

2017

HUMANITARIAN RESPONSE PLAN

REVISION

MAY 2017

SOMALIA





TOTAL POPULATION

12.3M

PEOPLE IN NEED

6.7M

PEOPLE TARGETED

5.5M

PEOPLE IN EMERGENCY CRISIS

3.2M

PEOPLE IN STRESS

3.5M

PEOPLE DISPLACED DUE TO DROUGHT

680K

REQUIREMENTS (US\$)

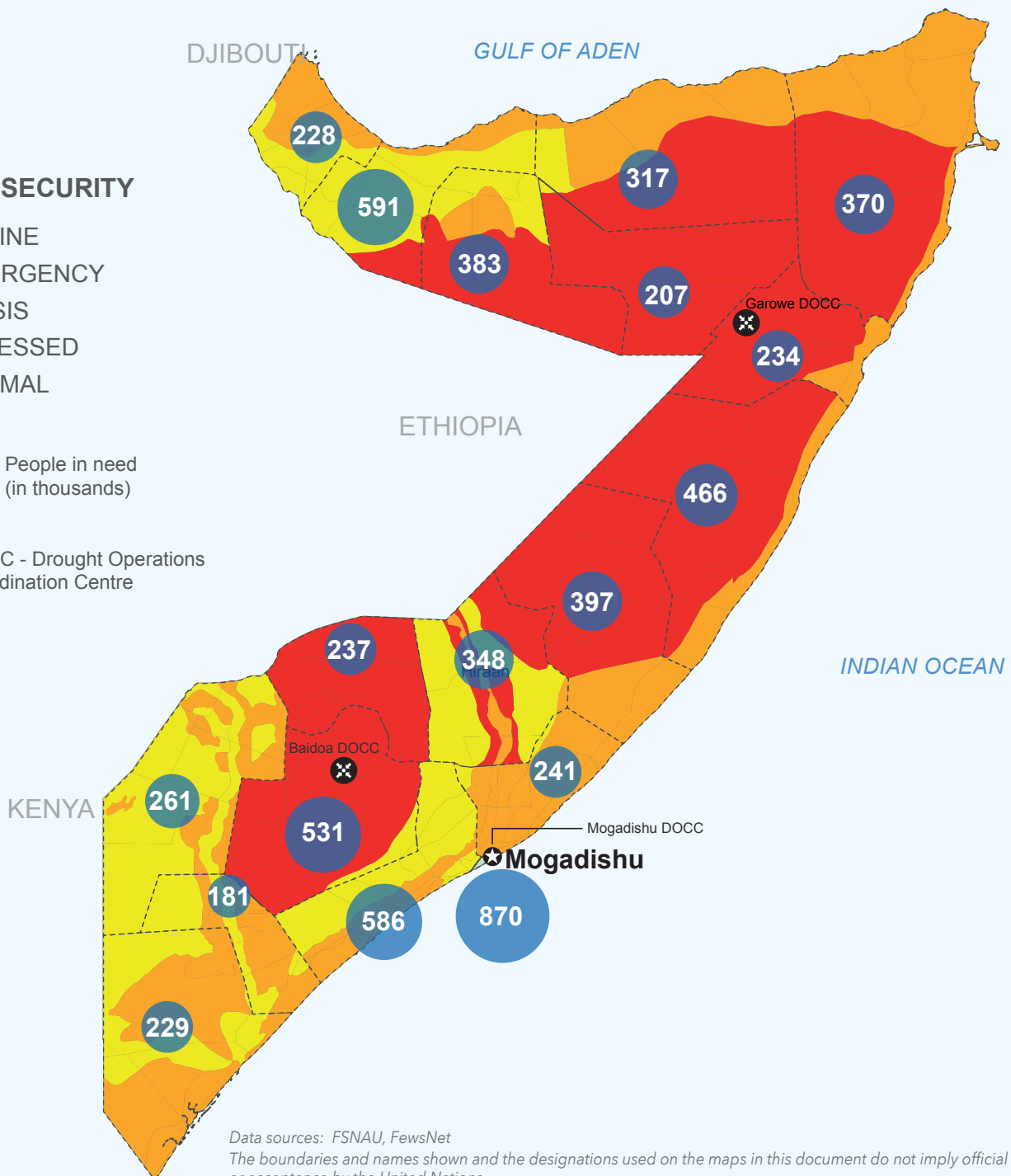
\$ 1.5BN

FOOD SECURITY

- FAMINE
- EMERGENCY
- CRISIS
- STRESSED
- MINIMAL

● People in need (in thousands)

⊗ DOCC - Drought Operations Coordination Centre



Data sources: FSNAU, FewNet

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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INTRODUCTION

The humanitarian situation in Somalia continues to deteriorate and an elevated risk of famine persists in some parts of the country, only six years after the devastating 2011 famine led to the death of over a quarter million people, half of them children. Over 6.7 million people are estimated to be in need of protection and humanitarian assistance, more than half of the population of Somalia. Major disease outbreaks are spreading, with over 36,000 cases of Acute Watery Diarrhea (AWD)/Cholera and nearly 5,700 suspected cases of measles reported since the beginning of the year. More than 680,000 people have been displaced due to drought since November 2016, including 7,000 people who have crossed into neighboring Ethiopia and Kenya. Of the 6.7 million people in need, it is estimated that more than 1.5 million are women of childbearing age and nearly 130,000 pregnant women may require urgent care.

04

A broad range of actors continues to step up efforts to reduce human suffering and prevent another famine. Local communities continue to provide the first line of response, with support from local and federal authorities, business leaders, national and international humanitarian partners and charities. The mobilization of resources has been unprecedented with governments, charities, youth-led social media campaigns, and Somali diaspora-led initiatives around the world.

In line with the purpose of the Grand Bargain from the World Humanitarian Summit, “to ensure that we are able to anticipate and prepare for crises, that we can deliver protection and assistance better to the most vulnerable and that we can restore opportunity and dignity to them”, donors have moved quickly to commit or pledge more than US\$672 million towards the response efforts, as of 7 May. This unprecedented level of early support in the Somalia context has enabled operational agencies to rapidly reach millions of Somalis with safe water, food and medical assistance. Cash and voucher programmes have also been scaled-up with more than 1.4 million vulnerable people in ‘Crisis’ and ‘Emergency’ (IPC Phases 3 and 4) reached in March alone. A significant scale-up of nutrition services has also taken place, with 332,000 children and women treated in March, of whom 69,000 are severely malnourished children under the age of five. To curb the large-scale outbreak of AWD/Cholera, joint rapid response teams have been deployed to some of the most hard-to-reach areas, supporting local responders in treating the sick and preventing further spreading of the

disease. Livestock treatment has been significantly ramped up with 8.4 million animals reached since March, helping to prevent further destitution. These services are increasingly integrated across Water, Sanitation and Hygiene (WASH), Health, Nutrition, Food Security and other sectors to gain maximum impact. However, scale-up for some sectors like Protection, Emergency Shelter/ Non-Food Items (NFI), has not been achieved due to consistently low levels of funding. Humanitarian partners are utilizing a number of innovative and joined up approaches, including cash transfers, rapid response teams, and strong risk management and coordination units enabling more effective “real time management”. There is also focus on linking lifesaving actions with resilience efforts, to enable early recovery of livelihoods and longer term solutions.

The massive humanitarian scale-up has been instrumental in averting famine thus far, but the situation continues to deteriorate and the risk of famine is on the increase in worst affected areas. Results from mortality surveys conducted by the FAO-managed Food Security and Nutrition Analysis Unit (FSNAU) in April indicate increased mortality in all the surveyed areas. For rural parts of Bay region, Crude Death Rates (CDR) and Under-Five Death Rate (U5DR) were 2.43/10,000/day and 4.65/10,000/day, respectively. While the primary cause of death reported by households in Bay is diarrhea linked to AWD/Cholera, these death rates exceed the threshold for famine declaration of 2/10,000/day and 4/10,000/day, respectively. This confirms that efforts aimed at controlling the spread of AWD/cholera will need to be further



Photo: Giles Clarke for Getty/OCHA

stepped up and integrated with other support interventions. While famine is only declared once all relevant indicators are at famine levels, it is clear that further scale-up is required in worst affected areas in a highly targeted manner to those people at greatest risk of death.

While Food Security and WASH are among the clusters with the greatest scale-up, they also illustrate how gaps persist and needs continue to outpace response in both accessible and hard-to-reach areas. The cost of water trucking/water voucher is extremely high with \$7.5 to 8 million currently spent per month. An alarming gap persists between the 2.5 million people targeted and the 963,000 people reached in April. A gap of nearly 1.2 million remains out of the targeted 2.9 million people in Crisis and Emergency, for improved access to food. Humanitarian partners will continue to scale-up operations in May to address these gaps. However, unless additional resources are mobilized in the coming weeks, a decrease in the number of people reached with food, water and other critical sectors will occur by June.

The 2017 Somalia Humanitarian Response Plan (HRP) sought \$864 million to reach 3.9 million people with life-saving protection and livelihoods support. Following deterioration in the humanitarian situation from November onwards, and the risk of famine announced in January, the Humanitarian Country Team (HCT) shifted from drought response to famine prevention. This shift is reflected in the Operational Plan for Famine Prevention, issued in mid-February, which seeks \$825 million to reach 5.5 million people from January to June 2017.

