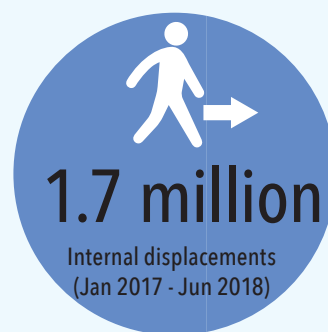
262

FUNDING REQUIREMENTS (US\$)

1.5BN



Total Number of IDPs in Somalia: **2.6M**



● Internal displacements by region (Jan 2017 - Jun 2018)<sup>2</sup>

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

2. Internal Displacement 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

The first six months of the year have posed several challenges to the already-complex humanitarian situation in Somalia. Flooding in most parts of the country, a devastating cyclone in the north, the escalation of regional conflicts (especially in Sool) and a significant upsurge in the displacement crisis have deeply affected hundreds of thousands of people. That said, there are important advances which have been made.

This advancement is best evidenced by the reduction in the number of people who require life-saving support. Today, 5.4 million people are in need of some kind of humanitarian assistance in Somalia, which is at least 800,000 fewer than at the beginning of the year - despite the increase in displacement figures across the country.<sup>1</sup> On a very real level, this was only possible due to the combined efforts of the Federal Government of Somalia and the international community, who massively scaled-up activities in 2017, to the degree that a famine was successfully averted; the results of those efforts are still being felt today.

However, this progress - though it paints a positive picture for the future - is still fragile at best, and if large-scale assistance is not sustained, all the advancements which have been made so far could crumble. Somalia still hosts 2.5 million people who are in need of urgent aid (people in IPC 3 and 4), a number which is considerably higher than that of previous years; it stood at 1.1 million at the beginning of 2017<sup>2</sup>, just before the famine alert. Of those people approximately 312,000 people are classified at Emergency level (IPC phase 4), just one step away from famine.

The displacement crisis has also reached historic levels. There are over 2.6 million internally displaced persons (IDPs) currently in Somalia, as confirmed by the specialists of the Protection Return and Monitoring Network (PRMN) and the Displacement Tracking Matrix (DTM) in May 2018, with most having been driven to displacement by conflict or climate change.<sup>3</sup> This figure represents an increase of one million when compared to January 2017.<sup>4</sup> In the last three months alone, almost 290,000 people have left their homes due to flooding.

Climatic shock is a recurrent problem; the aforementioned flooding which occurred between March and June, in conjunction with a devastating cyclone (*Sagar*) in the north of the country, has driven up needs. Access to water, sanitation, hygiene and health services is limited in several areas, meaning the risk of disease outbreaks is sky-high - an ongoing outbreak of Acute Watery Diarrhoea (AWD)/cholera in flood-affected zones is ongoing

Due to the above issues, humanitarian staff in Somalia have been under an increasing level of pressure in 2018. Despite this, local and international humanitarian partners have managed to reach over 1.7 million people since the beginning of the year<sup>5</sup>, and they will continue making efforts to reach more of the most vulnerable people in the country.

A robust response to assist flood-affected population has been put in place, as outlined in the 2018 Somalia Flood Response Plan<sup>6</sup> - however, this plan remains severely underfunded. In urban and peri-urbans areas, especially IDP settlements, the lack of available resources is constraining the ability of partners to control disease outbreaks, to protect vulnerable persons from eviction and further displacement, and to provide food security, nutrition and health services to people in need.

We need to sustain our investment in Somalia, responding to emerging needs while simultaneously developing long-term strategies to improve the country's structural resilience against climatic and humanitarian shocks.

The Humanitarian Country Team (HCT) in Somalia has decided to revise the 2018 Humanitarian Response Plan so that partners can develop the capacity to respond to new challenges which are posed by the Somali humanitarian context. This revised plan seeks a total of \$1.5 billion for life-saving activities in 2018. More than \$ 710 million has already been made available, with \$558 million funded through the |HRP - which corresponds to the 36% of the total requirements of the HRP 2018, that is \$5 billion - and an additional \$157 million received for activities external to the appeal. This leaves a shortfall of almost \$1 billion; funding which is needed for the remainder of the year, to scale-up or sustain assistance, protection and livelihood supports for the 5.4 million people in need.

I therefore present this revised Humanitarian Response Plan on behalf of humanitarian actors working in Somalia, and appeal to the international community to continue extending its support to the non-governmental organisations and UN agencies who are working to save lives, secure livelihoods, provide protection services and strengthen resilience. I thank donors for their robust, timely support in 2017 and for showing their continued solidarity with the Somali people. Through experience, we know that effective and collective efforts can successfully prevent catastrophe. Let us then continue to break the cycle of crises in Somalia, and do whatever it takes to address its enormous humanitarian needs.



Peter de Clercq  
Humanitarian Coordinator  
Mogadishu, Somalia



## OVERVIEW OF

## THE CONTINUING CRISIS

After a prolonged period of drought, the above-average *Gu* rainfall between late March and June marked the end of a lingering dry period across much of Somalia. However, record levels of rain – 125 per cent higher if compared to the long-term average recorded over much of the country<sup>7</sup> – also had a devastating humanitarian impact in most regions of the country, especially in Banadir, Galmudug, Hirshabelle, South West and Jubaland states, where flash and riverine flooding aggravated the needs of an already highly vulnerable population, causing fatalities, mass displacement and damage to infrastructure and cropland. The situation has been further exacerbated by the protracted conflict in Somalia, compounded by recent clashes in the Sool region. The spike in the number of evictions of internally displaced persons (IDPs), which has affected nearly 160,000 people in the first four months of 2018 alone – compared to 200,000 in the entirety of 2017 – has further worsened the protection situation in the country. Furthermore, the 2018 Humanitarian Response Plan remains still largely underfunded; with 36 per cent of the \$1.5 billion required has been received, critically affecting the capacity of the humanitarian partners to sustain the operation in Somalia.

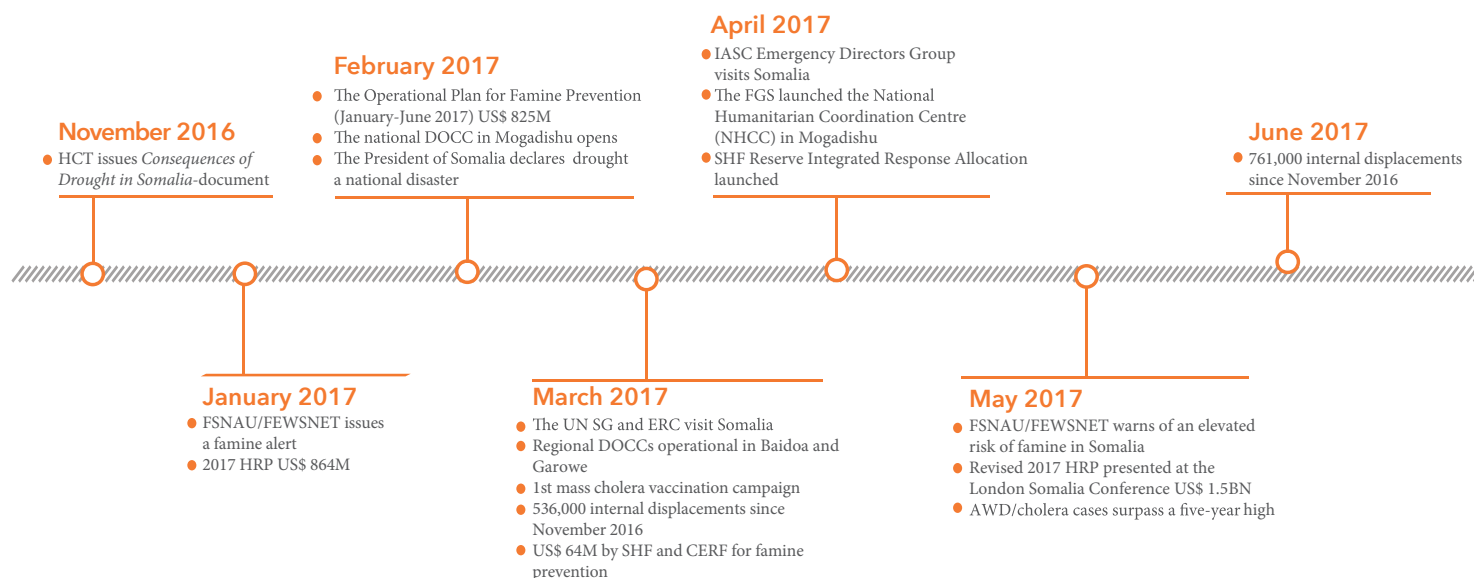
**Despite some improvements, food security remains dire**

The positive impacts of collective efforts from Somali authorities, national and international partners, and the diaspora, which successfully averted a famine in Somalia last year, are still being felt. Sustained food security assistance programmes reached an average of 1.8 million people per month between February-April 2018<sup>8</sup>, having reached 3.1 million people in total in 2017.

This timely scaled-up response, and the favourable conditions

brought about by the *Gu* rains, have had a relatively positive impact on livestock conditions, water/pasture availability, bumping the downward trend which has emerged during the last two years. The number of people who require urgent life-saving assistance (IPC phases 3 and 4) has decreased by 22 per cent, from 3.3 million in the first quarter of the year<sup>9</sup>, to 2.5 million in May<sup>10</sup>, according to the post-*Jilaal* assessment released in May 2018. However, in total, more than 5.4 million people (IPC 2, 3 and 4) – around 43 per cent of the population – still need humanitarian assistance in Somalia.

## CRISIS TIMELINE



Although the people-in-need figure represents important progress – 6.2 million had been recorded at the beginning of the year, as displayed in the initial 2018 HRP – the overall humanitarian situation in Somalia remains severe, and the people-affected figure is still higher compared to previous years. About 312,000 people are at Emergency phase (IPC phase 4), just one step away from famine. This is almost four times more than those in January 2017 (83,000 people in phase 4) and, without humanitarian assistance, many families in IPC phases 1–3, particularly in central and southern Somalia, would likely be at least one phase worse according to the Famine Early Warning Systems Network (FEWSNET). In addition to this, as confirmed by the PRMN and DTM in Somalia, there has also been a 1 million increase in the IDPs figures, which brings the total to 2.6 million IDPs, figure used also by the FSNAU post-Jilal assessment released in May 2018.

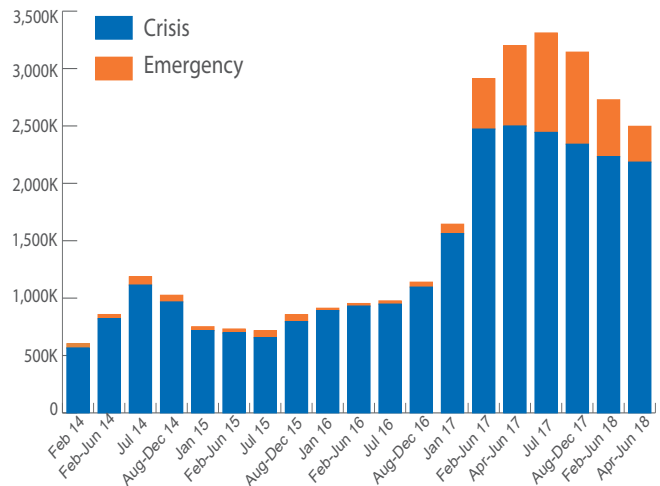
Changes in the humanitarian context, such as the recent flooding, the spike in conflicts, the subsequent displacements, and the increasing number of evictions are adding even more pressure on this severe situation. Recent clashes in the disputed regions of Sool and Sanaag, focused on the town of Tukaraq, have further worsened an extremely fragile humanitarian situation in a region chronically affected by shock and consequent food insecurity and protection crises.

After decades of armed conflict, instability and disaster, Somalis are highly vulnerable to shocks. Without adequate assistance, the food security outlook may deteriorate again over the coming months, especially in flood-affected areas: the riverine zones of Hirshabelle and Jubaland, and some agro-pastoral zones of South West State. In these areas, several roads became temporarily impassable and trade flows have subsequently slowed down. Although the prices of the main consumed cereals had remained stable in the majority of the districts until March<sup>11</sup>, because of the new access constraints, food costs have since increased in flood-affected regions.

### Climate shocks increase vulnerability

During the 2018 *Gu* season in Somalia, an estimated 830,000 people were affected by riverine and flash flooding in southern and central states, with nearly 290,000 of them temporarily

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



Source: FAO-FSNAU /FEWS NET

displaced.<sup>12</sup> The unexpected heavy rainfall is some of the most intense since 1981, equivalent to between 130 and 200 per cent above the average.<sup>13</sup> Before the floods, Galmudug, Hirshabelle, Jubaland and South West, the worst-affected states, had been reeling from several months of drought and erratic weather, as well as conflict and access constraints. Therefore, the areas which suffered the most from flooding had already been experiencing high levels of vulnerability, acute food security and malnutrition.

Belet Weyne in Hirshabelle, for example, was hit particularly hard by the floods, leaving 214,000 people affected – 90 per cent of the total population – and nearly 110,000 displaced.<sup>14</sup> In this area, 86,000 people are food insecure at Crisis and Emergency levels<sup>15</sup> (IPC phases 3 and 4), and thus extremely dependent on adequate humanitarian assistance.

In the north, the tropical Cyclone *Sagar* hit Somaliland and Puntland in May, leaving an entire year's worth of rain – between 150 and 200mm, according to the FAO-administered Somalia Water and Land Information Management (SWALIM) project<sup>16</sup> – in some parts of Bari, Awdal and Woqooyi Galbeed

#### August 2017

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

#### October 2017

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

#### July 2017

- AWD/cholera cases and related deaths decline

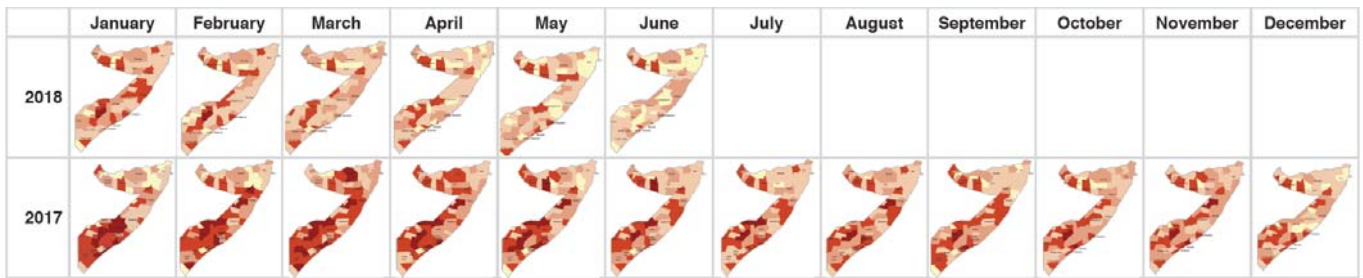
#### September 2017

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

#### November 2017

- 2018 Humanitarian Needs Overview (HNO) issued

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



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

regions. One of the strongest storms ever recorded produced wind gusts of up to 102 km/per hour, according to the Global Disaster Alert and Coordination System (GDACS)<sup>17</sup>, causing fatalities, flash floods, the destruction of farms, infrastructures and livestock, and displacement.

The numbers confirm the high level of destruction left by the storm in its wake. Somaliland's disaster management authority, NAFDOR, estimates that the cyclone affected nearly 168,000 people in the four worst-hit districts: Baki, Lughaya, Zaylac and Berbera. 700 farms have been destroyed and beyond 80 per cent of livestock killed, in some areas. Livestock and farming are the main sources of income for the pastoralist families in Somaliland and this situation, worsened by access challenges, has put thousands of lives at risk.

Similarly, in Puntland, the Humanitarian Affairs and Disaster Management Agency (HADMA) estimates that flooding and heavy rains affected some 60,800 people along coastal areas. Access to most of the affected areas remains a challenge.

Due to the drought, levels of food insecurity were already high in both Puntland and Somaliland. In these regions, most people (50 per cent) are food insecure.<sup>18</sup> In fact, Somaliland's Disaster Preparedness and Food Storage Agency declared a drought emergency in January of this year, calling for urgent humanitarian assistance for 1.7 million people, half of its population. In Puntland, the government, through its Humanitarian Affairs and Disaster Management Agency (HADMA), appealed for urgent aid for over 600,000 drought-affected people as recently as February.

In general, flooding across the country has had a severe impact on livestock and farms, also damaging key infrastructure and washing away many shelters and latrines in IDP settlements. In the central and southern states, nearly 50,000 hectares of cropland were inundated with water, and 500 tons of household grain stores damaged, potentially worsening food consumption gaps and limiting agricultural wage labour opportunities among poor households.<sup>19</sup> Supply stores and food markets were damaged and, in some cases, washed away.

As soon as water levels began to lower, the risk of water-related diseases increased, intensifying the ongoing AWD/cholera outbreak. Stagnant and polluted water sources – made worse by the fact that many shallow wells were contaminated after the destruction of thousands of latrines – have increased the need for water, sanitation and hygiene promotion services.

Since December 2017, more than 5,200 cases of AWD/cholera, including 39 deaths<sup>20</sup>, and more than 6,300 confirmed cases of malaria have been reported. Measles also remains a concern, with nearly 6,000 suspected cases reported in 2018. The cholera outbreak started in Belet Weyne and has spread to Banadir, Kismayo, Jowhar, Bulo Burto and Afgoooye; it is now reaching other flood-affected areas in Lower Shabelle and Lower Juba.

The government, UN agencies and other humanitarian partners are working to contain the spread of this endemic and recurrent disease in Somalia. In 2017, the country experienced one of the largest AWD/cholera outbreaks in its history, with more than 79,000 cases, including 1,159 deaths, reported in 16 of its 18 regions. The low levels of vaccination services, the high levels of displacement and the lack of access to safe water and hygiene products, especially amongst IDP populations, increase the risk.

### Evictions and continued high levels of displacement aggravate protection crisis

A record number of evictions have been registered in Somalia in 2018, increasing vulnerability and protection concerns, and creating a vicious cycle where these incidents are both a cause and a multiplier of the displacement crisis affecting the country. Around 171,000 people, the vast majority of them internally displaced persons (IDPs), were evicted in the first five months

### Key issues



Drought affected areas now suffering consequences of the floods



Large-scale displacement, worsened by the floods



Key protection risks: spike in evictions and conflict



Low funding is affecting response capacity



of the year.<sup>21</sup> This number represents over 85 per cent of all the evictions recorded in the whole of 2017, when 200,000 people were forced from their homes, and is already higher than the total number of affected in the entirety of 2016.<sup>22</sup> At this rate, it is foreseen that more than 450,000 IDPs will be evicted before the end of 2018, according to the Protection Cluster's latest trends and analysis.

More than 2.6 million people are internally displaced across Somalia due to the drought, conflict and, more recently, the floods. Overcrowded settlements, the subsequent increased risk of disease outbreaks due, overburdened health services, violence against women and girls, family separation and exploitation are some of the consequences.

The already-harsh living conditions of the IDPs is aggravated by the violent nature of the evictions. At least 316 of the 328 incidents registered in 2018 have been forced evictions. In 54 cases, the families had not received any kind of prior notification. However, even in the event where a notice period was given, with an average time of eight days, relocation options, livelihoods and the coping mechanisms of affected families are disrupted, while vulnerability to exploitation and abuse increases.

Violence and intimidation, the destruction of livelihoods and shelters, and the loss of all personal belongings are witnessed during some incidents. A particularly severe example is the forced eviction of more than 24,000 people in K13 in Mogadishu, when at least 13 settlements were demolished between 29 and 30 December 2017.<sup>23</sup> More than \$220,000 was lost in humanitarian assets – shelter kits, latrines, schools,

desks and chairs – belonging to projects funded by the Somalia Humanitarian Fund (SHF).<sup>24</sup> Water sources and a gender-based violence response centre managed by other humanitarian partners were also destroyed.

This example is not an isolated case. Mogadishu has historically been the city worst-affected by evictions, while over 25,000 IDPs have been evicted every month this year. The capital also witnessed the evictions of 123,000 individuals in 2015, 143,500 in 2016 and almost 154,000 in 2017.<sup>25</sup> As of May, in Mogadishu, over 127,000 people lost their homes in 2018. With the increase in the number of IDPs throughout the country, a rise in the number of eviction incidents is also being observed in Bay, Mudug, Lower Juba and Nugal regions.

Undeveloped legal and protection frameworks, insecure tenure agreements, land conflicts and increases in land value are among the main reasons for the evictions. With a huge lack of public land available to host the 2.6 million IDPs in Somalia, 76 per cent of evictions concern people living on private land and/or through informal arrangements. Years of protracted conflict have led to excessive land grabbing in the country, in many cases caused by the destruction of land registries. In addition, a lack of specific regulations for evictions and an outdated law governing land ownership leave the IDPs extremely vulnerable to powerful local landlords and informal settlement managers (frequently called gatekeepers). According to the Banadir Regional Administration, landlords and gatekeepers often speculate on the price of the land, charging rents beyond the means of IDPs, ultimately forcing them towards perpetual displacement and exploitation.<sup>26</sup>



Photo: WHO

## 2018 HUMANITARIAN

## ACHIEVEMENTS (Jan -Jun 2018)

**CCCM**

**2,160** Number of sites with established CCCM mechanisms

**EDUCATION**

**155,700** school children reached with Education in Emergencies Assistance

**FOOD SECURITY**

Reached over **2M** people with activities geared towards improved access to food and safety nets

**NUTRITION**

**124,300** children under age 5 treated for severe acute malnutrition since January 2018

10

**LOGISTICS**

**300MT** of humanitarian relief items transported air, land and sea to 15 destinations on behalf of 9 partners and the Federal Government

**SHELTER**

Over **158,300** IDPs assisted with NFIs and **135,700** IDPs with Emergency Shelter kits Since January 2018

**PROTECTION**

Reached over **308,000** girls, boys, women and men affected by violence with protection services and community-based activities

**HEALTH**

**105.5** tonnes of medical supplies delivered to respond to emergency

**345,698** Number of people reached with oral cholera vaccine (2 doses)

**Over 1M** Number of consultations

**WASH**

Over **755,000** people assisted with temporary access to safe water per month

## STRATEGIC

## OBJECTIVES

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

1

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

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



2

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

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



3

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

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



4

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

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



## RESPONSE

## STRATEGY

With the emerging challenges posed by the floods, the Cyclone *Sagar*, and the increasing pace of the evictions in 2018, it has been considered essential by the Humanitarian Coordination Team to revise the 2018 Humanitarian Response Plan (HRP). The updated strategy will enhance its focus on providing urgent life-saving assistance, especially to food insecure and malnourished people and those affected by the recent floods, as well as emphasizing the accent on the protection of vulnerable population, seeking durable solutions for IDPs and other climate and conflict-affected communities. The focus on integrated, multi-sectoral service provision will continue as in 2017. Bringing assistance closer to the affected people and integrating provision of services across clusters remains central to tackling the causes of malnutrition, disease outbreaks and protection concerns.

#### Provide humanitarian assistance as close to affected people as possible

The revised 2018 HRP brings the opportunity to build on the achievements from the 2017 humanitarian response, and prevent the humanitarian situation from deteriorating, after some progress made. Humanitarian partners aim to reach 5.2 million people with life-saving and life-sustaining assistance, sustain the reduction of acute malnutrition levels and food insecurity. The organisations will also reinforce the protection of the most vulnerable groups, especially IDPs, support the restoration of livelihoods, as well as promote basic services to build resilience to recurrent shocks and catalyse more sustainable solutions. With the heavy rainfall left by the *Gu* season in most parts of Somalia, urgent assistance for the affected population is needed and an increased effort to control the ongoing outbreak of water-related disease must be made. Despite the improvements, 2.5 million people are in Crisis and Emergency (IPC phase 3 and 4) and, except if compared with the 3.2 million during the famine alert in 2017, the highest the figure has stood at in over five years (February 2013). Thus, a continued livelihood assistance will be critical. To achieve that, humanitarian partners will work on the two-pronged

approach, adopted in 2017, to prevent the worsening of the situation.

**1 In rural areas:** Extend humanitarian assistance as close to affected people as possible, to stabilise the situation in rural areas, mitigate the negative impact of the floods on lives, livelihoods and related acute humanitarian needs, and, whenever possible, take advantage of the opportunities brought by the rainfall to develop agriculture and cattle raising, minimising further displacement and increasing food security.

**2 In urban and peri-urban areas, particularly IDP sites:** particularly in IDP sites which were affected by floods: Reprioritise the response to assist those populations who are suffering the consequences of the floods with emergency life-saving activities, including the control and prevention of water-related disease and the restoration of infrastructure which was destroyed, as well as keeping the scaled-up humanitarian interventions in main urban hubs throughout the country to meet basic needs and build durable solutions for protracted and newly displaced people and other vulnerable groups.



Photo: FAO

## Centrality of Protection

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

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

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

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

1. *Enhancing ways to identify and address differential risks of exclusion, including those based on societal discrimination, power structures, vulnerability, age, and gender. Strengthening inclusion with and accountability by, community-based and other non-traditional humanitarian responders for more effective protection to affected populations.*
2. *Addressing increasing Critical Protection Concerns emanating from increasing displacement towards IDP sites and collective centres, heightened protection risks/threats that have emerged as a consequence of the multiple obstacles to end displacement through appropriate solutions; local integration, return, and settlement elsewhere.*
3. *Engaging with conflict-affected communities and parties to the conflict (national and international), to minimize disproportionate and indiscriminate targeting of civilians and civilian assets vital for survival. This includes enhanced delivery of assistance and support to community based self-protection mechanisms.*

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

1. *Strengthening system-wide data collection and analysis to ensure an effective response and a repository on protection risks/threats. This would enable an overarching 'protection picture' of the humanitarian crisis, including at the national, sub-national and local levels.*
2. *Strengthened protection-influenced HCT advocacy (including for protection funding) and enhanced communication on protection, tailored to the context of Somalia.*
3. *Strengthened Protection Mainstreaming, Accountability to Affected Populations (AAP), and Protection from Sexual Exploitation and Abuse (PSEA) by humanitarian workers across all sectors.*



Photo: M. Knowles-Coursin/ UNICEF

## Integrated response

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

In 2017, the Somalia Humanitarian Fund (SHF) conducted three allocation rounds actively promoting the integrated response to drought and its effects, notably food insecurity, displacements, malnutrition and disease outbreaks. The bedrock of the SHF approach was to define integrated response packages to be adapted to the specific needs in various locations. Almost \$24 million – 42 per cent of allocations – were allocated to integrated projects. In the 2018 First Standard Allocation, about 36 per cent of the funds are supporting integrated and multi-cluster projects, and the Fund will continue to promote the approach during the year.

Integration, however, was not without challenges due to limited number of partners with the appropriate capacity to effectively implement multiple interventions across three or more clusters. The complexity of interventions also required additional time for design and implementation. Building on lessons learnt and gains made in 2017, a joined-up, multi-sectoral approach will continue to be an integral part of the humanitarian response and famine prevention efforts. This takes into account that single-cluster interventions have limited impact in addressing multiple vulnerabilities of the affected people, particularly of IDPs and those in inaccessible areas.