This revised 2017 Humanitarian Response Plan reflects an extension of the scaled-up response to the end of the year, given the likelihood of below normal performance of the *Gu* rains. The revised HRP incorporates increased needs, related response interventions and requirements from the Operational Plan for Famine Prevention and realigns the 2017 HRP with the current level of needs. The overarching strategic objectives from the 2017 HRP remain intact, but more emphasis is now being placed on famine prevention through an integrated response across all clusters, intensified scale-up and response in rural and hard-to-reach areas as well as strengthened response to gender-based violence (GBV). To ensure that the scale-up continues to be effectively managed and led, the HCT will continue monthly reviews of the scale-up and the overall context. A full review of the response and its impact is also foreseen. As the crisis continues to evolve, another revision to this HRP may be required. These reviews will be further informed by the upcoming post-*Gu* (April–June) season assessment as well as a countrywide multi-cluster needs assessment taking place in May 2017.

This revised Humanitarian Response Plan for Somalia seeks a total of \$1.5 billion for humanitarian response in 2017. More than \$470 million has already been made available against the HRP, with additional \$202 million pledged or outside of the appeal. This leaves a gap of at least \$875 million for the remainder of the year to further scale-up or sustain lifesaving assistance, protection and livelihood support for 5.5 million people.

CHANGES IN HUMANITARIAN NEEDS

Several consecutive seasons of poor rainfall have led to acute water shortages, large-scale crop failure and a sharp rise in food prices. This, coupled with access limitations and poor forecasts for the *Gu* rains (April-June), prompted FSNAU and the Famine Early Warning Systems Network (FEWS NET) to issue a famine warning in mid-January. Results from assessments conducted in the worst affected areas in April 2017 by the FSNAU, indicate a deteriorating food security situation, particularly among rural pastoral populations of Sool, Sanaag, Bari, Nugaal regions and agropastoral populations of Bay region, as well as among IDPs in Baidoa and Mogadishu.

FSNAU notes that the improvements that were expected in May-June, following the onset of the *Gu* rains in pastoral areas, are not likely to materialize, given the substantial loss of livestock and late onset of the rains in late April. Food security in agropastoral areas is also not likely to improve in June-July as previously expected due to the late onset of rains. However, if the *Gu* rains continue in May and June, the earliest improvement that can be expected in these areas is now in August-September, according to FSNAU. This deterioration in the projected outlook confirms that, while much has been done, efforts will need to be intensified for the next four months, and that humanitarian needs will continue to be substantial throughout 2017.

The need for systemic integration of gender and protection dynamics into this revised HRP is critical for all clusters. The lower economic status and limited livelihood opportunities for women have been aggravated further by the drought, especially due to loss of livestock. Family conflicts and separations are also a leading cause of increased numbers of female and child headed households, exposing them to greater vulnerabilities, particularly to the risk of sexual violence, exploitation and abuse. The workload on women and girls is increasing as they travel long distances in search of clean water and firewood, placing an additional burden and exposing them to GBV risks. Alternative income generating and livelihood support could help mitigate further vulnerabilities of these groups in a possible famine situation.

Water availability

The drought has had a devastating effect on most of the pre-existing water sources, with many areas experiencing acute water shortages. Water scarcity is forcing people to procure from private water vendors at a high cost, increasing pressure on the limited existing water supply infrastructure.

Many people are relying on unprotected and unsafe surface water sources, exposing them to water borne diseases such as AWD/cholera. *Gu* rains that started in late April/early May have increased river water levels, and thereby eased the severe water shortage in some areas. However, water scarcity is likely to persist in many areas until the *Gu* rains are fully established. An estimated 4.5 million people are in need of WASH services countrywide.

Food insecurity

Updated FSNAU and FEWS NET estimates released in early May indicate that overall, 6.7 million people need food security and livelihoods support. This revised HRP, which aims to complement assistance efforts by the Government and other partners, is targeting 5.5 million people. It includes 3.2 million people in 'Crisis' and 'Emergency' (IPC Phases 3 and 4) who cannot meet their daily food needs and need urgent humanitarian assistance – a two-fold increase compared to August 2016 – and 3.5 million people in 'Stressed' (IPC Phase 2). Rural populations have borne the brunt of the drought, and make up two-thirds of the people projected to be in IPC Phases 3 and 4 through June. Mid-April marked the beginning of the 2017 *Gu* planting season (April-June), during which Somalia produces most of its food. Rains have started in some parts of the country in late April, providing some immediate relief to the prolonged drought. However, according to FSNAU and FEWS NET, food security is projected to deteriorate until July/August.

FSNAU confirms that given observed recent deteriorations in the food security and nutrition situation in many areas and uncertainties about rainfall performance during the current *Gu* season, overall humanitarian needs are likely to persist until the end of the year. Critical needs in rural areas will continue to include cash-based interventions to meet families',

especially child- and female-headed families, immediate food needs, emergency livestock support to improve animals' health and productivity, and the provision of agricultural inputs for the next planting season (*Deyr*) in October-December. Meeting these needs will be important, so as to prevent people from sliding deeper into food insecurity, to curb displacement from rural areas, and it may also act as a trigger for the early return of those already displaced. About 3,000 to 5,000 GBV survivors could also be targeted to benefit from this.

Nutrition

The nutrition situation has deteriorated more rapidly than projected. Preliminary results from the FSNAU's assessments conducted in specific locations (IPC Phase 3 and 4) in April 2017 indicate critical levels of acute malnutrition among rural pastoral populations of Sool, Sanaag, Bari, Nugaal regions and agropastoral populations of Bay region, as well as among IDPs in Baidoa and Mogadishu. Mortality has also increased in all of these locations. Based on the results from nutrition assessments conducted in some specific locations, and on admission trends, especially in hotspot areas, a 50 per cent increase in the malnutrition burden could be expected by the end of the year against the December 2016 estimates. While the nationwide global acute malnutrition (GAM) rates will be revised following the upcoming FSNAU *Gu* assessment, a scenario featuring a 50 per cent deterioration could already be used by partners for contingency planning and preparedness purposes and further scale-up is urgently required for treatment, preventive nutrition services and follow-up treatment for patients with severe malnutrition. It is also important to note that the acute food insecurity in rural areas is primarily due to loss of production, productive assets

and income sources due the drought. The prevalence of GAM is expected to increase atypically through June across Somalia because of low cereal stocks, limited milk availability, high prices, and increased morbidity.

Disease outbreaks and access to water and sanitation services

Somalia remains prone to disease outbreaks largely due to poor health conditions, and as the situation deteriorates, water shortages and malnutrition are likely to continue to exacerbate disease outbreaks. As of 30 April, 36,066 cases of AWD/Cholera have been recorded, including 697 deaths, since the beginning of the year. It is expected that AWD/Cholera cases will continue to increase beyond 55,000 cases, similar to levels recorded in 2011. The actual numbers of cases and deaths are likely to be significantly higher due to compromised reporting and limited access to health services caused by insecurity in most of the affected areas. The average Case Fatality Rate declined slightly in April (from 2.3 per cent as of end of March) but is still at a worrying 1.9 per cent, far above the 1 per cent emergency threshold. The Bakool region is reporting an alarming Case Fatality Rate of 4.8 per cent, partly due to limited surveillance at the community level, as most recorded cases are severe/critical cases that arrive at treatment facilities, often after a long journey on foot. As a comparison, in 2016, some 15,000 cases of AWD/cholera were reported, including 491 deaths of which 59 per cent were children under the age of five.



The spread of measles is also a major concern, with nearly 5,700 cases reported since January of which 51 per cent are of children under the age of five. The Federal Ministry of Health, with support from humanitarian partners, launched a measles vaccination campaign in April targeting 110,000 displaced children under five across southern and central Somalia, as well as 250,000 children in Somaliland. In addition, two rounds of Oral Cholera Vaccination campaign have been conducted in Mogadishu, Kismayo and Belet Weyne between March and April, targeting 450,000 people. According to health partners, preliminary results indicate over 90 per cent coverage in areas where the campaigns took place. Measles and other viral respiratory infections, AWD/cholera, malaria and water-borne diseases are likely to spread further with the *Gu* rains, particularly in new, congested settlements for Internally Displaced People (IDP) due to overcrowding, poor sanitation facilities and insufficient access to safe water.

Displacement

The drought has triggered massive displacement of those who were already vulnerable to displacement since last year, and their movement for drought-related reasons from rural to urban areas continues to be widespread. According to the UNHCR-led Protection and Return Monitoring Network (PRMN), over 680,000 people have been displaced since November 2016, mainly leaving rural areas and moving to urban centres in search of livelihood opportunities and humanitarian assistance. The projection indicates that about 1 million people will be displaced by drought in 2017. Some of the newly displaced have joined the existing IDP settlements while others have formed new settlements in the peripheries of the towns. An estimated 292,000 people were displaced in March, and over 130,000 people in April, mainly arriving in Mogadishu and Baidoa in South West State. As of 30 April, an estimated 147,000 and 156,000 people had arrived in Mogadishu and Baidoa, respectively.

The increased displacement also adds to the estimated 1.1 million protracted IDPs living in various settlements around the country, as well as the high number of forced evictions of IDPs and the urban poor from major towns like Mogadishu and Kismayo. While the displacements are not as sudden as those prompted by conflict, the newly displaced are still in urgent need of emergency shelter and non-food items, and critical gaps remain. Furthermore, the needs for food, water, sanitation, health and overall protection are high. The increased likelihood of flooding will also likely exacerbate the already desperate shelter situation in riverine and low-lying areas in the country.

The crisis has also taken on a regional dimension with drought conditions extending to north-western Kenya, western Uganda, South Sudan and the south and east of Ethiopia, affecting millions of vulnerable people. As the drought continues, an increasing number of Somalis are

crossing borders to refugee camps in Ethiopia and Kenya in search of humanitarian assistance. Since January 2017, a total of 4,768 Somali new arrivals have been recorded in Melkadida, Ethiopia. The new arrivals, mostly originating from the Bay region in South West State (nearly 70 per cent), and from Middle Juba and Gedo regions in Jubaland, reported to have fled conflicts, exacerbated by the drought in Somalia. Somalis from South West and Jubaland States are also crossing to Kenya for drought-related reasons. Between 1 December 2016 and 1 March 2017, at least 2,000 new arrivals in Dadaab refugee camp were identified by UNHCR with around 200 of them saying that they left for reasons related to the drought.

Protection

The severe drought has triggered an increase in internal displacement, including forced evictions. This is raising protection concerns, and exacerbating existing vulnerabilities mostly affecting women, children, elderly and other marginalized groups in all regions, with limited services provided to the survivors. GBV remains rampant, mostly affecting women and girls. According to the GBV sub-cluster, a total of 3,200 GBV cases were reported from September 2016 to March 2017 in the drought-affected regions and actual numbers are estimated to be far higher but not reported for fear of reprisals. The significant increase in reported cases and growing number of beneficiaries for protection services is connected to high influxes of internally displaced, in particular in locations such as Mogadishu and Baidoa. Between January and March, 116 GBV cases were reported in Baidoa, suggesting a 30 per cent increase in the number of GBV cases in the IDP settlements, in particular newly established ones. In Mogadishu, from January to March a total of 276 cases of rape were reported.

A number of cases of GBV are reported to have been perpetrated while people cross illegal checkpoints to urban areas in search of humanitarian assistance, particularly the nomads and separated families. Survivors are in need of timely and comprehensive basic services such as psychosocial support and medical assistance, temporal protection shelters, livelihood support, with a critical need to scale-up and implement referral pathways. The limited ability to provide protective shelter, NFIs, safe water and sanitation facilities, as well as other basic needs in the IDP settlements further increases the exposure of the most vulnerable, particularly women, children, persons with disabilities, the elderly and minority communities, to protection risks. There are stringent cultural and social factors affecting women's protection in the country, among which is access to protection and reproductive health care for women. This further limits access to basic services by survivors of GBV.

Abductions and other grave violations against children, including recruitment and use of children by armed forces

or armed groups, and cases of unaccompanied/separated children are on the rise, in particular in areas with high concentrations of newly displaced such as Baidoa and Mogadishu. An increase in child-headed households, child labour, and child marriage has been reported as a result of the drought. Parents are often forced to leave their children on their own or with relatives and friends as they search for food, water and livelihood options. Children find themselves in complex care arrangements. There have been incidents of child abuse and child labour as children become vulnerable while away from their families and communities. Children and families require psychosocial and case management services, family reunification and interim care services, reintegration services and access to basic services. Recent assessments indicate an increase in psychosocial distress amongst children as a result of conflict, drought and displacement. Efforts to ensure that the mainstreaming of child protection across clusters are being intensified to strengthen referrals and mitigate against these issues.

Further there are dangers posed by the existence of explosive hazard and remnants of war (ERW) contamination for the displacement population which require a concerted effort to mitigate the threat by the promotion of emergency risk education and awareness to enhance protection and safety.

Adequate protection against forced evictions is an essential aspect of guaranteeing the fundamental Housing, Land and Property (HLP) rights of people affected by displacement. Drought combined with forced evictions, has complicated protection of HLP rights. Displaced individuals and families continue to be confronted with enormous HLP challenges, ranging from access to land, and land disputes to tenure insecurity. Given that the majority of people depend on subsistence farming and pastoralism, insecure land tenure creates multiple obstacles to the prospects of achieving

durable solutions for IDPs in Somalia. Tensions over access to land, and land resources, have increased as a result of the drought. The HLP sub-cluster documented cases of forced evictions of 13,809 households across Somalia in the last six months, with women and children disproportionately affected. This incremental trend in eviction is expected to continue amid recurring drought-induced secondary displacements.

Education

The increased constraints on livelihoods and further displacement caused by the drought are having a significant negative impact on education and child protection. Children are increasingly dropping out of school as families rely on negative coping strategies including enlisting children to search for water and food. Children who drop out of school during a crisis are highly unlikely to return and are at increased risk of joining groups of out-of-school children and adolescents, placing them at risk of harmful practices, especially child marriage, possible child labour and recruitment by armed groups. Before the crisis, 379,000 children were enrolled in primary schools in the worst affected areas and it is estimated that about 30 per cent of these children are at significant risk of dropping out of school. As of April 2017, education has received less than 1 per cent of the funding received for the overall drought response in Somalia. Lessons learnt from the 2011 famine show that many of the deaths of children caused by the drought could have been prevented if children had access to life-saving services at schools.



Photo: Muse Mohammed/IOM

OUTLOOK FOR THE CRISIS

Climatic forecast

The *Gu* rainy season (April-June) is currently forecast to be below average, except in far north-eastern Somalia, according to FEWS NET. During the first three weeks of April, moderate rainfall was recorded in parts of Somaliland and the southern regions of Somalia. No significant rains have been reported in Puntland so far. FAO Somalia Water and Land Information Management (SWALIM) has reported moderate to heavy rainfall at the end of April/ beginning of May in many parts of the country, as well as in the Ethiopian highlands, which has also led to increased river levels in Somalia. In southern and central Somalia, seasonal forecasts and analyses conducted by the National Oceanic and Atmospheric Administration (NOAA) forecast below-average April to June *Gu* rainfall. A delayed onset of rainfall by one to two weeks and erratic rainfall distribution is also expected. According to SWALIM, given the rainfall forecast at the end of April for the coming weeks, there is likelihood of moderate risk level of flash floods in parts of Galgadud, Mudug, Nuugal and Bari Regions especially in built-up and low-lying areas.

FEWSNET and partners such as NOAA and the United States Geological Survey and National Aeronautics and Space Administration indicate that while El Niño Southern Oscillation (ENSO) conditions are currently neutral, in the most likely scenario sea surface temperatures (SSTs) will continue warming in the eastern equatorial Pacific, reaching El Niño conditions during the third quarter of 2017. However, there remains considerable uncertainty in SST behavior during the period, and a continuation of ENSO neutral conditions throughout 2017 remains possible. While increased El Niño-related rain can benefit some areas, the irregular amounts are

also associated with large-scale floods, extended flash floods and river breakages, displacement, direct livestock losses due to drowning and diseases, and loss of crop yields and harvest stored in traditional underground pits.

Even in the less likely scenario when the *Gu* rains would perform well during the rest of the rainy season, the analysis provided in this revised HRP confirms that the humanitarian situation is expected to deteriorate and humanitarian assistance needs to be further scaled-up and sustained until the end of the year.

Military Operations

There are increasingly strong indications that renewed military operations are likely to be conducted against non-state armed actors in southern and central Somalia by the African Union Mission in Somalia (AMISOM), Somalia National Army (SNA) or other armed forces. Lessons learnt from recent years show that escalation of violence in Somalia may lead to further displacement and human suffering and may negatively affect the humanitarian operating environment. Humanitarian partners continue to advocate for minimizing impact on civilians of any military action in Somalia, as international law obliges parties to a conflict. Closely linked to military operations are withdrawals by armed forces, which pose significant challenges, and in many instances have resulted in large-scale displacement. In 2016, a number of withdrawals of armed forces were reported some areas in Galmudug, Gedo, Hiraaan, Bakool, Bay, Lower Juba and Middle Shabelle regions.

Photo: Muse Mohammed/IOM



ONGOING RESPONSE AND SCALE-UP

Famine prevention scale-up

Since January 2017, the humanitarian community has focused on famine prevention by scaling-up response efforts in the affected areas, especially through increased use of **cash-based interventions**, with an estimated 1.4 million people reached in March alone. To date, the majority of cash and voucher interventions have supported food security objectives, while integrated multi-purpose education, protection, WASH, livelihoods, and shelter/ NFI cash interventions are also ongoing, with plans to further scale-up if funding allows. Furthermore, the inter-agency Cash Working Group (CWG) was reactivated, in order to streamline cash approaches and ensure all are operating at similar standard levels. As part of its harmonization efforts, the CWG has produced a set of recommendations for cash transfer values, pegged to the MEBs (Minimum Expenditure Basket¹) values across regions, and developed monthly market monitoring tools in order to monitor the effect of cash transfers on local markets. The market dashboard and MEB are published on the FSNAU website. Inter-sectoral partnerships and integration between Food Security, WASH, Nutrition and Health clusters continue to be essential to ensure effectiveness of the humanitarian response.

Based on the FSNAU analysis of markets and food prices, market-based food interventions remain feasible across Somalia, and cash continues to be treated as the preferred response modality in areas where market conditions allow.

Significant scale-up has taken place across all humanitarian priority sectors:

- **Food Security** partners have massively scaled-up their response since the beginning of the year. Between January and March, the number of people reached with improved access to food increased by 257 per cent (from 490,000 in January to 1,750,000 in March). The most significant scale-up took place in priority areas of Bakool, Bay, Galgaduud, Hiran, and Lower and Middle Shabelle regions, demonstrating the ability of humanitarian partners to scale-up significantly in hard-to-reach areas. Response modalities included in-kind food assistance (44 per cent), cash (22 per cent) and voucher response (34 per cent).
- In rural areas, cash-based interventions are being paired with emergency livelihood support to increase immediate access to food while restoring food production. For example, as part of critical efforts to protect livelihoods, some 230,000 people, mainly in Somalia's southern regions

in IPC Phase 4 (Emergency), are receiving seed vouchers for *Gu* planting and cash vouchers for three months – equivalent to the duration of a planting season. With these seeds, including sorghum or maize, cowpea and assorted vegetables, each family will be able to produce enough to feed themselves and two additional families for six months, based on conservative estimates.