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

## Enhanced targeting

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

As of May 2018, priority geographical areas include regions with significant populations in Crisis and Emergency (IPC phase 3 and 4) such as Galmudug state in central Somalia; Hiraan region in Hirshabelle state, Bay and Bakool regions in South West state and, Awdal and Togdheer regions in Somaliland. IDP settlements in urban areas such as Mogadishu, Baidoa, Dhusamarreeb, Garowe, Berbera, Bossaso, Doolow and Hargeisa are also prioritised due to high levels of acute malnutrition, all locations surpassing the emergency threshold of 15 per cent.<sup>27</sup> The severity of the humanitarian crisis in the most affected areas has been shifting in 2017-2018 due to an unexpected heavy rainfall across Somalia, conflict, low level of funding and varying intensity of humanitarian assistance. Given the severe flooding that has affected many regions in Somalia and compounding underlying vulnerabilities due to years of conflict and marginalisation, massive loss of assets, the improvements are usually fragile and rapid deterioration of food security situation continues to be a real threat in many areas if humanitarian assistance is not sustained. In addition, the risk factors for epidemic disease outbreaks are present although humanitarian partners have been able to contain both AWD/cholera and measles outbreaks during the crisis. To ensure refined targeting, including responding to acute needs in hard-to-reach areas, risk mitigation and management mechanisms have been enhanced throughout the crisis. The improved systems for vetting and monitoring developed based on lessons learned from 2011-2012 have allowed for expansion of activities into areas not regularly serviced since the last famine.



Photo: Giles Clarke for Getty/OCHA

## Cash assistance

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

The majority of the 2017 cash-based assistance employed during the famine prevention response (estimated at between 75 to 85 per cent of total assistance) has been reported through the Food Security Cluster and was designed to meet the immediate food needs of affected households. Food Security Cluster's cash response was reaching on average 2.4 million people per month during the height of the crisis. Cash transfers have also been used to meet WASH, shelter and education needs. Some multipurpose cash - unrestricted cash corresponding to the amount of money a household requires to meet their basic needs - is also being delivered each month. 15 Post distribution monitoring reports suggest that recipients of cash transfers spent the majority (one major study suggests 75 per cent) of their support to meet food needs with the rest used for water and sanitation needs, paying off short-term debt, and buying household items or accessing healthcare.

Cash-based assistance will remain a significant component of the humanitarian response in 2018 across clusters, providing immediate assistance to those affected by drought and floods,

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

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

## Community engagement

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



Photo: M. Knowles-Coursin/ UNICEF



Photo: M. Knowles-Coursin/ UNICEF

to place communities at the centre of humanitarian action and decision-making. This will include: ensuring effective and transparent communication to enable informed decisions by affected communities; using feedback mechanisms to strengthen accountability and inform adjustments in the response and providing opportunities and platforms for community participation in humanitarian action; and engaging local knowledge and resources to promote self-reliance and ownership. This is part of the HCT and the ICCG collective approach to community engagement, which UN Agencies and Non-Governmental Organisations (NGOs) put in place at the end of 2017. The collective approach to community engagement will facilitate collection of community feedback and analysis, and response to pertinent issues raised by communities. Incorporating both qualitative feedback data and community perceptions into technical assessments gives greater depth to findings, turning community voices into actionable data that informs humanitarian programming.

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

Significant efforts have been made in 2017 to improve collective services as an integrated part of the DOCCs. The humanitarian information service Radio Ergo has played a key role in

feedback collection with their Freedom Phone, through which drought-affected communities in Somalia can call in and give feedback. This qualitative data has been used to inform clusters of perceptions among affected communities and identify gaps relating to information needs. Going forward, the Common Feedback Project should focus on data sharing and a common collation of community views, reinforced by mainstreaming AAP in coordination fora and mechanisms. The ICCG will report to the HCT on trends identified and outcomes from community consultations. A network of focal points will ensure feedback from various hard-to-reach locations is captured and followed up. Efforts will continue with media agencies and humanitarian actors to ensure the coordination of messaging and information provision to affected people. A practical mapping of accountability activities will minimise duplication and identify areas where agencies can coordinate at field level and/or identify where there is potential for harmonisation of feedback and complaints mechanisms between agencies.

### Localization of aid

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

The SHF continues to champion the localisation of aid agenda and remains the single largest source of funding for national and local partners. While more than 39 per cent of its funds were channelled to local and national NGOs in 2017, the First 2018 SHF Standard Allocation and subsequent 2018 Reserve allocations continue to focus on non-governmental partners



(97 per cent), with some 58 per cent to local and national organisations. This is above the global target of 25 per cent and the SHF 2018 benchmark of 30 per cent of funds to be allocated to local and national responders, signed on the Grand Bargain commitment. The pool of SHF partners has expanded to more than 100, more than two-thirds of them national or local partners.

Overall, some 231 humanitarian partners are providing life-saving assistance across the country. At least 159 are national NGOs. Challenges, however, remain. National actors continue to have limited access to funding and investment in their capacity, which affects the sustainability of their operations. To address such challenges and advance the aid localisation agenda in Somalia, international actors, Somali Government, private sector, and local NGOs and youth initiatives have continued to address these challenges.

Strengthening partnerships in support of the localisation of aid agenda was discussed, resulting in concrete commitments by stakeholders that should ultimately lead to further improvement in the delivery of assistance in Somalia. The SHF has also been actively working with its partners and investing in trainings and assurance activities to strengthen their capacity. In the 2017 SHF Partners' Survey, carried out in December 2017, the vast majority of respondents – more than 90 per cent – stated that working with the SHF has an impact in the capacity strengthening of their organisation.

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

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

Although famine was averted in 2017, thanks in part to a massive scale-up in humanitarian assistance, it remains a threat in the coming years. The cycle of devastating protracted dry spells over the last 25 years, the unprecedented drought spanning over the previous four consecutive poor rainy seasons, unexpected heavy rainfalls in the last months and ongoing conflict have severely aggravated vulnerability in Somalia, and humanitarian needs continue to be extreme. Decades of insecurity, political instability, drought, floods and food insecurity have disrupted basic social services and livelihoods, devastated human

capital and physical infrastructure, and contributed to severe impoverishment and protracted displacement of the population.

Life-saving humanitarian assistance in 2018 will be accompanied by investments in recovery and development-oriented programmes to reduce vulnerability and risks and to ultimately prevent the recurrence of famine risk in Somalia. The progress in the state-building and peace-building process in Somalia since 2012 have made possible targeted efforts to define and implement solutions so that Somalia's citizens will never again face the risk of famine. The Federal Government of Somalia (FGS) has already prioritised a focus on resilience within its National Development Plan (NDP) and there are now opportunities for investment in Government-led policies and medium- and longer-term programmes that can more sustainably reduce risk and vulnerability among the 5.4 million people who are most vulnerable and in need of humanitarian assistance.

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

- Sustaining immediate life-saving humanitarian operations to continue famine prevention, mitigate the impact of the drought across rural Somalia, and improve the conditions of those displaced into urban centres.
- Expanding early recovery interventions to enable early voluntary return of those displaced to their respective areas of origin if they so choose, with appropriate support to resume livelihoods and to promote minimum standards of safety and dignity, and to expand municipal services to cater to the needs of those who are likely to remain displaced, and may choose an urban life.
- Launching a sustainable RRF to “break the cycle” of drought by building capacity of national and sub-national institutions, boosting productive sectors, and targeting investments in rural and urban infrastructure

In January 2018, the Somalia HRP was jointly launched with the Drought Impact Needs Assessment (DINA) and RRF by the Government, with the support of the United Nations, World Bank and European Union, to support Somalia's recovery from the protracted drought and build medium- to long-term resilience and disaster preparedness. The RRF is aligned with the HRP, moving beyond the traditional distinction between humanitarian and recovery interventions.



Photo: UNICEF

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

At the end of 2017, humanitarian and development partners agreed on four collective outcomes (COs) to be achieved by 2022 to reduce needs, risks and vulnerabilities and increase resilience. These outcomes were agreed upon on the basis of the key findings from the Humanitarian Needs Overview (HNO) and Drought Impact Needs Assessment (DINA) finalised at the end of 2017. They represent the key areas requiring combined humanitarian and development action, with the essential activities to meet them to be referenced in relevant planning frameworks, including the National Development Plan (NDP), Recovery and Resilience Framework (RRF), United Nations Strategic Framework (UNSF) and this Humanitarian Response Plan (HRP). Linking these strategies will help ensure that Somalis are less vulnerable and have better access to basic social services. The operationalisation of the collective outcomes will seek to ensure that the activities led under the RRF and HRP are complementary and effectively sequenced in a way that effectively reduces needs, risks and vulnerabilities. Progress towards each of the collective outcomes will be reviewed yearly based on indicators and targets that are either part of existing results frameworks (NDP, UNSF, HRP) or that will be added in the results frameworks of RRF which is currently being finalized.

Humanitarian and development partners will continue working to strengthen their synergies, by identifying what activities need to be undertaken across the humanitarian-development nexus and different sectors, and how these activities need to be layered and sequenced to most effectively achieve the proposed results.

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

### The following are the four collective outcomes (2018-2022) agreed in Somalia in December 2017

- **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.**
- **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.**
- **Number of vulnerable people with equitable access to inclusive basic social services increases by 27 percent by 2022.**
- **Proportion of population affected by climate-induced hazards (drought and flood) reduces by 25% by 2022.**



Photo: Giles Clarke for Getty/OCHA

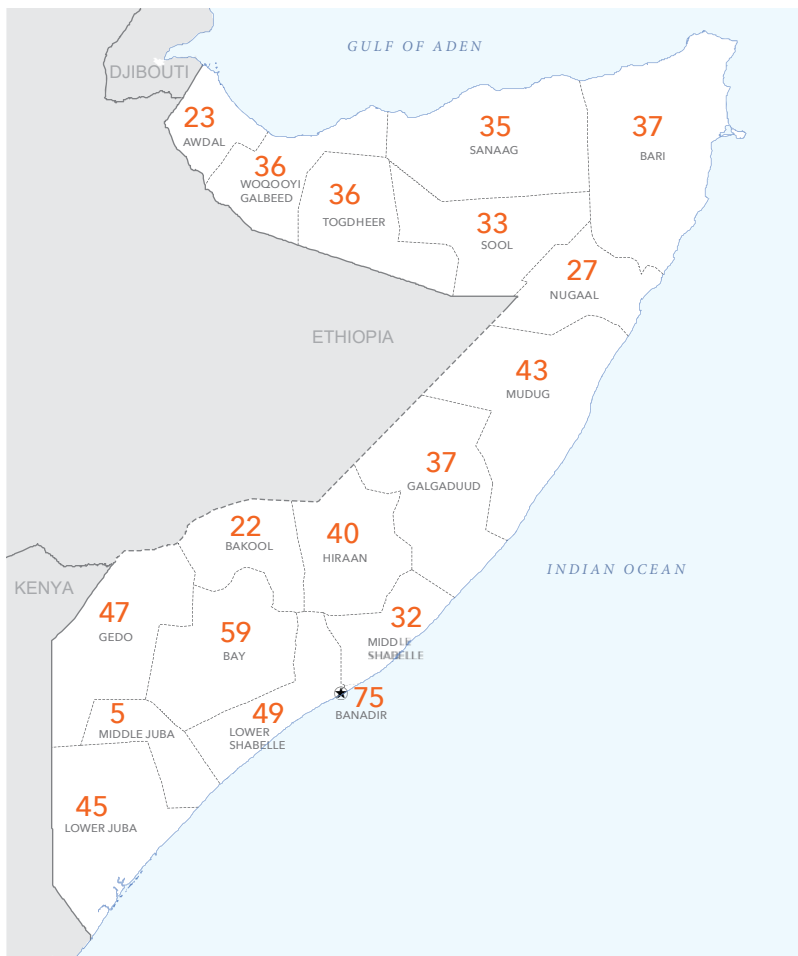
## OPERATIONAL

## CAPACITY &amp; PRESENCE

Humanitarian partners continue to ensure their presence across the country, despite the challenging operational environment. A wide range of national and international humanitarian partners are involved in the delivery of humanitarian assistance in all 18 regions of the country with more than 262 humanitarian partners reported actively implementing humanitarian activities. These partners are included in the OCHA-managed 'Who does What, Where' (3W) database.

# OF HUMANITARIAN PARTNERS

262



Since 2011, humanitarian partners have increased their presence in Somalia, and have had significantly larger 'footprint' on the ground during the 2017 famine prevention efforts than previous years. Some 262 humanitarian partners provide life-saving and life-sustaining assistance across the country, and nearly 175 of these are national NGOs. The role of the national NGOs, as well as that of other national responders, including volunteers, private sector and youth-led initiatives, has thus become indispensable in providing assistance and services in a challenging and insecure operating environment.