- A further 120,000 people have received \$4.3 million through cash-for-work, while bringing benefits to their community, such as repaired irrigation canals that can boost maize production by around 80 per cent and water catchments able to store water for 207,000 animals for an entire dry season. A second round of cash-for-work has begun, directly benefiting an additional 136,000 people across Somalia. Around 20 per cent are receiving the cash unconditionally as they are unable to participate in work, including disabled people, the elderly and pregnant women.
- Since March, nearly 8.4 million animals have been treated against common diseases, and an additional 12.7 million are being targeted by mid-year. In addition, water trucking for livestock has benefited 180,000 animals per day across 90 sites in Puntland.
- A significant scale-up of **nutrition** services is taking place, with 332,000 children and women treated in March alone, of which 69,000 are children under five who were severely malnourished. This compares with 157,000 and 87,000 reached in February and January respectively. A total of 318,000 women and children were supported with malnutrition prevention activities in March, up from 200,000 in February and 97,000 in January. Nutrition partners have set up and supported 425 new nutrition service delivery sites (including mobile), bringing the total to 837 across the country. These sites have treated over 56,000 children suffering from severe acute malnutrition since the beginning of the year, almost double the number of admissions over the same period in 2016.
- The **WASH** Cluster has scaled-up most significantly through water trucking and water vouchers, reaching 1.25 million people with temporary access to safe water since the beginning of the year. This represents an 800 per cent increase in delivery since the start of the year. Since the beginning of 2017, 600,000 people have also benefited from hygiene promotion activities, including 430,620 people who have received hygiene kits. In Baidoa, 500 new latrines have been constructed in 26 new displacement settlements, 40 latrines out of which have been constructed for cholera treatment facilities.

1. The Minimum Expenditure Basket is defined as what a household needs – on a regular or seasonal basis – and its average cost over time (Cash Learning Partnership, CaLP)

- More than 194,500 people were provided with primary and secondary **health** care services in March, an increase of 65 per cent from the 126,000 reached in February. Health authorities and partners had also established more than 65 cholera treatment sites as of 25 March, mainly in South West, Hirshabelle, Jubbaland, Galmudug, and Banadir regions, to tackle the fast spreading outbreak. WASH and Health partners are working jointly with the AWD/Cholera Taskforce to contain the spread of the outbreak. Integrated (Health, WASH, Nutrition) Emergency Response Teams (IERT) have been established to ensure access to life-saving humanitarian services to vulnerable and most affected communities in rural areas. A total of 34 teams are currently operational and deployed across Bay, Bakool, Gedo, Banadir and Lower Shabelle regions. Further work needs to be done in terms of strengthening surveillance at district and community level and coordination at the sub-national level. Rehabilitation of boreholes and a hygiene promotion campaign for AWD/Cholera prevention and control at Cholera Treatment sites is ongoing and nearly 600,000 beneficiaries have been reached.
 - To prevent and address rising numbers of GBV and other protection violations/concerns among the most vulnerable, including women and children, partners are reaching close to 50,000 people per month. Between January and March, 121,533 (34% children and 66% adults) drought affected people were reached through protection and prevention activities/interventions, including 19,978 girls, 20,762 boys, 48,078 women and 32,715 men. There are GBV coordination mechanisms in place in all the regions. GBV dedicated coordinators will be assigned to the DOCCs, to undertake joint missions and ensure effective gender and GBV mainstreaming. The majority of GBV service providers, including a pool of 26 trainers (5 male and 21 female), have been trained on the implementation of the Somali Clinical Management of Rape (CMR) Protocol which covers medical assistance, psychosocial support, legal aid, security and community education/mobilization initiatives. The personnel trained are from health facilities and GBV service centres. Some police women desks are being piloted to provide a gender-friendly space for survivors. Seventeen one-stop centres, three family centres, and four safe houses/temporal protection shelters are providing medical and psychosocial services to GBV survivors. Inter-cluster training of 30 focal points was completed in December 2016 and those trained are currently advancing advocacy for implementation of GBV mainstreaming across Somalia. Common guidelines, including the CMR Protocol, referral pathways, the GBV in drought response guide, service mapping and the Gender Based Information Management System for incident recording, are all in place. A total 43,051 beneficiaries were reached with GBV protection services, including community outreach campaigns on prevention and mitigation of GBV, and some 86,300 people have benefited from risk education, Improvised Explosive Device (IED) awareness raising, and area clearances, including mines.
 - **Education partners** reached 78,630 children with education and emergencies assistance, including access to safe drinking water for 40,000 children, provision of school feeding for some 8,000 children and nearly 64,000 children were reached with teaching and learning materials in the first quarter of 2017.
 - Since January, 82,000 people have received emergency NFI packages including **shelter** materials and non-food items (NFI), such as plastic sheeting, blankets, jerry cans, sleeping mats and kitchen sets. About 5,600 people have received emergency shelter kits. Some 7,600 people have been supported with transitional shelter solutions and nearly 4,000 people with permanent shelter solutions between January and March. The limited funds so far allocated to the cluster and sharp increase in emergency shelter and non-food item needs have aggravated the gaps and severely limited the capacity of cluster partners.
 - On the **logistical** side, three cargo planes operated by the UN Humanitarian Air Service (UNHAS), strategically positioned in Mogadishu, airlift an average of 25 metric tonnes per day of critical humanitarian supplies. Since February, over 1,200 metric tonnes of humanitarian supplies have been airlifted on behalf of UN agencies, NGOs and Government to the hardest hit regions of Somalia, such as Bay, Bakool, Gedo, Hiraan and Galgaduud. To support coordination and response missions, chartered flights are arranged on a weekly basis for humanitarian and Government partners. Humanitarian logistics partners are also providing transport of humanitarian cargo by sea from Mombasa to Mogadishu, Berbera, Bossaso and Kismayo. This has ensured a more predictable and regular delivery to all functional Somali Ports. In April alone, nearly 4,200 metric tonnes of urgent inter-agency cargo was transported by sea. Support is also provided for road transport when security conditions permit.
- In addition to scaling-up programmes, significant efforts have been made to strengthen coordination and integrated response across clusters, through the establishment of three Drought Operations and Coordination Centres (DOCC), one in Mogadishu, and two regional level centres in Baidoa in the South West State and Garowe in Puntland. The DOCCs have been instrumental in strengthening cooperation and linkages among response components, for example by using joint enablers such as logistics and security arrangements. The DOCCs are also contributing to enhanced coordination and information sharing with the State Administrations. Close coordination has been established with the newly established Federal Ministry of Humanitarian Affairs and Disaster Management for strengthened cooperation on assessments, response planning and communications.

STRATEGIC OBJECTIVES

The four core strategic objectives for humanitarian action in Somalia remain largely unchanged from when the Humanitarian Country Team developed the Humanitarian Response Plan for 2017:



1

LIFE-SAVING

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



2

NUTRITION

Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response.



3

PROTECTION

Reinforce gender-sensitive protection of the displaced and other vulnerable groups at risk.



4

RESILIENCE

Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.



RESPONSE STRATEGY

Building on lessons learned from the 2011 famine, the primary focus in efforts to prevent famine is to scale-up urgent life-saving assistance such as in water, food, nutrition, health, shelter and protection as well as livelihood support to the three million people who are in crisis and emergency. Accordingly, humanitarian partners have adopted a two-pronged inter-cluster approach that aims to:

1 Extend humanitarian assistance as close to the rural population as feasible, to stabilize the situation in rural areas, mitigate the impact of the possible famine and minimize displacement

2 Enhance the response capacity in larger hubs throughout the country to meet needs of existing and newly displaced people due to drought and other vulnerable groups

- A more positive dynamic between international and Somali NGO partners is also contributing to a more joined-up, multi-sectoral and mobile approach to drought response and famine prevention.
- Through deployment of joint multi-sectoral rapid response teams, coordination and delivery capacities are being strengthened, as are established local volunteer networks.

Given that needs are higher in hard to reach areas, particular focus will be placed on attempting to ensure that aid reaches these locations, through intensified outreach to and engagement with non-state actors to provide access. This will require acceptance of an enhanced level of risk, with commensurate scaling-up of risk mitigation and management mechanisms. However, there is a very real chance that, in some locations, despite best efforts, humanitarian suffering will be significantly exacerbated not only by the current drought and related deterioration in the humanitarian situation, but also because of non-negotiable access limitations.

The core of the response strategy remains to prevent famine and urgently scale-up **priority life-saving humanitarian assistance and protection**, focusing on integrated provision of food, water, nutrition and health services, shelter, protection, education and livelihood support, as well as meeting critical needs related to Camp Coordination and Camp Management (CCCM), which aims to improve management of IDP sites, not to create camps or settlements.

Thus, as of May, humanitarian partners will continue famine prevention efforts by **further scaling-up** integrated operations, fully recognizing that the peak of the crisis is likely between May and July but with residual needs ongoing beyond this period. In anticipation of a “most likely” scenario where the *Gu* rains perform below normal levels, the following strategy covers humanitarian action to prevent famine and sustain response to most vulnerable communities until December 2017.

The overall strategy for 2017 emphasizes **integrated response** across all clusters, with a focus on rural and hard-to-reach areas with priority needs, by further extending the existing service delivery more efficiently.

- The DOCCs will enable a more integrated response through more effective strategic coordination.

The **centrality of protection and gender mainstreaming** remains a crucial dimension of this Humanitarian Response Plan revision, with the view of ensuring that protection and gender equality principles are incorporated into all the humanitarian service delivery and assistance through an integrated approach. Within this context, gender dynamics and related protection concerns will be addressed, to ensure that aid is prioritized to marginalized groups. In addition, more will be done to ensure the specific gender dimensions of impacts of drought are recognized in service delivery. The already noticed increased GBV incidences, linked to escalation in displacement, require urgent attention.

Prioritization of **cash-based programmes** where conditions allow and enhanced coordination with national and state-level structures and other partners, underpinned by a continued focus on strong risk management, will be central to the strategy. The Cash Working Group will continue to ensure that cash-based interventions across the response are coordinated and consistent, supporting cash actors with guidance, standards and information management. Cash-based interventions have the potential to continue beyond the emergency phase, supporting the recovery and livelihoods-restoration of the population, scaling-down to levels in line with longer-term social protection schemes. Such an extension through the final quarter of 2017 and into 2018 will further mitigate against an abnormally high risk of relapse in the first half of 2018.



Photo: Giles Clarke for Getty/OCHA

The response strategy is also designed to build on opportunities for enabling **sustainable longer-term solutions** throughout the programme cycle. Through broad partnerships with resilience, development and durable solutions partners, and in line with the New Way of Working adopted during the World Humanitarian Summit in May 2016, humanitarian partners are working with entities such as The Department of International Development (DFID)/UK, the World Bank, UNDP and EU Devco and Resilience Consortia such as BRCIS and SomRep to explore options for how they can contribute to prevent famine. Building on the Durable Solutions Initiative for internally displaced launched by the Federal Government of Somalia (FGS) and the United Nations in 2016, and reflected in the National Development Plan, humanitarian partners will specifically seek to prioritize an integrated and comprehensive approach to enable more effective and more sustainable responses for IDPs, returnees and host communities from the outset.

Finally, the Government notes that the impact of the drought is disproportionate to the severity of the hazard, due to the absence of 20 years of government and development programming, combined with conflict-imposed constraints on basic services and the economy. Solutions to the destructive impacts of floods, drought, disease epidemics and conflict are embedded in equitable development. The strategic objectives highlighted on page 13 of this revised HRP should pave the way towards achieving sustainable local development capacity. Any success in this regard will also require concurrent progress towards the rapid and comprehensive development of an indigenous Somali capacity to mitigate and manage crises, with support from local and international partners. The strategic objective focused on resilience should link with national policies and frameworks as articulated in the National Development Plan, which aim to end the current crises through the development of a holistic vision of how economic and social factors can together provide the development and risk management capacity that will result in enhanced resiliency of individuals, their communities and regions.

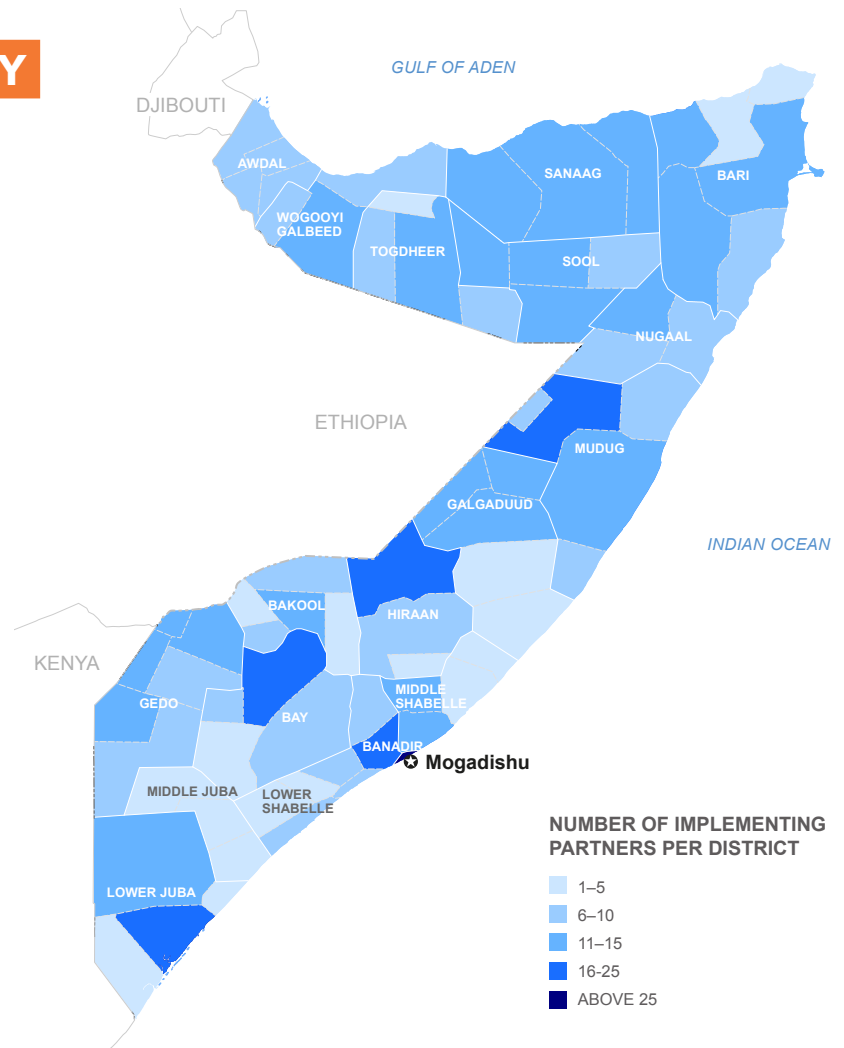
OPERATIONAL CAPACITY

 **266**

UN agencies and NGOs implementing activities

 **134**

humanitarian partners who have submitted projects in the 2017 HRP



Despite the challenging operating environment in Somalia, humanitarian partners continue to expand their reach across the country. A multiplicity of humanitarian partners is involved in the delivery of humanitarian assistance in all 18 regions of the country. More than 266 humanitarian partners with physical presence in Somalia are recorded in the OCHA-managed 'Who does What Where' (3W) database as actively implementing humanitarian activities in Somalia. A total of 134 humanitarian partners have submitted projects in the 2017 HRP, to provide humanitarian assistance to 6.2 million vulnerable people.

In terms of absorption capacity, it is currently estimated that there are gaps that can be filled in accessible areas across all clusters. With further scale-up of the response, the HCT will closely monitor whether there are areas or sectors where it is found that additional resources will not be spent either in a timely manner or to address priority needs.

The HCT continues to work closely with the Federal Ministry of Humanitarian Affairs and Disaster Management and the Somalia NGO Consortium to enable an efficient and

responsible partnership with all actors contributing to prevent famine. This includes national NGOs, who are central to the response and often are first responders, together with local communities and local level administrations, members of the Organization of Islamic Cooperation (OIC), development partners and business communities. In addition, youth-led social media campaigns play an important role in mobilizing efforts within Somalia and among the Somali diaspora.

The OIC has been a member of the HCT since 2015 and its engagement enables close collaboration and coordination with OIC Member States and Islamic NGOs, whose presence is also instrumental for delivery and distribution of in-kind contributions. There are currently two sitting HCT members who are national NGOs. The Somalia Humanitarian Fund (SHF) has allocated an exceptional 36 per cent of funds in 2017 to national NGOs and has been moving towards finalizing the second capacity assessment round, which will add 25 new national organizations to its pool of partners by the end of May.

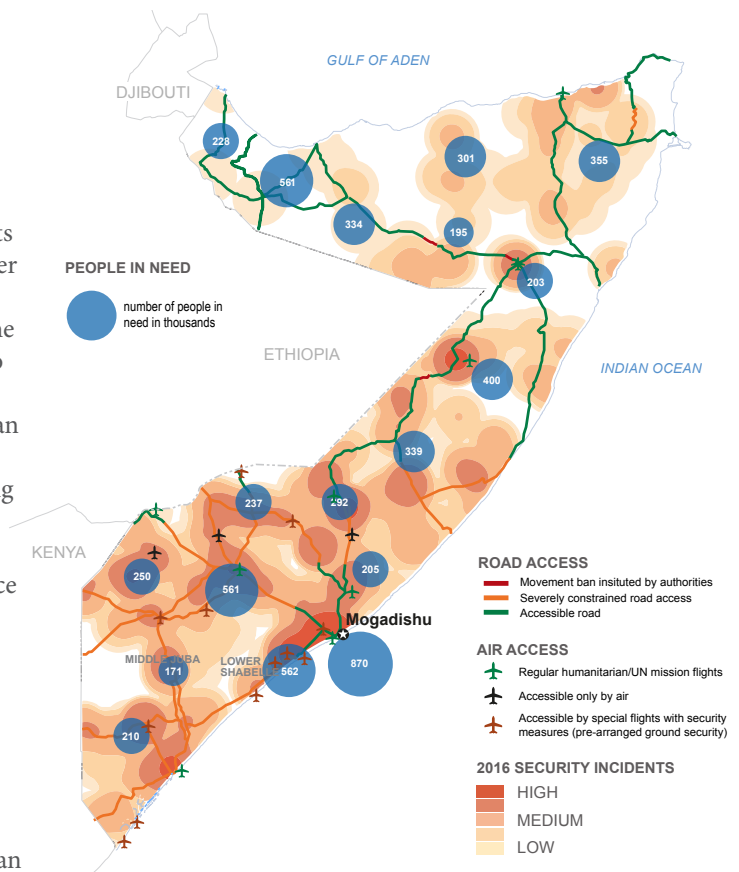
HUMANITARIAN ACCESS

There was a steep increase in the number of violent incidents against humanitarian personnel and assets in the first quarter of 2017. This is in part a reflection of the expansion of programmes but also indicates the disturbing evidence of the vulnerability of humanitarian workers as efforts are made to expand assistance to the most vulnerable drought affected people in hard-to-reach areas. In April 2017 alone, more than 30 violent incidents affected humanitarian organizations, a sharp increase compared to the 35 that were recorded during the first three months of 2017. A total of 13 humanitarian workers were abducted by non-state armed actors in April alone, the highest number that has been recorded so far since the 2011 famine response.