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

Local partners are also engaged in protection monitoring activities, with over 40 local partners deployed throughout Somalia, including in hard-to-reach areas. These partners work with over 150 field monitors to report protection information that informs the humanitarian response to report protection information that informs the humanitarian response as well as enabling referrals of individuals with specific needs to appropriate service providers. Currently, 103 non-governmental partners (compared to 66 eligible partners in 2016), of which more than two-thirds are national or local organisations, are eligible to receive SHF funding, in addition to UN agencies, funds and programmes. The pool of SHF partners continue to expand in order to broaden the reach of the Fund

**HUMANITARIAN**

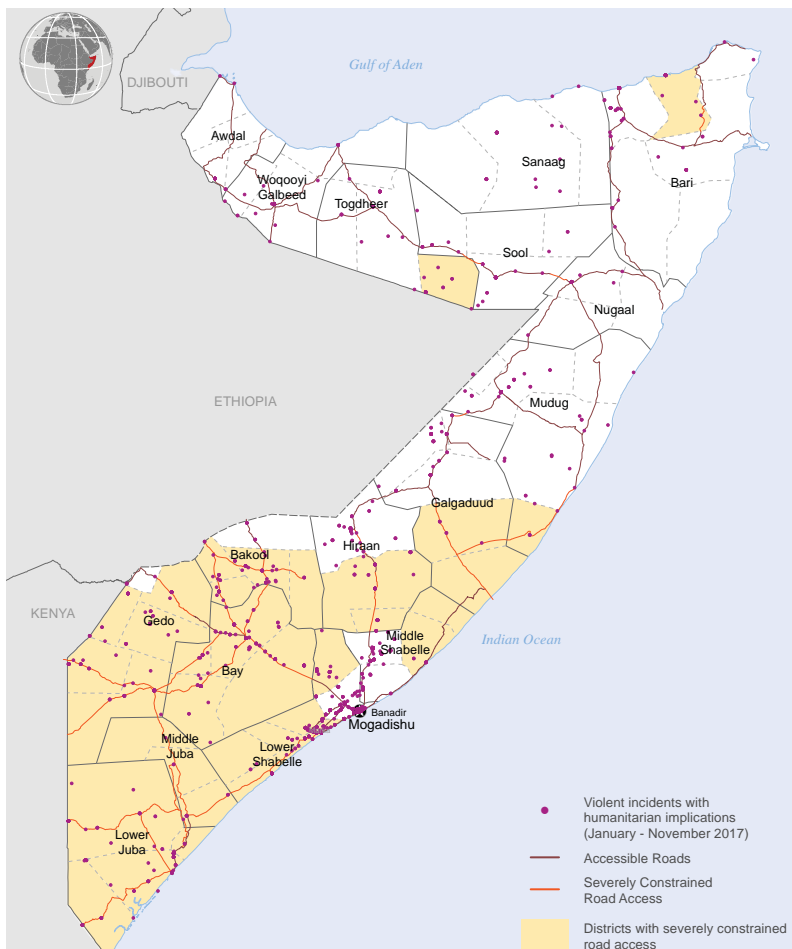
# ACCESS

Safe, timely and predictable access is a key prerequisite to effective humanitarian action. However, in most parts of southern and central Somalia and parts of Bari, Sanaag and Sool in the north, access by humanitarian organisations to reach people in need, and the ability of people in need to access assistance and basic services is severely constrained. While access challenges in Somalia are longstanding, the past year witnessed an increase in physical access challenges as well as violence against humanitarian personnel, facilities and assets.<sup>28</sup> The challenges continue to take new shapes and dimensions as the political and conflict dynamics in the country evolve. At least 58 security incidents have been reported in the first half of 2018 compared to a total of 170 for the whole of 2017.

# OF VIOLENT INCIDENTS THAT IMPACTED HUMANITARIAN ORGANIZATIONS IN 2017

150

Violent incidents with humanitarian implications (January-November 2017)



Source: OCHA

Key access challenges in Somalia include bureaucratic and administrative impediments imposed by both state actors and non-state armed actors, road access challenges linked to the conflict, active hostilities, policies of non-state armed actors as well as staff safety and security concerns. In addition, interferences in the implementation of humanitarian activities, physical access challenges linked to limited infrastructure continue to affect air and road travel as well as transportation of humanitarian supplies by sea. Heavy rains in April and May 2018 further impeded physical access to areas flood affected areas and beyond. Key infrastructure such as roads and airstrips were flooded or otherwise rendered unusable, leaving some areas only accessible by helicopter or boat. Civilians were also isolated by floodwaters. Counter-terrorism measures also continue to impact some organisations; increasing their perception of risks in areas under the control/influence of listed entities and continues to deprive some people in need of assistance. At least two million people in need of assistance reside in hard-to-reach areas, the majority of whom are in southern and central Somalia.<sup>29</sup>

Humanitarians continue to use various strategies to surmount access challenges. Efforts to step up engagements with the Federal Government of Somalia (FGS) and Federal Member States, local authorities, and traditional leadership structures to facilitate access have continued at all levels. The strategies largely focus on dialogue with different stakeholders, both at the highest possible levels of authority and at the operational level. Under the guidance of the HCT, the HCT Access Taskforce continues to lead these efforts, including through systematic monitoring and tracking of the constraints, as well as recommending context-

specific strategies to enhance the ability of humanitarian organisations to reach people in need, or to address specific constraints as they emerge.

### Efforts to secure major supply routes

The humanitarian community has continued to prioritise advocacy efforts with the FGS, Federal Member States, local authorities, African Union Mission in Somalia (AMISOM), the UN political mission and other relevant actors to secure the main supply routes. Following concerted advocacy efforts, from the second quarter of 2017 to date, the FGS and a number of Federal Member States including Galmudug, Hirshabelle, South West and Puntland have made milestone commitments to ensure that access routes are opened, and have started implementing some of these commitments. Despite this progress, the proliferation of illegal checkpoints and related fees, as well as blockades by non-state armed actors have continued to impact movements in 28 of 42 districts in southern and central Somalia. The HCT Access Taskforce and OCHA, in collaboration with the Logistics Cluster, will continue to systematically track road access constraints to inform HCT advocacy efforts with the authorities, and security organs, including AMISOM, to secure major access roads.

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

The HCT Access Taskforce took important steps in 2017 to improve access to areas under the control of non-state armed actors where about two million people in need of humanitarian assistance reside. The Taskforce will continue its engagements with operational humanitarian partners in 2018 to inform engagement strategies in these areas. The Taskforce will also continue to prioritise engagements with the political leadership and local authorities at the FGS and Federal Member State level to create a more enabling environment for the delivery of assistance.

At the operational level, humanitarian organisations negotiate with relevant actors for humanitarian access through various interlocutors and channels, or choose to implement indirectly through locally accepted partner organisations. To mitigate risks, the humanitarian community is continuously enhancing accountability measures. The non-state armed actors present in different areas, as well as the type of assistance to be provided, determines the extent to which access negotiations can take place. For example, in some areas, particularly where the local leadership are from the local communities, access to implement critical programmes - such as health - is permitted. Some organisations chose to implement programmes at a low scale and low profile in sensitive areas, with an objective of maintaining capacity to rapidly scale-up if access opens and new needs develop. Many humanitarian organisations also continue to pursue local level access negotiations and dialogue in attempt to regain access to areas where the previously worked, and where they believe they would have added value due to the existing needs and pre-existing networks and local knowledge.

The UN and International NGOs use special protection units or armed escorts to facilitate their movement in most parts of Somalia. Insecurity and prevalence of various armed groups, including criminal groups, continue to compel humanitarian organisations to use armed escorts to protect their personnel and property. Their use has yielded positive results; however, the competency and reliability of these armed escorts varies.

In 2017, the office of the UN High Commissioner for Human Rights (OHCHR) and OCHA provided refresher trainings in human rights, humanitarian principles and standards, and Code of Conduct for Private Security Service Providers for escort personnel used by humanitarian organisations.

A key priority for the humanitarian community in 2018 is finalising a centralised regulatory framework for NGOs and international organisations, as well as measures to sustainably address the challenges related to the 'gatekeeper' system. Efforts to strengthen advocacy messages and understanding on humanitarian principles and standards, and engagements with local communities and authorities to build trust and acceptance of humanitarian programmes and partners, including through the provision of trainings and sensitisation sessions will also be prioritised. NGOs committed to the Red Lines provisions (a set of conditions the humanitarian community cannot compromise on), to ensure their principled way of working is sustained.

### UN Civil-Military Coordination

In a complex emergency and humanitarian crisis such as Somalia, Civil-Military Coordination will continue to ensure humanitarian facilitation is undertaken in a principled manner in order to avoid duplication, maintain the distinction between armed and civilian actors and promote timely humanitarian access to vulnerable people through dialogue with international and domestic armed actors. The Civil-Military Working Group (CMWG) will continue to facilitate an enabling environment for humanitarian actors to deliver vital life-saving assistance, mainly in southern and central regions affected by military offensives or severe climatic shocks. Upon the approval of the CMWG and only as a "Last resort" Mission assets will be utilised to undertake life-saving assistance during acute crises and natural disasters where no equivalent commercial or humanitarian assets can be found. The CMWG will advocate for international and domestic armed actors to secure all main supply routes to make them safe for commercial and humanitarian convoys ferrying supplies for affected populations in hard to access areas. In cases of large scale civilian displacements, the CMWG will call for a principled approach to those civilians that seek shelter near forward operating bases. Furthermore, the CMWG will advocate for domestic and international actors to observe and implement all civilian protection protocols and ensure that civilian facilities in the hands of armed actors are handed over to state authorities. Lastly, the dissemination of the Somalia Humanitarian Civil-Military Guidelines (hereafter Guidelines) will continue in the Sector Headquarters and forward operating bases for international and domestic uniformed personnel. The Regional CMWGs in Kismayo, Dhobley, Jowhar, Baidoa and Belet Weyne will continue to serve has the mechanisms to monitor the implementation and compliance of the Guidelines in the regions.

As a result of the planned drawdown and transition of the African Union Mission in Somalia (AMISOM) forces, the Guidelines will be revised by incorporating domestic security actors into the civil-military coordination infrastructure to ensure that humanitarian operations are not hindered by the planned reduction of international peacekeepers. Civil-military coordination will be guided by the centrality of protection and work with protection partners to ensure all armed actors are informed of protection risks and challenges of military operations.

**RESPONSE**

# MONITORING

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

**Scope of the response monitoring**

To ensure that famine prevention efforts are as effective as possible, humanitarian partners are closely monitoring the response and identifying needs and gaps in real time, and improving efficiency where possible to ensure the best use of resources. The in-depth understanding of the response and gaps allows enhanced prioritisation and enables improved targeting to reach the most vulnerable. Monthly Humanitarian Dashboards provide regular analysis of the scaled-up response and progress against the key cluster-specific outcome indicators, all linked to the four overarching strategic objectives of the Humanitarian Response Plan.<sup>30</sup>

**Monitoring responsibilities**

Under the strategic guidance of the HCT, the ICCG is tasked with measuring progress toward reaching strategic objectives, cluster objectives, and cluster activities, as outlined in the Humanitarian Response Plan. Based on regular reviews of the evolving needs and most critical gaps, the ICCG regularly makes recommendations to the HCT for action or adjustments in the response operation. The ICCG is supported by the Information Management Working Group (IMWG). In 2018 the ICCG and the IMWG will focus increasingly on the joint

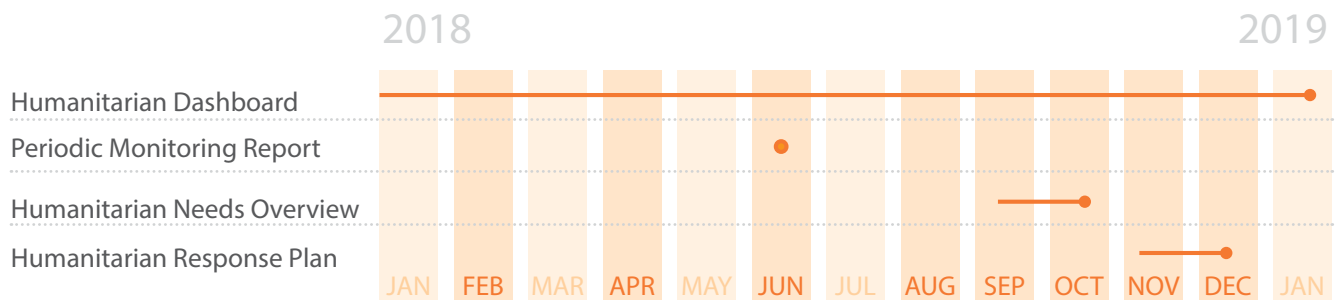
analysis of monitoring data and strengthening guidance on data collection methodologies for monitoring. To enable stronger data analysis, the ICCG and the IMWG will also strengthen the use of an online Response Planning and Monitoring module (RPM), being piloted in Somalia and other countries.<sup>31</sup> [Click here](#) to access the RPM.

**Monitoring Framework**

Progress against the strategic objectives, indicators/targets and outcomes of the HRP will be monitored by using the HRP Monitoring Framework (Part III: Annexes). Reporting will be done through monthly Humanitarian Dashboards and the online Response Planning Module. 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. As the humanitarian situation and humanitarian needs have changed in the course of 2018, the HCT has decided to revise the HRP and update the monitoring framework accordingly.