Remoteness of, and inaccessibility to, conflict affected areas controlled by non-state armed actors remains a very significant challenge. Road blockades, extortion, and checkpoints have increased. Bureaucratic impediments are also on the increase with disruptions, delays, intrusion in humanitarian facilities, arrests and detention of humanitarian workers and occasional temporary suspensions of humanitarian programmes continuing to hamper response. During the first four months of 2017, a total of 30 incidents have so far been recorded. In 2016, at least 94 incidents were registered by aid agencies. More than 50 of the impediments were successfully resolved through dialogue and negotiations with authorities, mainly in southern and central Somalia and Puntland, but more consistent efforts will be required by authorities at Federal and State levels to address this, as well as illegal roadblocks. Meanwhile, humanitarian organizations continue to advocate with the Government to facilitate the safe, rapid and unimpeded delivery of assistance to people in need.

While the operating environment remains difficult and challenging, the humanitarian community continued to explore various options for improving sustained humanitarian access in hard to reach areas across the country.

- In January 2017, a Deputy Humanitarian Coordinator (DHC) was appointed to, among other priorities, lead humanitarian access interventions including the exploration for options of access negotiations. The DHC and the HCT- Humanitarian Access Taskforce have continued to play a central role in analyzing and recommending options for improved access.
- Sustained dialogue was initiated with the authorities to strengthen their role in facilitation of access, including through undertaking efforts to secure main supply routes.
- The HCT- Access Taskforce with the support of OCHA has continued to systematically monitor access constraints



and promptly alert the DHC and other relevant parties to facilitate immediate follow up and/or dialogue to have them resolved.

- In order to facilitate the scaling-up of humanitarian response during the current drought, the FGS, regional states and Ahlu Sunna Waljama'a (ASWJ) waived some of the administrative requirements and reassured members of the humanitarian community of their commitment to resolve administrative/ bureaucratic impediments that could hinder these efforts, as well as undertake efforts to secure the main supply routes
- The Health Cluster together with WASH and Nutrition has developed innovative ways to address the access challenge by looking at how to take lifesaving services to the communities that are unable to access the Hubs and Spokes-model. Through the concept of Integrated Emergency Response Teams (IERTs) they have been able to access, for instance, 18 out of 39 inaccessible remote sites/villages in Bay and Bakool with AWD/Cholera services. The IERTs are health professionals and community health workers, who have been trained and deployed to rural villages/sites equipped with sufficient health materials to respond to the AWD/Cholera outbreak that is spreading rapidly in inaccessible towns and villages. The IERTs are composed of volunteers, including health professionals coming from inaccessible areas. They are trained in accessible towns such as Baidoa, equipped with resources and sent back to their communities.

NEEDS, TARGETS AND REQUIREMENTS

| | Original 2017 HRP People in need of assistance | HRP 2017 revision people in need of assistance | Original 2017 HRP target population | HRP 2017 revision target population | Original 2017 HRP Request (US\$) | HRP Revision budgets, based on adjustments made to projects in March/April |
|----------------------------------|--|--|-------------------------------------|-------------------------------------|----------------------------------|--|
| Camp Coordination and Management | | 1,700,000 | 0 | 850,000 | 0 | 20,000,000 |
| Education | 3,000,000 | 528,000 | 236,000 | 250,000 | 26,948,065 | 33,822,320 |
| Enabling Programmes | N/A | N/A | N/A | N/A | 32,341,006 | 35,543,617 |
| Food Security | 5,000,000 | 6,700,000 | 3,900,000 | 5,500,000 | 399,243,422 | 712,599,579 |
| Health | 3,300,000 | 5,500,000 | 2,000,000 | 4,300,000 | 70,417,743 | 106,798,602 |
| Logistics | N/A | N/A | N/A | N/A | 16,309,205 | 15,350,000 |
| Nutrition | 850,050 | 2,300,000 | 420,000 | 2,300,000 | 110,518,077 | 275,872,315 |
| Protection | 1,100,000 | 2,000,000 | 922,000 | 1,800,000 | 95,945,233 | 122,872,558 |
| Shelter and NFIs | 1,165,000 | 1,800,000 | 570,000 | 1,300,000 | 54,145,372 | 74,413,237 |
| Water, Sanitation and Hygiene | 3,300,000 | 4,500,000 | 2,300,000 | 4,500,000 | 57,631,245 | 111,558,019 |
| Refugee Response | 32,232 | 32,232 | 32,232 | 32,232 | 31,152,542 | 32,645,948 |
| TOTAL | | | | | 863,499,368 | 1,508,830,247 |

| | Original 2017 HRP Request (US\$) | Requirements in Operational Plan for Prevention of Famine issued on 18 February (US\$) | HRP Revision budgets, based on adjustments made to projects in March/April | Available Funding US\$ as of 08 May ¹ | Remaining requirements |
|----------------------------------|----------------------------------|--|--|--|------------------------|
| Camp Coordination and Management | 0 | 0 | 20,000,000 | 0 | 20,000,000 |
| Education | 26,948,065 | 19,000,000 | 33,822,320 | 6,815,144 | 27,007,176 |
| Enabling Programmes | 32,341,006 | 15,000,000 | 35,543,617 | 12,253,663 | 23,289,954 |
| Food Security | 399,243,422 | 350,000,000 | 712,599,579 | 215,288,150 | 497,311,429 |
| Health | 70,417,743 | 85,000,000 | 106,798,602 | 23,818,786 | 82,979,816 |
| Logistics | 16,309,205 | 6,000,000 | 15,350,000 | 5,178,870 | 10,171,130 |
| Nutrition | 110,518,077 | 200,000,000 | 275,872,315 | 77,058,687 | 198,813,628 |
| Protection | 95,945,233 | 40,000,000 | 122,872,558 | 13,419,625 | 109,452,933 |
| Shelter and NFIs | 54,145,372 | 25,000,000 | 74,413,237 | 6,388,711 | 68,024,526 |
| Water, Sanitation and Hygiene | 57,631,245 | 85,000,000 | 111,558,019 | 29,675,056 | 81,882,963 |
| Refugee Response | 31,152,542 | | 32,645,948 | 8,077,920 | 24,568,028 |
| Not specified | | | | 82,786,079 | -82,786,079 |
| Reported as outside HRP | | | | 161,357,530 | -161,357,530 |
| TOTAL | 863,499,368 | 825,000,000 | 1,508,830,247 | 634,040,301 | 874,694,946 |

1. Available funds excludes US\$ 38 million pledged outside the HRP.



CAMP COORDINATION AND CAMP MANAGEMENT

(CCCM)

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



*(CCCM is recently established)

Severe drought conditions contributed to forcing more than a half million people who had already been vulnerable to displacement, to leave their homes to seek lifesaving services, with numbers set to climb. Thus, the CCCM Cluster will be activated in May 2017. The CCCM Cluster partners will support government and humanitarian partners to deliver lifesaving services in displacement sites with a focus on building the capacity of local government and partners to improve coordination of the integrated multi-sectoral response at site level, while complementing the DOCC broad-level coordination, in order to raise the quality of interventions to meet minimal standards and allow services reach the most vulnerable populations. CCCM partners will provide stakeholders with relevant cross-sectoral data to allow for an evidence-based response, as well as ensure that displaced people have the information they need to access services safely.

CCCM partners will also strive to improve the living conditions of IDPs in sites and settlements and ensure equal access to services through site management activities and collaboration with the Shelter Cluster

in site planning. There will be an emphasis on making settlements safer by reducing the likelihood of fire hazards, improving overall hygiene conditions and mitigating future risks of flooding. The increased influx into the IDP settlements has led to a substantial increase in the number of GBV cases and the exposure of the most vulnerable individuals to additional protection risks. CCCM Cluster will address this through efforts to make the sites and settlements safer.

| SECTOR | PPL IN NEED | | PPL TARGETED | | US\$ FUNDING REQUEST | |
|-------------|-------------|--------------|--------------|--------------|----------------------|--------------|
| CCCM | HRP 2017 | HRP Revision | HRP 2017 | HRP Revision | HRP 2017 | HRP Revision |
| | - | 1.7M | - | 850K | - | 20M |

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EDUCATION



PEOPLE IN NEED



528,000

PEOPLE TARGETED



250,000

REQUIREMENTS (US\$)



33.8M

OF PARTNERS



23

In 2017, the Education Cluster will mainly focus on mitigating the impact of the drought on education by ensuring continued access to education and retention of children already enrolled in school. The cluster will also continue with its emergency education interventions for vulnerable and marginalized girls and boys. In line with the overall drought response strategy the Education Cluster has a two-pronged approach to specifically target 250,000 children who are at increased risk of dropping out of school due to the worsening drought situation:

- (i) support children where they live and ensure they can stay in school through provision of community-based school feeding and water in the schools, AWD/Cholera prevention and hygiene promotion, and the provision of appropriate teaching/learning materials.
- (ii) support children where they move to and ensure they can continue their education. Displacement due to the drought is increasing the pressure on the existing education facilities especially in urban areas.

Against these two priorities, the cluster will provide 211,000 school children with safe drinking water and at least 118,000 school children with emergency school feeding. In addition, 28,000 returnee children will be targeted with education in emergencies support. Cluster activities will include: Provision of 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; establishment/rehabilitation of safe and protective learning spaces with friendly sanitation facilities for girls and boys; and strengthen the capacity of community education committees cluster partners and the MoE in emergency preparedness and response.