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**HUMANITARIAN PROGRAMME CYCLE TIMELINE**



## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

## TOTAL POPULATION



## PEOPLE IN NEED



## PEOPLE TARGETED



## IDPS



## HUMANITARIAN PARTNERS



## REQUIREMENTS (US\$)



	TOTAL				BREAKDOWN OF PEOPLE TARGETED						BY SEX & AGE		REQUIREMENTS
	People in need	People targeted	% PIN targeted	People reached Jun'18	IDPs	Refugees	Returnees	Host communities	Rural	Urban	% Female	% children, adult, elderly <sup>1</sup>	Total in US\$
Camp Coordination and Camp Management (CCCM)	2,600,000	1,400,000	81%	2,000,000	1,700,000	-	-	-	50,000	1,630,000	52%	66 24 10	41,709,742
Education	2,160,000	381,000	13%	156,000	142,000	-	76,200	178,000	-	-	45%	95 5	51,267,522
Enabling Programmes	-	-	-	-	-	-	-	-	-	-	-	-	26,248,155
Food Security	5,400,000	5,200,000	87%	2,000,000	1,042,000	-	-	-	2,946,000	2,230,000	50%	46 52 2	631,732,080
Health	5,500,000	4,300,000	78%	2,000,000	910,000	-	-	-	1,930,000	1,450,000	51%	56 41 3	124,435,964
Logistics	24,000	24,000	-	-	-	-	-	-	-	-	-	-	9,837,500
Nutrition	1,060,000	1,060,000	86%	124,000	108,000	1,200	-	-	583,000	508,000	51%	100	253,760,785
Protection	4,000,000	2,000,000	50%	308,000	1,200,000	45,000	105,000	450,000	260,000	1,540,000	56%	55 42 3	97,989,189
Shelter/NFIs	1,800,000	1,500,000	87%	158,000	1,000,000	-	30,000	26,000	100,000	1,200,000	55%	60 35 5	70,116,595
Water, Sanitation and Hygiene (WASH)	4,300,000	3,800,000	86%	755,000	1,400,000	27,000	104,000	860,000	700,000	700,000	55%	55 43 2	129,311,842
Multi-Sectoral Assistance	-	-	-	-	-	-	-	-	-	-	-	-	53,152,619
Refugee Response	135,800	135,800	100%	37,602	-	135,800	-	-	-	-	-	-	52,952,576
<b>TOTAL</b>	<b>5,400,000<sup>2</sup></b>	<b>4,700,000<sup>2</sup></b>											<b>1,542,514,570</b>

<sup>1</sup> Children (<18 years old), adult (18-59 years), elderly (>59 years)

<sup>2</sup> Total figure is not the total of the column, as the same people may appear several times

<sup>3</sup> Figures in rural and urban columns may include people targeted as IDPs, refugees, returnees or host communities

# PART II: OPERATIONAL RESPONSE PLANS

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## Centrality of Protection in Operational Response Plans

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

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

The protection situation in **displacement** locations and limited progress towards durable solutions is strongly taken into account by the CCCM Cluster through

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

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

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

## PEOPLE IN NEED


**2.1M**

## PEOPLE TARGETED


**1.7M**

## REQUIREMENTS (US\$)


**41.7M**

## # OF PARTNERS


**28**

## CCCM OBJECTIVE 1:

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

RELATES TO SO1, SO3

## CCCM OBJECTIVE 2:

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

RELATES TO SO1, SO3, SO4

## CCCM OBJECTIVE 3:

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

RELATES TO SO1, SO3, SO4

## CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



### Overview

Drought, conflict, and flooding have displaced one million people since late 2016, in addition to the 1.1 million people in protracted displacement. Many have been displaced multiple times, with their coping mechanisms further degraded and vulnerability increased. Most displaced people have self-settled in sub-standard Internally Displaced Persons (IDPs) sites and are repeatedly identified as the poorest and most vulnerable. IDPs often face limited local acceptance due to their social background. They are in greatest need of CCCM services to reduce barriers to assistance, ensure equitable delivery of services, enhance the accountability to affected populations, and strengthen community engagement, participation and empowerment towards self-determination.

### Response Strategy

The 2018 CCCM Cluster strategy envisions a comprehensive, area based approach, which will be closely linked to other clusters (especially Protection, Shelter and WASH), targeting displaced people in IDP sites, through direct engagement with communities and partners. Challenges highlighted by the HCT Centrality of Protection Strategy such as the risk of exclusion, high incidence of protection violations in IDP sites, challenges in achieving durable solutions, and difficulty in accessing populations in conflict areas have led the cluster towards piloting cross-

cutting modalities. Some examples are the multi-functional mobile teams, improved site planning and community cohesion projects.

The cluster will continue conducting multi-sector Detailed Site Assessments (DSA)<sup>32</sup> as a baseline of access and availability of services in sites; monitor and map service delivery at site level to ensure efficiency and accountability; reinforce mechanisms for communication and feedback on multi-sector services availability; ensure the adequate participation with an emphasis on the most vulnerable; facilitate the mitigation of gender-based violence through improving site safety and referral pathways in collaboration with the protection cluster; and support site planning, maintenance and rehabilitation to respond to flash flooding and evictions. Lastly, the CCCM cluster will develop systems to strengthen community self-management to promote durable solutions for displaced people in sites

### Response Modality

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

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Photo: M. Knowles-Coursin/ UNICEF



## PEOPLE IN NEED


**2.4M**

## PEOPLE TARGETED


**396K**

## REQUIREMENTS (US\$)


**51M**

## # OF PARTNERS


**26**

## EDUCATION OBJECTIVE 1:

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

RELATES TO SO1, SO2

## EDUCATION OBJECTIVE 2:

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

RELATES TO SO3

## EDUCATION OBJECTIVE 3:

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

RELATES TO SO4

## EDUCATION

## Overview

Poor education outcomes have persisted in Somalia due to the weak education system and governance. Drought and conflict led the enrolment rates to one of the lowest in the world since the education system collapsed in early 1990s. As a consequence, at least two generations have been deprived of schooling in the country and the learning crisis has had an underlying impact on state-building and governance. Only an estimated 30 per cent of children have access to learning opportunities, while more than three million are out-of-school.<sup>33</sup> The southern and central parts of Somalia are the most affected. In rural areas or in Internally Displaced Persons (IDPs) settlements, only 17 per cent of children are enrolled in primary schools.<sup>34</sup> It's a huge gap that threatens child protection and the development of the country. An estimated 2.1 million school-aged children face food insecure (IPC 2, 3 and 4) and some 632,000 school-aged children have been displaced since January 2017 due to drought, flooding and conflict.<sup>35</sup> Out of the total IDP population of 2.6 million, an estimated 1.04 million are school aged children. An estimated 86,000 school aged children have been affected by the floods and heavy rains in April and May 2018.

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

Despite a push by international donors and the Ministry of Education (MoE) to streamline the national education curriculum, the use of different education curricula exists even in areas that are not under the control of non-state armed groups. The lack of quality assurance and standardisation as well as the limited outreach of the MoE continue to be a significant challenge for systems strengthening in the protracted crisis. The low level of humanitarian funding for education has severely limited the ability to implement

education in emergencies activities to meet the needs of children suffering in Somalia. So far, in 2018, education response has only been 12 per cent funded, constituting little more than one per cent of the total HRP funding received so far.<sup>36</sup>

## Response Strategy

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

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

## Response Modality

381,000 out of the 2.16 million school aged children affected by climatic shocks, including flooding and drought, will be targeted, with priority activities including:

- An education package comprised of immediate educational activities in a protective learning environment
- Access to food and water
- Emergency incentives for teachers and school administrators
- Teacher trainings on school safety, life skills and psychosocial support
- Essential teaching and learning materials, including recreational materials
- Establishment/rehabilitation of safe and protective learning spaces with child friendly sanitation facilities for girls and boys

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- Strengthened the capacity of community education committees, cluster partners and the MoE in emergencies preparedness and response
- Awareness and sensitisation activities targeting underlying barriers to enrolment (particularly for girls) will be prioritised through engagement with traditional elders, religious leaders and youth groups.

Cash is increasingly being used as part of the education emergency response. The main

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



Photo: Education Cluster

## REQUIREMENTS (US\$)


**26M**

## # OF PARTNERS


**8**
ENABLING PROGRAMME  
OBJECTIVE 1:

**1** Strengthen coordination to support delivery of humanitarian aid to ensure equal access for women, girls, boys and men.

RELATES TO S01, S02, S03, S04

ENABLING PROGRAMME  
OBJECTIVE 2:

**2** Enable humanitarian activities and personnel with safety and security programmes in Somalia.

RELATES TO S01, S02, S03, S04

ENABLING PROGRAMME  
OBJECTIVE 3:

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

RELATES TO S01, S02, S03, S04

ENABLING PROGRAMME  
OBJECTIVE 4:

**4** Strengthen channels for communicating with communities through gathering and sharing of listener feedback with the humanitarian responders.

RELATES TO S01, S02, S03, S04

## ENABLING PROGRAMMES

## Overview


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

## Response Strategy

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

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

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



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

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

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

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

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## PEOPLE IN NEED


**6.2M**

## PEOPLE TARGETED


**5.4M\***

## REQUIREMENTS (US\$)


**632M**

## # OF PARTNERS


**123**

## FOOD SECURITY OBJECTIVE 1:

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

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

RELATES TO S01, S04

## FOOD SECURITY

## Overview

A large-scale and timely humanitarian response averted famine in Somalia in 2017, but the crisis is far from over. The lasting adverse impacts of the severe drought in 2016 and 2017, combined with emerging needs linked to the recent riverine and flash floods, displacement, evictions and conflict continue to affect the food security situation across many parts of Somalia. The FSNAU/FEWSNET post-Jilal IPC projection update for April to June 2018, indicates that almost one in two (nearly 5.4 million) Somalis remain acutely food insecure (IPC phases 2, 3 and 4), with over 2.6 million people internally displaced.

The growing trends of evictions of Internally Displaced Persons (IDPs), riverine and flash flooding that have so far affected over 830,000 people and displaced 290,000<sup>37</sup>, cyclone and stormy weather that hit northern parts of Somalia and armed confrontation between Somaliland and Puntland are some of the ongoing shocks negatively affecting food security outcomes. Humanitarian assistance must be sustained through the end of 2018 to protect fragile gains made in terms of recovery from drought, and continue addressing emerging needs.

Emergency livelihood support must also be increased to strengthen the capacity of affected people to improve their food security in the immediate and near terms. In response, the Food Security Cluster objectives focus on:

**Objective 1:** Priority activities include unconditional transfers (e.g. food assistance and cash) and conditional transfers (e.g. cash-for-work for small-scale infrastructure repairs). Safety-net programmes such as school feeding will provide regular, predictable food access to particularly vulnerable children. These priority activities will target 2.9 million severely food insecure people per month (IPC phases 3 and 4) in rural and urban areas, including IDPs.<sup>38</sup> Persons affected by the various emerging shocks will also be prioritised for food and cash assistance.

**Objective 2:** Priority activities include provision of: (i) seasonally and locally appropriate agricultural inputs (e.g. certified quality seed, agricultural inputs, training, land preparation and irrigation support); (ii) emergency livestock assistance (e.g. supportive treatment, vaccination, feed, fodder

production); (iii) replacement of damaged fishing gear and equipment; (iv) livelihood diversification (e.g. fishing, backyard poultry and vocational programmes); (v) improved post-harvest practices; and (vi) response to food chain threats (e.g. fall armyworm, desert locusts, trans boundary animal disease). The response will be further informed by findings of the Post Disaster Needs Assessment (PDNA), and complemented by training to maximise impact. The cumulative target is 2.9 million acutely food insecure people per season (IPC phases 2, 3 and 4), including IDPs. The population affected by the emerging risk will be prioritised for livelihoods assistance

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

## Response Strategy

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

- **Prioritize areas of severe acute food insecurity** based on seasonal food security and nutrition assessments outcomes and available early warning information and analyses. **Regularly adapt the type and scale of response** based on the severity of food insecurity, seasonality, livelihoods and gender analysis.
- **Strengthen partners' ability to target people most in need**, including socially marginalised groups, and their accountability to affected populations.
- **Promote the common use of tools** that facilitate beneficiary information



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management and coordination of assistance to those most in need (e.g. SCOPE).

- **Scale-up assistance in hard-to-reach areas** through strengthened engagement local authorities and NGOs.
- **Ensure market analysis, harmonized transfer values and local coordination** guide partner's cash and market base responses.
- **Jointly analyse, plan and integrate Food Security responses** iwith 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 worst phases of food insecurity.
- **Link humanitarian, early recovery and development efforts** based on findings of the ongoing Resilience Recovery Framework (RRF)

**Response Modality**

The Food Security Cluster partners will employ diverse response options such as in-kind assistance, cash-based transfer and provision of basic services related to the livelihoods of the affected people, depending on severity and cause of acute food insecurity in a given area.<sup>39</sup> The seasonal food security assessment, localised market assessment and monitoring inform the appropriate choice of modalities. Cash based interventions are informed by continuous monitoring and analysis of food and non-food prices, which is particularly important in areas where floods have damaged infrastructure and impeded market functionality. Overall, cash-based transfer continues to be the preferred modality of response to food assistance as well livelihoods support of the cluster. The preponderance of such modalities has emanated out of its contribution to enhance local production, stimulate local market, and promote people-centric approach in humanitarian response.