SECTOR



EDUCATION

PPL IN NEED

HRP 2017

3M

HRP Revision

528K*

PPL TARGETED

HRP 2017

236K

HRP Revision

250K

US\$ FUNDING REQUEST

HRP 2017

27M

HRP Revision

34M

* In the original HRP the Education Cluster targeted out of school children in Somalia and estimated 3 million out of school children in need. With the revised HRP and the intensified drought response, the Education Cluster has shifted focus to retention of children already enrolled in schools throughout the crisis. The estimated number of school children in need of assistance to stay in school is 528,000.

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ENABLING PROGRAMMES

REQUIREMENTS (US\$)


 **35.5M**

The scaled-up response will require additional coordination capacity. In line with lessons learnt from the 2011 famine, empowerment of sub-national coordination will be prioritized, to ensure efficiency and speed of scale-up through the DOCCs. The NGO Consortium will continue to support the NGO coordination mechanism with the recruitment of field officers to strengthen coordination in Baidoa and Kismayo. Additional security enablers are required as well as stepped up food security, nutrition, livelihoods and market monitoring and

assessment by FSNAU in order to inform the overall response and prioritization. To strengthen collective approaches to affected people, OCHA is also working with the HCT and the Inter-Cluster Coordination Group (ICCG) to establish a collective approach on Accountability to Affected People/ Communication with Communities (AAP/ CwC) to bring together the individual efforts of agencies and NGOs and ensure that community voices inform HCT strategic decision-making and help adjust operational plans appropriately.



Photo: Muse Mohammed/IOM

| SECTOR | PPL IN NEED | | PPL TARGETED | | US\$ FUNDING REQUEST | |
|--|------------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------------|
|  ENABLING PROG | HRP 2017 n/a | HRP Revision n/a | HRP 2017 n/a | HRP Revision n/a | HRP 2017 32M | HRP Revision 36M |

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FOOD SECURITY



PEOPLE IN NEED

 **6.7M**

PEOPLE TARGETED

 **5.5M²**

REQUIREMENTS (US\$)

 **713M**

OF PARTNERS

 **122**


Food Security Cluster partners will sustain current levels of life-saving assistance, continue to ensure food access and scale-up in areas with identified gaps through in-kind, cash and voucher interventions for drought-affected households to avert famine in the coming months. Food Security Cluster partners aim to reach most of the 3.3 million people in Crisis and Emergency by May/June 2017 and to sustain assistance at this level at least until the end of October.

The partners will concurrently invest in local production, including the provision of agricultural inputs for the next planting season in October-December, protection of livelihood assets through conditional transfers (i.e. cash-for-work), and emergency livestock support. The livestock support will primarily focus on the provision of veterinary care (treatment and vaccination), animal feed supplements and water, potential livestock restocking/ redistribution, and production/ provision of fodder in agro-pastoral and pastoral communities throughout the

country. In addition, while saving lives and relief/emergency response will remain a key focus, resilience (re-building) will be undertaken as soon as possible where opportunities exist.

The Food Security Cluster will work in close collaboration with the FSNAU, FEWS NET and WFP/VAM in monitoring the food security situation and market supply flows and prices of both locally produced and imported food and non-food items in over 100 markets countrywide. Such analysis remains critical to assessing the continued feasibility of cash interventions and to ensure that transfers meet the needs of the affected population in the most efficient and effective way.

2. The overall beneficiaries for Food Security Cluster and its response objectives will be reviewed based on the upcoming, post-Gu assessment, to be conducted by FSNAU in July-August.

| SECTOR | PPL IN NEED | | PPL TARGETED | | US\$ FUNDING REQUEST | |
|--|-----------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|
|  FOOD SECURITY | HRP 2017 5M | HRP Revision 6.7M | HRP 2017 3.9M | HRP Revision 5.5M | HRP 2017 399M | HRP Revision 713M |

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HEALTH



PEOPLE IN NEED


5.5M

PEOPLE TARGETED


4.3M

REQUIREMENTS (US\$)


107M

OF PARTNERS


97

Health Cluster partners will continue to provide emergency and critical life-saving, integrated interventions to drought-affected and vulnerable populations through continued scaling-up of existing fixed facilities or via outreach services and mobile clinics to prevent avoidable morbidity and mortality. The supply of essential lifesaving medical supplies, vaccines and equipment will also be supported.

Partners will also strengthen emergency preparedness and response capacities of partners and health authorities, including for nutrition, communicable diseases

surveillance and response. Rapid Response Teams at regional level will be trained to respond to suspected disease alerts, confirm cases and support early investigation and response efforts. Cluster partners will also support expansion and scaling-up of community health services through deployment of trained Integrated Emergency Response Teams. Cholera vaccine and measles immunization will be implemented at selected critical areas to help prevent future outbreaks.



Photo: Muse Mohammed/IOM

SECTOR



HEALTH

PPL IN NEED

| HRP 2017 | HRP Revision |
|-------------|--------------|
| 3.3M | 5.5M |

PPL TARGETED

| HRP 2017 | HRP Revision |
|-----------|--------------|
| 2M | 4.3M |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|------------|--------------|
| 70M | 107M |

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LOGISTICS



PEOPLE IN NEED



n/a

PEOPLE TARGETED



n/a

REQUIREMENTS (US\$)



15.4M

OF PARTNERS



n/a

The Logistics Cluster's activities have significantly scaled-up to respond to the increased request for logistics services by UN agencies, NGOs and the Government and will continue to do so. The cluster will continue to ensure the provision of common services such as transport by air, sea and road, as well as storage capacity to the drought affected areas of Somalia. A logistics coordination and information management cell, operating from Nairobi and Mogadishu, will continue to support operational decision-making. Products include logistics data and maps, road access assessments, as well as guidance to organizations and updates on logistics gaps and bottlenecks.

Further scaling-up includes additional storage capacity to support partners to better preposition emergency items in response to the drought. In April, a new common storage unit was set up in Baidoa, and two new refrigerated containers were set up in Mogadishu to store heat-sensitive nutritious items for UNICEF, Save the Children and WFP. The Logistics Cluster is providing services on a cost recovery basis to the humanitarian partners. In addition, critically needed resources have been provided for logistical support for the drought response by the Government of Somalia. Medical supplies and medical personnel have been promptly mobilized on behalf of the Ministry of Health and the Office of the Prime Minister.

In collaboration with UNHAS, three cargo planes are positioned in Mogadishu to facilitate the airlift of critical humanitarian supplies. UNHAS has also scaled-up the availability of passenger flights by adding one additional passenger plane to its fleet servicing southern and central Somalia. As a result, a total of six UNHAS aircraft operate within Somalia, enabling the scale-up of the operational response and subsequent monitoring of the projects.

SECTOR



LOGISTICS

PPL IN NEED

| HRP 2017 | HRP Revision |
|----------|--------------|
| n/a | n/a |

PPL TARGETED

| HRP 2017 | HRP Revision |
|----------|--------------|
| n/a | n/a |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|----------|--------------|
| 16M | 15M |

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NUTRITION



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



With a total of up to 944,000 children expected to need treatment for acute malnutrition in 2017, of which 185,000 for severe malnutrition (point prevalence), the requirement for continued scaled-up of the response is evident in rural as well as populated centres. The upcoming FSNAU *Gu* assessment will provide an update on assessed needs and the necessary background for further revision and increase needs that is likely to be as high as 1.4 million acutely malnourished children, of whom 275,000 severely so.

While the *Gu* assessment takes place in the coming months, partners have been encouraged to already review their contingency plans and increase preparedness actions for possible increases in nutrition needs and responses in a scenario where malnutrition increases by 50 per cent countrywide, resulting in 1.4 million children acutely malnourished of whom 275,000 severely so.

With coordinated interventions by WASH and health partners to address the causes of malnutrition, the main driver of mortality among children can be stemmed. Nutrition Cluster partners will provide life-saving nutrition interventions by establishing additional mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent severe and moderate acute malnutrition in children under 5 and pregnant and lactating women. Partners will also provide preventative interventions through blanket supplementary feeding programmes, maternal and child

health and nutrition (MCHN), a basic nutrition service package and micronutrient supplementation, all targeting pregnant and lactating women and children under 5.

Working through mobile clinics and expanded feeding centres cluster partners will target nearly 2 million people for treatment and prevention of Moderate Acute Malnutrition. A total of about 700,000 beneficiaries (including both children under 5 and pregnant and lactating women) are targeted for treatment of malnutrition (TSF), while 1.43 million children and mothers will be targeted through MCHN and Blanket Supplementary Feeding Programmes in order to prevent malnutrition. Similarly, cluster partners will target an additional 200,000 severely malnourished (SAM) cases with lifesaving therapeutic interventions who otherwise would suffer a high risk of mortality. The World Health Organization (WHO) estimates SAM case-fatality to be 30-50 per cent. As such, the cluster partners will target 2.3 million beneficiaries (about 900,000 malnourished children for treatment plus 1.43 million children and pregnant and lactating women for prevention).

The Nutrition Cluster believes there is relatively improved response capacity in terms of partner's presence on the ground with clear partnership arrangements (rationalization plan) in place, but further scale-up can only be implemented with additional resources now urgently required.

SECTOR



NUTRITION

PPL IN NEED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 850K | 2.3M |

PPL TARGETED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 420K | 2.3M |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|----------|--------------|
| 111M | 276M |

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PROTECTION

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS




Protection Cluster partners will focus on expanding community-based child protection, comprehensive GBV services and promoting the smooth implementation of referral pathways to affected communities, including clinical, psychosocial, security and safe house services, as well as training of community leaders and youth networks on prevention and mitigation of GBV. Additionally, the Protection Cluster will focus on social cohesion, prevention and mitigation programmes that aim to harmonize communities, whilst also looking at explosive hazard education (MRE) and clearance of suspected unexploded ordnance and minefields as they pertain to response activities of other partners and areas of concentration for internally displaced.