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

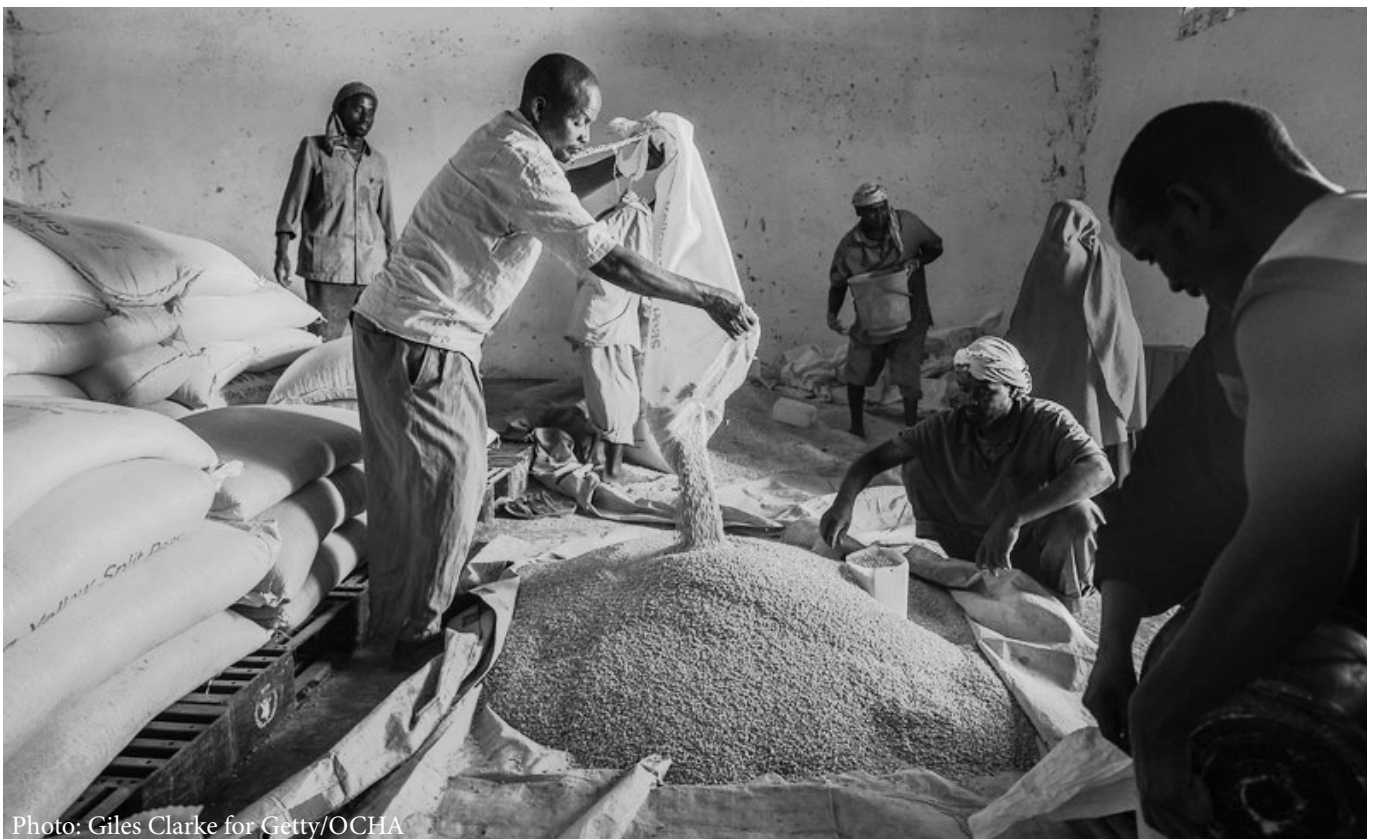


Photo: Giles Clarke for Getty/OCHA

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## HEALTH OBJECTIVE 1:

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

RELATES TO SO1

## HEALTH OBJECTIVE 2:

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

RELATES TO SO1

## HEALTH OBJECTIVE 3:

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

RELATES TO SO3

## HEALTH

## Overview

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

The prolonged drought and ongoing conflict have further deteriorated the humanitarian situation in 2017, and resulted in an increased epidemic outbreak, including a major AWD/cholera outbreak with over 79,000 cases and a measles epidemic affecting all regions with a total of 19,000 cases reported as of October 2017. Since December 2017, around 5,200 cases of AWD/cholera, including 39 deaths, and 6,302 confirmed cases of malaria have been reported.<sup>40</sup> Measles also remains a concern, with nearly 6,000 suspected cases in 2018. The cholera outbreak started in Belet Weyne and has spread to Banadir, Kismayo, Jowhar, Bulo Barde, Afgoye, and is now reaching other flood-affected areas in Lower Shabelle and Lower Juba.

According to UNHCR-led Protection and Return Monitoring Network (PRMN), over one million people have been displaced since the beginning of 2017 - bringing the number of IDPs to more than 2.6 million -, and increasing the pressure on health interventions. Access to basic health services continues to be insufficient and requires additional response. The health risks due to high levels of malnutrition, poor hygiene and sanitation remain, in addition to the continuing measles outbreak, and the possibility of a resurgence of AWD/cholera.

## Response Strategy

The Health Cluster will continue scaling-up basic and life-saving, integrated health and nutrition services through two key response strategies in line with the HRP priorities: Supporting static non-functioning facilities and also reaching out to nomadic and hard-to-reach communities through integrated outreach health services. The cluster partners will ensure special focus is given to affected and vulnerable displaced people, including host communities and marginalised communities in the rural



and urban areas, encompassing both drought- and conflict-affected people. Health, Nutrition and WASH Clusters continue to implement integrated response approaches to prevent and mitigate the impact of disease outbreaks, particularly measles and AWD/cholera. The cluster continues to work closely with health authorities at the Federal and state level to ensure alignment of sector policies, plans and strategies, including recently finalised Health Sector Strategic Plan II (HSSP) 2017-2021.

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

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

## Response Modality

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

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## REQUIREMENTS (US\$)


**9.8M**

## # OF PARTNERS


**2**

## LOGISTICS OBJECTIVE 1:

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

RELATES TO S01, S02, S03, S04

## LOGISTICS OBJECTIVE 2:

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

RELATES TO S01, S02, S03, S04

## LOGISTICS OBJECTIVE 3:

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

RELATES TO S01, S02, S03, S04

## LOGISTICS

## Overview

The operating environment in Somalia remains one of the most hazardous in the world. As the humanitarian community responds to assist the flood, drought and conflict-affected population, regular and sustained access to the hard-hit areas remains a challenge. Ground-level transport has been increasingly hampered by the floods, surging insecurities, capacity limitations and inadequate infrastructure. As a result, a number of key operational areas remain only accessible by air with airplanes, while others are only accessible by helicopter or speedboats. Access by sea is the most viable option to preposition high volumes of humanitarian supplies in the country, delivering to the few functional Somali Ports. Overall, severe access constraints have a direct impact on the ability of the humanitarian community to efficiently and effectively deliver humanitarian relief to populations in need. The logistics capacity among national actors remains limited, resulting in a lower ability to mitigate, prepare and respond to emergencies and shocks. .

## Response Strategy

The Logistics Cluster continues to respond to the ongoing humanitarian emergency and prepare for shocks by facilitating access to common logistics services on behalf of the humanitarian community, including storage and transport by road, air and sea to reach the people in need. Through logistics coordination and information management services, the Logistics Cluster supports operational decision-making and improves the efficiency of the logistics response in Somalia<sup>41</sup>. The Cluster continues to focus on engaging diverse stakeholders and works collaboratively towards tackling access constraints, defining and promoting long- and short-term solutions, advocating for example for the rehabilitation of crucial infrastructure as airstrips, ports and roads. Sustained advocacy remains key for the resolution of issues that impact the logistics community in Somalia.

Due to the lack of commercial operators in Somalia and insecurity along roads, the air services provided by the UNHAS continues to constitute the only option to travel to most destinations within the country. The lack of a safe, secure and efficient commercial alternative, makes UNHAS one of few options to reach those locations safely and to ensure high standards 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.

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

## Response Modality

The Logistics Cluster continues to provide strategic logistics coordination support to the humanitarian logistics community ensuring life-saving relief items are delivered effectively and efficiently. Access to common logistics services – sea and road transport, airlifts and storage – is provided by WFP, in its role as lead agency and provider of a last resort, on a cost recovery basis. In collaboration with UNHAS, one WFP cargo plane of 5.5MT capacity is positioned in Mogadishu to facilitate the airlift of humanitarian supplies throughout the country. The WFP time-charter vessel will continue to provide sea transport services monthly from/to the ports of Mombasa, Djibouti, Mogadishu, Berbera, Bossaso and Kismayo, ensuring a more predictable and regular delivery to functional Somali Ports. Speedboats have also been deployed to the most affected areas to undertake evacuations, assessments and deliver assistance.

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

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

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## PEOPLE IN NEED



1.4M

## PEOPLE TARGETED



1.2M

## REQUIREMENTS (US\$)



254M

## # OF PARTNERS



70

## NUTRITION OBJECTIVE 1:

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

RELATES TO SO1

## NUTRITION OBJECTIVE 2:

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

RELATES TO SO1, SO4

## NUTRITION OBJECTIVE 3:

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

RELATES TO SO2

## NUTRITION OBJECTIVE 4:

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

RELATES TO SO2

## NUTRITION

## Overview

Somalia is one of the top ten countries with the highest prevalence of malnutrition in the world<sup>42</sup>, at 13.8 per cent Global Acute Malnutrition (GAM) rate amongst children under five years, with 1.9 per cent being severely malnourished. Results from 30 separate nutrition surveys conducted by FSNAU and partners between in November and December 2017 indicate that the overall nutrition situation in Somalia has shown some improvement with only 8 out of 30 nutrition surveys showing Critical levels of Global Acute Malnutrition (GAM 15-30%)<sup>43</sup>, compared to 20 out of 31 nutrition surveys conducted in June-July 2017.<sup>44</sup> At national level, median prevalence of acute malnutrition has improved from Critical (17.4% GAM) in June-July 2017 to Serious (13.8% GAM) in November-December. Accordingly, the projected number of children who are, or who will be acutely malnourished, has been reduced since the beginning of 2017 from 1.2 million to about one million (1,061,805). Severely malnourished children are nine times more likely to die of killer diseases such as AWD/cholera and measles. Predictably the drought impact combined with the ongoing conflict is a manifestation of the rising malnutrition outcomes. Furthermore, due of the recent floods in April-May, it is projected that the nutrition situation will worsen in the coming months in the affected areas because of the outbreak of communicable diseases, notably AWD/Cholera and Malaria.<sup>45</sup> Urgent treatment and nutrition support is needed for approximately 301,000 acutely malnourished children, including 48,000 who are severely malnourished.

## Response Strategy

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



acute malnutrition and contribute to lowering of child mortality and morbidity with the aim to achieve the Sustainable Development Goals (SDGs).

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

## Response Modality

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

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## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## PROTECTION OBJECTIVE 1:

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

RELATES TO SO1, SO3, SO4

## PROTECTION OBJECTIVE 2:

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

RELATES TO SO1, SO3

## PROTECTION OBJECTIVE 3:

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

RELATES TO SO1, SO3, SO4

## PROTECTION OBJECTIVE 4:

**4** Create a protection conducive environment.

RELATES TO SO3, SO4

## PROTECTION

## Overview

The protracted multi-faceted armed conflict, drought, flooding, and protracted as well as a recent upsurge in internal displacement have led to a highly complex crisis of protection in Somalia. Protection violations are both a root cause of the crisis and a grave consequence, resulting in a myriad of acute and evolving protection concerns affecting the vulnerable individuals and communities. Of particular concern is the situation of conflict-affected populations, including those in hard-to-reach areas and/or displaced and marginalised populations. These groups face an elevated risk of violations due to exploitative and abusive structures faced by many – especially protracted – displaced communities. These violations include pervasive gender-based violence (GBV), child rights violations – child recruitment and early marriage for example –, and forced evictions which have seen a concerning increase in the first five months of 2018, affecting more than 171,000 so far.<sup>46</sup> Durable solutions to displacement remain elusive, prolonging existences in sub-standard living conditions and further contributing to marginalisation. Returning refugees and mixed migration dynamics also expose individuals to various and distinct protection concerns.

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

## Response Strategy

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

- Ensure protection considerations guide humanitarian action and contribute to addressing the priority focus areas of the HCT CoP Strategy. Collaboration by all humanitarian actors aims to overcome challenges to the protection of the civilian population, particularly in relation to navigating complex power dynamics (notably abusive structures in situations of protracted displacement) and inter-communal tensions, including those caused or heightened by natural disasters, to ensure access to services for marginalised communities, as well as the most vulnerable individuals.
- Increase strategic and operational integration aiming to address multiple vulnerabilities and humanitarian needs in an efficient manner and to maximise the achievement of protection outcomes, for example through mitigating the risk of and enabling responses to GBV by collaboration with the CCCM and Health clusters, strengthening security of tenure in cooperation with CCCM and Shelter actors, and through expansion of referral networks.
- Identify and adopt programmatic and coordination approaches that bridge the humanitarian-development nexus, specifically in relation to catalysing and enabling context-specific durable solutions for all displaced populations.
- Consistently incorporate gender, age and diversity considerations, increase the number of female staff, and strengthen sex, age, and diversity data collection.
- Aim to provide protection-informed analyses, reinforcing a principled humanitarian response. To this end, across the cluster, further incorporation and development of innovative information management approaches is promoted.

- Continue constructive engagement with authorities and military actors on adherence to International Humanitarian Law, in relation to civil-military coordination, and on respect for humanitarian principles.
- Adopt flexible outreach modalities for protection service provision and community engagement with a view to expanding coverage beyond the catchment area of static service providers, including to reach affected communities in places of origin.
- Increase and expand engagement with community-based mechanisms and civil society, including within hard-to-reach areas and through integrated programming approaches, and promote volunteerism to enhance resilience and sustainability of community-based interventions.
- Continuous communication and engagement with affected communities, as well as facilitating a communication conduit between authorities and displaced populations, aiming to ensure effective participation, feedback, and accountability in humanitarian responses and policy development processes.

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

**Mitigate the risk of and address acute protection needs stemming from violence, coercion, and abuse:** Provide immediate protection specific responses to violations through service delivery and material assistance, saving lives, alleviating the worst effects, or preventing their occurrence, inter alia by means of GBV survivor-centred multi-sectoral support (psychosocial, medical, legal, and physical security) and case management; provision of dignity kits upholding dignity, and well-being, and participation in social life including education for affected women and girls; family reunification; case management, including psychosocial support, prevention, and reintegration, for survivors of child-rights violations and human trafficking; increased legal assistance, counselling, and dispute resolution

on housing, land, and property issues, preventing conflicts and mitigating risks of forced evictions; and demarcation and clearance of explosive hazards, reducing the risk of killing and maiming of civilians.

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

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

### Response Modality

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

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## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## SHELTER OBJECTIVE 1:

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

RELATES TO SO1, SO3

## SHELTER OBJECTIVE 2:

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

RELATES TO SO3

## SHELTER OBJECTIVE 3:

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

RELATES TO SO1, SO3

## SHELTER

## Overview

Due to increased shelter needs arising from the unprecedented drought displacements of 2017, and a big carry over of unmet gaps in assistance, Shelter & NFIs (Non-Food Items) Cluster partners continued focus in providing life-saving and life-sustaining assistance to Internally Displaced Persons (IDPs) living in settlements. Since beginning of 2018, there has been renewed focus on the heightened forced evictions of IDPs, and other major displacements caused by riverine flooding and inundation of IDPs settlements following the above average 2018 *Gu* rains which have also affected vulnerable host communities. Most of the affected IDPs are settled in urban and peri-urban areas of Mogadishu, Baidoa, Kismayo, Beletweyne and Gaalkacyo. Throughout 2018, the cluster will continue focus on providing basic household NFIs and Emergency Shelters to the 2.6 million IDPs that are displaced by the conflict, drought, floods and forced evictions.<sup>47</sup>

Cluster partners will also continue to advance sustainable solutions for protracted IDPs, and for those facing durable solution prospects of integrating with host communities and return to areas of origin. Overall, Shelter and NFIs support will aim at making contributions to the physical protection of displaced and vulnerable host communities. By intervening in IDP settlements, partners will aim to improve the health and physical living conditions of IDPs.

## Response Strategy

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



IDPs in protracted situations will be provided support to improve their living conditions, through provision of transitional shelter solutions and settlement (re-)planning support, especially those that suffer from overcrowding and which are at risk of fire and disease outbreaks. The Shelter Cluster will work closely with CCCM and other clusters to improve settlement planning, management and service delivery. The transitional shelter solutions offered are dependent on a reasonable, medium-term security of tenure.

Returnees and locally integrating IDPs will be availed material, financial and technical support towards realising durable solutions. This will include support for permanent shelter, complete with corresponding land tenure agreements.

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

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

Rights violations, issues and concerns related to shelter and settlements will be addressed through clear and actionable mainstreaming methods and approaches, alongside principled referrals for SGBV (Sexual and Gender Based

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Violence) and other sensitive violations to specialised actors. With evictions and HLP (Housing, Land and Property) concerns continuing to be major impediments to shelter provision, the cluster will work closely with the HLP Sub Cluster on building the capacities of shelter actors, who have to deal with HLP issues first hand. This will further target settlement managers, and individual households' capacity to negotiate appropriate land use/ rental agreements. Partners will work more closely with the local authorities to simplify and legitimise any tenure agreements reached between beneficiaries and land owners. The cluster acknowledges that there cannot be meaningful protection of IDPs if those who host them are left out of the assistance and services provided. Thus, vulnerable members of the host communities will also be targeted. All communal facilities and infrastructure provided will target both the displaced and their hosts, and will be expected to outlast the displacement period, with linkages to municipal/ local government services and governance.

**Response Modality**

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



Photo: M. Knowles-Courson/ UNICEF

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## WASH OBJECTIVE 1:

**1** Emergency WASH response preparedness at community, district, regional and national levels.

RELATES TO S01, S04

## WASH OBJECTIVE 2:

**2** Provide access to safe water, sanitation and hygiene for people in emergency.

RELATES TO S01, S02, S03, S04

## WASH OBJECTIVE 3:

**3** Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures.

RELATES TO S01, S02, S03, S04

## WASH OBJECTIVE 4:

**4** Provide reliable and sustainable access to environmental sanitation.

RELATES TO S01, S02, S03, S04

## WATER, SANITATION AND HYGIENE



## Overview

Throughout Somalia, 29 per cent of the population get water from an un-improved<sup>48</sup> water source and an additional 12 per cent from surface water.<sup>49</sup> Open defecation is practiced by 39 per cent of the population. In addition to these underlying unfavourable conditions, insecurity, drought and flooding have created mass displacements throughout the country with important needs for WASH services, especially in IDP settlements in which access to water and sanitation would be as low as respectively 34 and 20 per cent. It is also estimated that 1.7 million people require urgent WASH assistance in remaining drought affected regions and about 600,000 people are in need in recently flooded districts.

The lack of access to WASH facilities in these various settings, in population groups with a lowered immunity, has been one of the main contributing factor that triggered the most important cholera outbreak of recent years in Somalia in 2017. As risk factors are still omnipresent, cases are still reported in 2018 from flood-affected areas and traditional hotspots. Under five children are particularly affected by restricted access to WASH services as high malnutrition prevalence persists in many parts of Somalia. As access to safe water and sanitation is reduced to nothing in the worst flood and drought affected locations, women and girls are also increasingly exposed to violence while trying to access limited services.

## Response Strategy

The WASH strategy is focusing on reducing WASH-related mortality and morbidity in regions of Somalia affected by drought, flooding and/or facing population displacements. Stand-alone WASH programmes and/or integrated approaches will be implemented in relevant locations to address the immediate life-saving needs of people affected by floods, disease outbreaks and violence/conflicts using simple/rapid emergency techniques and modalities. When appropriate and doable, WASH partners will implement more quality sustainable solutions to exit the emergency phase the sooner possible, contribute to resilience and recovery and streamline disaster risk reduction in their approaches.

All cluster activities will be implemented using approaches to enable protection, safety and dignity of the targeted people, particularly women and children.

## Response Modality

Response modalities include both urgent life-saving approaches for the acute phases and post-emergency options for resilience and recovery. Both activity sets can be implemented jointly at the beginning of the response and use of temporary solutions be reduced progressively throughout the response timeline. Types of activity/modality include:

- Emergency water supply with the establishment of temporary distribution systems and water trucking, bulk chlorination, household/point of use water treatment and safe storage and cash based interventions.
- Hygiene promotion focusing on hand washing with soap at critical moment with distribution of hygiene items, soap and/or hygiene kits.
- Emergency sanitation in IDP settlements and host communities in critical needs, with establishment of faecal sludge management systems, latrine desludging/rehabilitation, latrine construction either communal or household based and cash based interventions.
- Emergency environmental cleaning and management through drainage and/or removal of stagnant black/grey water ponds and garbage piles.
- Integrated Vector Management (IVM) interventions including indoor residual spraying (IRS), targeted larviciding and environmental management where vector borne diseases represent a public health threat. On request, support to health partners for Long Lasting Impregnated Nets (LLINs) distributions.
- Support to health/education partners in improving water hygiene and sanitation in institutions, including in cholera treatment centres, nutrition facilities, emergency health structures and schools.
- Resilience/recovery: quality rehabilitation and construction of water supply systems including shallow wells, boreholes, berkads, water distribution systems, storage tanks and energised pumping systems in strategic drought affected locations and/or cholera hotspots. Elements of disaster risk reduction will be integrated throughout the process.
- Resilience/recovery: quality rehabilitation

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and construction of sanitation facilities including toilets and latrines, septic tanks and faecal sludge management facilities in cholera hotspots.

**WASH Cluster's five minimum commitments for Protection, Safety and Dignity**

- Consult separately girls, boys, women, and men, including older people and those with disabilities, to ensure that WASH programs are designed so as to provide equitable access and reduce risks of violence.
- Ensure that girls, boys, women, and men, including older people and those with disabilities have access to appropriate and safe WASH services.
- Ensure that girls, boys, women, and men, including older people and those with disabilities, have access to feedback & complaint mechanisms so that corrective actions can address their specific protection and assistance needs.
- Monitor and evaluate safe and equitable access and use of WASH services in WASH projects.
- Give priority to girls (particularly adolescents) and women's participation in the consultation process



Photo: M. Knowles-Coursin/ UNICEF



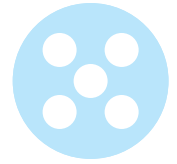
REQUIREMENTS (US\$)

 53M

# OF PARTNERS

 3

**MULTI-SECTORIAL ASSISTANCE**



**Overview**

In the humanitarian response in 2018, humanitarian partners will continue prioritising integrated multi-sectoral response, to ensure that service delivery is designed to be people-centred and addresses more effectively potential protection risks. A malnourished child is, for example, benefitting more from prevention, care and treatment interventions, where these services are delivered in combination with access to safe water/sanitation and health services, including maternal and child health and reproductive services, and continued access and availability to quality food.<sup>50</sup> As part of famine prevention efforts in Somalia in 2017, better integration has been sought through various complementary approaches, including scale-up of multipurpose cash programming, deployment of Integrated Emergency Response Teams (IERTs) to respond to the AWD/Cholera outbreak, establishment of Drought Operations Coordination Centres (DOCCs), and more nutrition-sensitive multi-sectoral programming. Three rounds of SHF allocations have also prioritised greater integration across clusters and catalysed further integration across the system

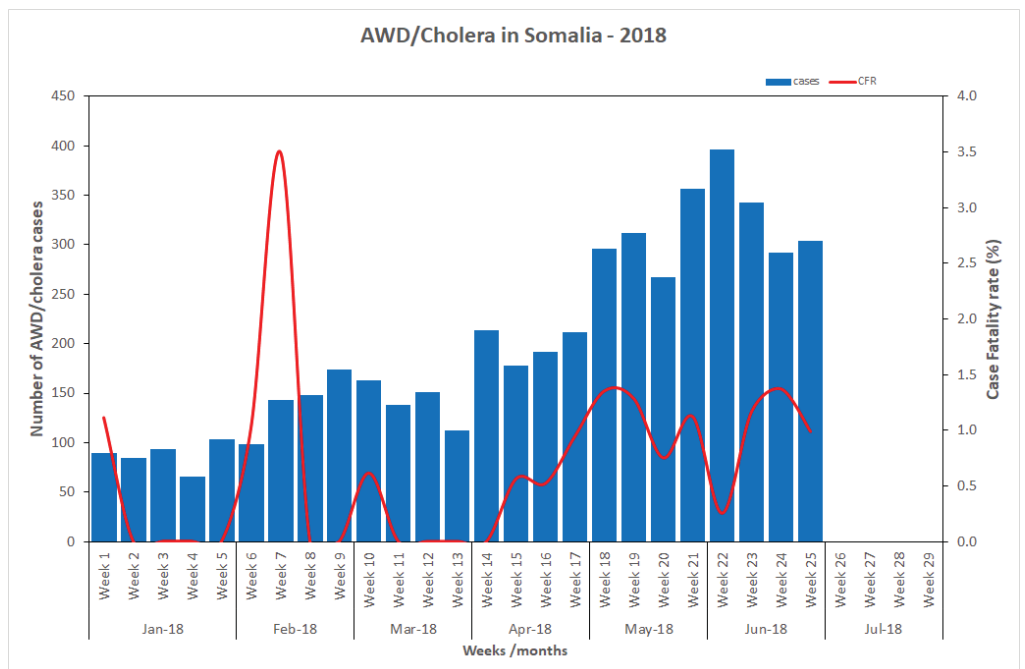
**Integrated Emergency Response Teams**

In April 2017, the Health, Nutrition and WASH Clusters established Integrated Emergency Response Teams (IERTs) to

contain AWD/Cholera outbreak which was spreading across Somalia. The IERTs consist of health professionals, including doctors, nurses, midwives and community health workers who were trained and equipped with health materials, to be deployed to rural and hard-to-reach areas. A total of 57 teams were deployed to nine regions: Bay, Bakool and Lower Shabelle in South West State, Gedo in Jubaland, Mudug and Galgaduud in Galmuduug State, Togdheer in Somaliland as well as Sool and Banadir regions. These efforts continue in 2018, with IERTs recently being deployed to assist in the response to Cyclone Sagar.

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

The establishment of IERTs in April 2017 and deployment across nine regions has been crucial for the success of the response. In 2017, over 78,000 cases of AWD/cholera have been reported in Somalia, including 1,159 deaths. Approximately 59 per cent of these cases have been recorded with children below



Data source: WHO

five years of age. In 2016, a total of 15,621 AWD/cholera cases including 531 deaths cases were reported. In the beginning of June, the AWD/cholera outbreak reached its peak and the Case Fatality Rate (CFR) was highest in February 2017, at 4.7 per cent, significantly beyond the one per cent emergency threshold. Health partners have distributed over 167 tons of medical supplies to all affected regions to manage the AWD/cholera cases and have been able to largely curb the outbreak with no AWD/cholera related deaths reported since August.

### **Drought Operations Coordination Centres**

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

### **Integrated approach on nutrition-sensitive programming**

In 2018, humanitarians aim to go beyond nutrition-specific to nutrition-sensitive interventions, recognising the capacity and resource limitations and emphasizing learning and gradual scale-up. Integration of nutrition-sensitive programmes requires an inclusion of the food security component (access, availability, utilisation and stability), child-care and social practices, and access to health services, sanitation and safe water and the enabling environment. In Somalia, the focus on limited nutrition-sensitive actions is on the critical geographical areas with high GAM rates, including IDP settlements. The nutrition-sensitive programming aims to demonstrate and document that nutrition-sensitive actions coupled with nutrition specific actions will help to sustainably reduce acute malnutrition.

That approach is therefore worth investing and strengthening. Both nutrition-sensitive and nutrition-specific actions target the same affected population as much as possible to the household level. The provision of alternative macro and micro nutrient source food options (macro limited to protein and micro to vitamins), with in emergency timeframe of less than one year will also be prioritised. To alleviate the vulnerability and persistent high GAM rates, potential linkages between household food security, nutritional status and dietary intake among vulnerable household members are key.<sup>51</sup>

### **Multipurpose Cash**

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

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

- Conduct market assessment, analysis and monitoring, maintain a clear understanding of service provision, market availability and market access including for vulnerable groups, both pre-, during and post-intervention, and identify financial service providers and cash transfer options.
- Ensure that MPCA is well coordinated with in-kind and sectoral cash assistance, and that the right modality or combination of modalities are being used to meet needs.
- Undertake and share outcome monitoring with partners and clusters to continuously examine uses and impacts of the MPCA and to the extent possible through harmonised indicators; ensure that MPCA is having a positive impact

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on sectoral indicators such as livelihoods, food security, nutrition, health and WASH indicators and reduction of negative coping strategies; as well as ensure feedback from beneficiaries support continuous improvement of programmes

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

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

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

in-kind and sectoral cash assistance.