Protection Cluster partners will also support IDPs and returnees through technical advice, informed analysis and advocacy by providing timely information on sudden onset of displacement and protection needs through the Displacement Tracking Matrix system and Protection and Return Monitoring Network (PRMN) and direct interventions as applicable. Using the global GBV Inter-Agency Standing Committee (IASC) guidelines, efforts will be made by all clusters to ensure gender and GBV mainstreaming is a key deliverable. Dedicated local GBV coordinators from the existing structures

will be placed at all the DOCCs and drought affected areas to ensure better integration of GBV considerations into the response.

Child protection work will focus on mainstreaming related interventions through other sectors, and monitoring the child protection situation in IDP sites through regular visits to the camps by Child Protection Working Group members. Child protection desks will be set up in cross border locations and the provision of psychosocial interventions, tracing, reunification and reintegration services will be further strengthened. Assessments that support data collection on the vulnerability of children in hotspot locations will be supported and the capacity of service providers to provide child protection services for children will be enhanced.

The Housing Land and Property sub-cluster will prioritize i) institutional capacity development, ii) strengthening of tenure security, iii) eviction prevention and response, iv) information and case management, and v) advocacy and coordination.

| SECTOR | PPL IN NEED | | PPL TARGETED | | US\$ FUNDING REQUEST | |
|---|-------------------------|---------------------------|-------------------------|-----------------------------|------------------------|-----------------------------|
|  PROTECTION | HRP 2017 1.1M | HRP Revision 2M | HRP 2017 922K | HRP Revision 1.8K | HRP 2017 96M | HRP Revision 123M |

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SHELTER/NFI



PEOPLE IN NEED

1.8M

PEOPLE TARGETED

1.3M

REQUIREMENTS (US\$)

74M

OF PARTNERS

16

The limited funds so far allocated to the cluster and sharp increase in emergency shelter and NFI needs have aggravated the gaps and affected the capacity of cluster partners. The Shelter Cluster strategy has three main objectives: Emergency, Transitional and Durable Solutions. A capacity building/coordination component has been embedded within all of the pillars. Shelter Cluster partners will provide support to displaced people and host communities in affected areas through distribution of non-food items and emergency shelter kits.

The Shelter Cluster has prepared an emergency drought response structure, decentralized to the different regional hubs. A two pronged approach of in-kind pipelines and voucher /cash systems will ensure an enhanced capacity to respond. Shelter Cluster partners have already undertaken an evaluation of the market for NFIs as a preparedness measure. The recent SHF and Central Emergency Response Fund (CERF) funds have been utilized to put this plan in action. Logistical support will be required to ensure that humanitarian supplies are delivered to drought affected areas to respond efficiently to time-critical activities planned by cluster partners.

There remain an estimated more than 1.1 million protracted IDPs in Somalia, mostly settling in urban settings. Since the end of 2014, more than 90,000 Somalis have returned from Yemen and Kenya. Approximately 60,000 Somali refugees are projected to return to Somalia in 2017. The needs of different categories of IDPs and refugee returnees vary. IDPs who have been displaced for nearly two decades and those displaced more recently have different needs in terms of shelter solutions, whereas for refugee returnees the needs vary depending on whether the return they seek is to an urban or rural area. In the first quarter of 2017, more than 80,000 people have been assisted with emergency non-food assistance, 6,000 provided with emergency shelter kits, 8,000 with transitional shelters, and 4,000 with permanent shelters.

SECTOR



SHELTER/NFI

PPL IN NEED

| HRP 2017 | HRP Revision |
|-------------|--------------|
| 1.2M | 1.8M |

PPL TARGETED

| HRP 2017 | HRP Revision |
|-------------|--------------|
| 540K | 1.3M |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|------------|--------------|
| 54M | 74M |

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WASH

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



WASH Cluster partners will continue to scale-up WASH emergency services, including water trucking/vouchers, rehabilitation of boreholes and shallow wells, provision of hygiene kits including water containers, community and household's sensitization on safe water practices and on appropriate hygiene behaviour for drought affected communities throughout Somalia. They will also focus, through similar activities, on providing water, hygiene and sanitation services to the 600,000 newly internally displaced people that recently arrived in Baidoa, Mogadishu, Kismayo and other urban centres as well as protracted IDPs already present in the settlements for a long period. WASH support to education facilities, as a means to retain students where schools continue to function, will be a key coordinated response with Education Cluster partners.

As part of a coordinated response with the Health Cluster, activities will also be prioritized in locations and communities that are experiencing AWD/cholera outbreaks as a direct consequence of the drought; this notably through the scaling-up of the Integrated (Health, Wash and Nutrition) Emergency Response Teams (IERT) approach. Improvement of water, hygiene

and sanitation conditions in cholera treatment centres and health and nutrition centres, through the construction and rehabilitation of infrastructure, hygiene promotion and reinforcement of operation and maintenance systems, will also be considered as a priority.

Based on current levels of funding, it will not be possible to respond simultaneously to the drought at rural level, the already existing and new IDPs in urban areas and the AWD/cholera outbreaks. Dramatic increases in water trucking costs means that additional funding will be needed, particularly in view of the forecast of lower than normal *Gu* rains. Most of the ongoing projects are only short-term emergency interventions, focusing on meeting immediate needs e.g. water trucking, hygiene kit distribution and emergency latrine construction that do not cover appropriate and costly exit strategies like borehole rehabilitation. More funding is also needed for cholera treatment centre support, provision of WASH services in schools, Outpatient Therapeutic Programme (OTP) centres, Health Posts and to support the new IERT approach.

SECTOR



PPL IN NEED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 3.3M | 4.5M |

PPL TARGETED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 2.3M | 4.5M |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|----------|--------------|
| 58M | 112M |

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REFUGEE RESPONSE PLAN

PEOPLE IN NEED



32,232

PEOPLE TARGETED



32,232

REQUIREMENTS (US\$)



33M

OF PARTNERS



25

Refugees and asylum seekers

As of 30 April 2017, UNHCR registered 12,542 refugees and 13,210 asylum seekers in Somaliland, Puntland and Mogadishu. The majority are Ethiopians with some 9,200 Yemenis having fled the deteriorated security situation in many parts of their country. In addition, there are small numbers of refugees and asylum seekers of other nationalities including those from Bangladesh, DRC, Eritrea, Palestine, Sudan, Syria and Uganda.

The absence of a comprehensive national legal framework for refugees increases their vulnerability, although UNHCR notes advances through the ongoing development of refugee laws in both Somaliland and Puntland and discussion with the FGS [NCRI] has begun on a federal refugee law.

Strategy and response

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 them and their host communities. This will be done through the implementation of peaceful co-existence and community based projects, improved monitoring and profiling as well as regular assessments of the protection situation. There will be specific projects to help reduce human rights violations including sexual and gender-based violence through supporting community security management systems and the strengthening of law enforcement. Protection and assistance mechanisms will also have a special focus on the risks and needs of people with specific needs such as children, women and girls, the elderly and people with disabilities, and on fostering improved access to legal remedies, civil status documentation,

and conflict resolution mechanisms. Cooperation with the federal and state governments will seek to enhance the protection environment for refugees and asylum seekers through strengthening law and policy frameworks, and the development and adoption of refugee laws and the structures required for their implementation. RSD capacity for effective protection, efficient asylum management and the reduction of backlogs of asylum claims will be enhanced, as will the timely registration of claims and identification of protection needs. Focus will also be placed on harmonized and effective protection and assistance programme delivery to this urban population, the identification of persons with specific needs and pursuing durable solutions through resettlement. Local integration initiatives for refugees will be explored in Puntland. The self-reliance of refugees will be promoted through livelihoods and income generating activities, while the basic services needs of vulnerable urban refugees will be addressed.

The strategy for supporting refugees and asylum seekers will be to provide protection and assistance through: (a) multi-sector lifesaving protection and assistance, (b) timely access to Refugee Status Determination (RSD), (c) improved registration, identity and civil status documentation, including birth certificates for refugee children by Somali authorities, (d) improved access and integration within national systems for basic services such as health and education, (e) enhancing self-reliance through livelihoods and programs to help refugees and asylum seekers develop their coping mechanisms and avoid destitution, and (f) support the implementation of the newly developed refugee legislation, policy and procedures and capacity-building of national and regional institutions.

SECTOR



REFUGEE
RESPONSE
PLAN

PPL IN NEED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 32,232 | 32,232 |

PPL TARGETED

| HRP 2017 | HRP Revision |
|----------|--------------|
| 32,232 | 32,232 |

US\$ FUNDING REQUEST

| HRP 2017 | HRP Revision |
|----------|--------------|
| 31M | 33M |

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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 response and prevention in Somalia.



SOMALIA HUMANITARIAN FUND (SHF)

The Somalia Humanitarian Fund (SHF) 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 who 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/common-humanitarian-fund. SHF channels funds directly to UN agencies, national and international NGOs and Red Cross/Red Crescent organizations.

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

TO CONTRIBUTE

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

For general information about SHF, please contact:

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

Member States, observers and other authorities that wish to contribute to SHF can also contact the OCHA Donor Relations Section at ocha.donor.relations@un.org



HUMANITARIAN RESPONSE PLAN

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

The HRP for Somalia is designed around a broad spectrum of humanitarian needs. The full plan, and contact details of the operational agencies that need funds, are available here: <http://bit.ly/SomaliaHRP2017>



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 has already allocated about \$18 million to Somalia. The CERF needs regular replenishment. To ensure sufficient cash flow for famine prevention, donors that have pledged to CERF for 2017 are encouraged to make their contributions as soon as possible. Please see this link for information on how to contribute: www.unocha.org/cerf/donate



REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

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

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

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

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



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