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



Photo: Giles Clarke for Getty/OCHA

## PEOPLE IN NEED



135.8k

## PEOPLE TARGETED



135.8k

## REQUIREMENTS (US\$)



52.9M

## # OF PARTNERS



18

## REFUGEE RESPONSE OBJECTIVE 1:

**1** Favorable protection environment and durable solutions.

RELATES TO SO1, SO2

## REFUGEE RESPONSE OBJECTIVE 2:

**2** Fair protection processes and documentation.

RELATES TO SO1, SO3

## REFUGEE RESPONSE OBJECTIVE 3:

**3** Security from violence and exploitation.

RELATES TO SO1, SO2

## REFUGEE RESPONSE OBJECTIVE 4:

**4** Basic needs and essential services.

RELATES TO SO1, SO2

## REFUGEE RESPONSE OBJECTIVE 5:

**5** Community empowerment and self-reliance.

RELATES TO SO1, SO2

## REFUGEE RESPONSE PLAN



## Overview

The protection environment in Somalia is expected to remain fragile in 2018, creating challenges for persons seeking international protection in the country. The response strategy is geared towards providing life-saving and dignity-enhancing assistance to over 153,000 refugees and 154,000 asylum seekers, mostly originating from neighbouring states countries such as Ethiopia and Yemen.<sup>52</sup> The absence of a comprehensive and up-to-date federal legal and policy framework for refugee protection increases their vulnerability considerably. The context requires a collaborative effort to support the federal authorities in ensuring that the protection and assistance needs of refugees and asylum seekers are met, while working to create a more conducive protection environment.

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

## Response Strategy

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

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

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

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**Response modality**

Markets in Somalia play a central role in the economy and are crucial to both food and livelihood security. Markets and trade in general, particularly in urban areas, have proven to be dynamic and resilient since the collapse of the Somali State in the early 1990s, and are a major factor for access to goods and services. In rural areas, pastoralists, agro-pastoralists and agriculturalists all depend on markets to varying degrees for access to income and food. Since 1998, FSNAU in partnership with FEWS NET put in place a

market price monitoring system to collect and analyse weekly price data on commodities and prices are reported to have remained relatively stable over the past decade. Based on localised market mapping analysis, UNHCR will continue to use cash as the modality of choice, when it can enhance the rights and dignity of refugees and asylum seekers targeted by UNHCR interventions. Response modalities of refugee assistance will also be delivered through in-kind support and improvements to the protection environment through capacity-building activities with the Government, local actors and partners.



Photo: M. Knowles-Coursin/ UNICEF

# GUIDE TO GIVING

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



## SOMALIA HUMANITARIAN FUND (SHF)

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

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

### TO CONTRIBUTE

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

For general information about SHF, please contact:

Justin Brady, [bradyj@un.org](mailto:bradyj@un.org)  
Matija Kovač, [kovacm@un.org](mailto:kovacm@un.org)  
and [SHFSomalia@un.org](mailto:SHFSomalia@un.org)

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



## HUMANITARIAN RESPONSE PLAN

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

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



## CENTRAL EMERGENCY RESPONSE FUND

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. During the World Humanitarian Summit, the Secretary-General called for total annual CERF contributions of one billion dollars as of 2018. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are welcome year-round, from governments, private companies, foundations, charities and individuals. In 2017 CERF allocated \$33 million for response in Somalia. To ensure the Fund is able to support Somalia famine prevention efforts and respond to other emergencies in 2018, donors are encouraged to make their contribution to the CERF as early as possible.

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

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

# PART III: ANNEXES



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## ACRONYMS

AAP	Accountability to Affected Populations	NDP	National Development Plan
AWD	Acute Watery Diarrhea	NFI	Non-Food Item
AMISOM	African Union Mission in Somalia	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CAAC	Children and Armed Conflict	PRMN	Protection and Return Monitoring Network
CCCM	Camp Coordination Camp Management	PSEA	Protection from Sexual Exploitation and Abuse
CFR	Case Fatality Rate	RRF	Recovery and Resilience Framework
CwC	Communication with Communities	SAM	Severe Acute Malnutrition
CWG	Cash Working Group	SHF	Somalia Humanitarian Fund
DINA	Drought Impact Needs Assessment	SDG	Sustainable Development Goals
DOCC	Drought Operations Coordination Centre	SWALIM	Somalia Water and Land Information Management
ERP	Emergency Response Preparedness	UNDSS	United Nations Department of Safety and Security
FAO	Food and Agriculture Organization	UNHAS	United Nations Humanitarian Air Service
FEWSNET	Famine Early Warning Systems Network	UNHCR	The United Nations Refugee Agency
FGS	Federal Government of Somalia	UNICEF	United Nations Children's Fund
FSNAU	Food Security and Nutrition Analysis Unit	UNOHCHR	Office of the UN High Commissioner for Human Rights
GAM	Global Acute Malnutrition	WASH	Water, Sanitation and Hygiene
GBV	Gender-Based Violence	WFP	World Food Programme
GBVIMS	Gender-Based Violence Management System		
HCT	Humanitarian Country Team		
HLP	Housing Land and Property		
HRP	Humanitarian Response Plan		
HNO	Humanitarian Needs Overview		
ICCG	Inter-Cluster Coordination Group		
IASC	Inter-Agency Standing Committee		
IDP	Internally Displaced Person		
IEC	Information, Education and Communication		
IED	Improvised Explosive Devices		
IERT	Integrated Emergency Response Team		
IHL	International Humanitarian Law		
IHRL	International Human Rights Law		
INSO	International NGO Safety Organization		
IPC	Integrated Food Security Phase Classification		
MoE	Ministry of Education		
MoHADM	Ministry for Humanitarian Affairs and Disaster Management		
MRM	Monitoring and Reporting Mechanism		
MPCA	Multipurpose Cash Assistance		
NGO	Non-Governmental Organization		



## REFERENCES

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21. Eviction trend analysis dashboard, Somalia Protection Cluster, 6 Jun 2018
22. *Ibid.*
23. Somalia Protection Cluster, Norwegian Refugee Council (NRC) and UNHabitat, Forced Evictions in Mogadishu Background note to the mass eviction of 29 and 30 December 2017: [http://www.globalprotectioncluster.org/\\_assets/files/field\\_protection\\_clusters/Somalia/note-on-forced-evictions-protection-cluster-hlpwg.pdf](http://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Somalia/note-on-forced-evictions-protection-cluster-hlpwg.pdf).
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## PARTICIPATING ORGANIZATIONS &amp; FUNDING REQUIREMENTS


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

Organization	Requirements (US\$)
IMC	2,626,200
IMS	802,500
INSO	2,407,783
INTERSOS	5,846,796
IOM	58,238,844
IRC	2,904,751
IRDO	529,200
IRRDO	355,853
IRRS	597,000
IRW	3,799,776
IYRDA	654,000
JF	2,498,000
JYA	247,548
KAALO Aid	2,506,637
KYDO	518,300
MaCDA	750,000
MAG	3,067,476
MARDO	1,020,000
MEDAIR	5,384,300
Mercy Corps	3,917,253
Mercy-USA	4,387,256
MLS	470,000
Muslim Aid	855,400
NAPAD	1,815,994
New Dawn	460,000
New Ways	2,709,090
NoFYL	778,050
NPA	2,500,000
NRC	36,553,095
NRO	998,900
OCHA	8,730,572
OIC	14,159,996
OSPAD	1,586,000
OTP	524,300
OXFAM NOVIB	2,112,240
PAC	1,302,217
PAH	1,073,000
PASOS	1,156,250
PDA	450,000
PENHA	584,150
Qatar RC	5,644,002
RAAS	1,311,625
RAWA	1,542,500
RDI	319,800
READO	5,250,000
RI	10,137,450
RRP	1,007,000
SADO	1,750,456
SAFUK	2,853,322
Sage	385,000
SAMA	1,417,360
SC	49,960,436
SCC	1,554,188
SDIO	1,784,500
SDRO	714,696
SEDHURO	953,230
SFH	1,151,400
SFSC	1,000,000
SGJ	600,275
SHAHRO	274,000
SHARDO Relief	560,900
SOADO	1,123,000
SOHDA	202,300


Organization	Requirements (US\$)
Solidarités	3,122,000
SomaliAid	2,372,880
SORDES	587,050
SORRDO	410,119
Southern Aid	1,979,694
SOVA	809,432
SOYDA	4,890,898
SOYVGA	1,440,750
SRDO	760,000
SSWC	3,623,100
SWACEDA	300,000
SWISSO - Kalmo	3,886,082
SYDF	1,205,544
SYPD	5,950,000
TASCO	2,764,804
TASS	281,001
Trocaire	962,031
UNDSS	2,800,000
UNFPA	21,425,958
UN-HABITAT	1,526,400
UNHAS	8,500,000
UNHCR	136,476,679
UNICEF	154,554,574
UNMAS	3,468,143
URDO	1,552,300
URRO	317,000
VSF Switzerland	1,000,000
WARDI	7,546,666
Waris	148,967
WASDA	1,562,539
WFP	378,320,850
WHO	17,463,920
WOCCA	4,442,571
WRRS	3,620,680
WVI	18,205,626
Zamzam Foundation	2,847,800

## OBJECTIVES, INDICATORS & TARGETS


### STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

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


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

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

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

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

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

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

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

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



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

**Relates to SO1 and SO3**

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



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

**Relates to SO3 and SO4**

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



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

**Relates to SO4**

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

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

Relates to SO1 and SO4

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

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

Relates to SO1 and SO4

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

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

Relates to SO3 and SO4

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



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

Relates to SO1 and SO2

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in acute food insecurity, 'crisis' and 'emergency' phases of IPC (3 and 4) having sustained access to food and safety net support	3,200,000	2,300,000	3,200,000 (100%)

Increase the level of assistance to IPC 3 & 4 population (number of beneficiaries) in comparison with baseline period

60%



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

Relates to SO2 and SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of affected people supported in livelihoods inputs and training per season	3,400,000	2,900,000	2,900,000 (85%)

Maintain the level of livelihoods assistance to the level of baseline

85%



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

Relates to SO1, SO2 and SO4

INDICATOR	IN NEED	BASELINE	TARGET
Number of people assisted in conditional transfer related activities	3,000,000	200,000	500,000 (17%)

Increase the level of assistance to IPC 2 population (number of beneficiaries) in comparison with baseline period

150%



## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



**Health Objective 1 : To improve access to essential lifesaving health services for crisis-affected and host populations aimed at reducing avoidable morbidity and mortality.**

**Relates to SO1**

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



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

**Relates to SO1**

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



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

**Relates to SO1**

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

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

Relates to SO1, SO2, SO3 and SO4

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

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

Relates to SO1, SO2, SO3 and SO4

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

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

Relates to SO1, SO2, SO3 and SO4

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



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

**Relates to SO1 and SO2**

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



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

**Relates to SO1, SO2 and SO4**

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



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

**Relates to SO1, SO2 and SO4**

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



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

**Relates to SO1, SO2 and SO4**

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

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

Relates to SO1 and SO3

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

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

Relates to SO1, SO3 and SO4

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

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

Relates to SO1, SO3 and SO4

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

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

Relates to SO1, SO3 and SO4

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS



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

**Relates to SO1 and SO2**

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



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

**Relates to SO3**

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



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

**Relates to SO3**

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

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**WASH Objective 1: Emergency Wash Response Preparedness.**

Relates to SO1 and SO4

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

**WASH Objective 2: Provide access to safe water, sanitation and hygiene for people in emergency.**

Relates to SO1, SO2, SO3 and SO4

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

**WASH Objective 3: Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures.**

Relates to SO1, SO2, SO3 and SO4

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

**WASH Objective 4: Provide reliable and sustainable access to environmental sanitation.**

Relates to SO1, SO3 and SO4

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

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

- Extremely vulnerable people will remain excluded from protection and humanitarian services because of, inter alia: societal discrimination; power structures; manipulation of humanitarian processes; deliberate denial of assistance, including in form of economic or physical blockages; age; and gender or a combination of these.
- 1.3 million people will remain without adequate shelter or non-food items leaving them further exposed and vulnerable.
- 4.3 million people will be at heightened risk of AWD/cholera and other waterborne diseases because of lack of adequate WASH services.
- Over 232,000 children will suffer life-threatening severe acute malnutrition (SAM) making them nine times more likely to die of killer diseases such as AWD/cholera and measles.
- 1 out of 2 Somalis will remain without access to basic health services.
- 3.3 million people in food insecurity, in Crisis and Emergency (IPC Phases 3 and 4), will not receive monthly, crucial food assistance by cash/voucher or in-kind.
- 323,000 children will be deprived of an opportunity to go to school in a safe and protected learning environment with access to basic life-saving assistance. They will be in increased risk of recruitment into armed groups, child labour, early marriage and other vices.
- 1.7 million internally displaced persons will live in IDP sites and settlements without adequate services and protection.

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

- We will save lives, protect livelihoods and reduce vulnerabilities.
- We will reduce acute needs and excess mortality among the most vulnerable people.
- We will reduce deaths due to hunger, malnutrition and disease.
- We will reduce emergency levels of acute malnutrition.
- We can support the provision of protection services to vulnerable groups.
- We can support the protection and restoration of livelihoods.
- We can catalyze more sustainable solutions for those affected, including marginalized communities.
- We will help safeguard the gains made in 2017.
- We can shift from short-term to more sustainable medium- to longer-term investment to end need.
- We can contribute towards ensuring that current and future droughts do not turn into crises.

## ... IT CAN BE DONE

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



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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