



International Organization for Migration (IOM)
The UN Migration Agency



2018 CONSOLIDATED APPEAL FOR EMERGENCY PROGRAMMING IOM SOMALIA

IOM IN SOMALIA

Since 2006, IOM has been providing life-saving humanitarian assistance to migrants and mobile populations in Somalia, including IDPs, and host community members. With its Head Office located in Mogadishu, has a strong presence in all regions of Somalia through a multitude of projects implemented by 184 staff. IOM has six IOM field offices as well as the Nairobi support office in Kenya. IOM has also scaled up its operations and capacities within Somalia in response to the recent drought and maintains a strong portfolio of multi-sector humanitarian interventions.

IOM Somalia's Preparedness and Response Division (PRD) includes Camp Coordination and Camp Management (CCCM), Shelter and Non-Food Items (S-NFI), Health, WASH and Protection. In response to severe drought conditions, IOM scaled up its integrated emergency response between January and September 2017. Through emergency water trucking, over 568,749 individuals were provided with access to clean and safe water and 385,960 individuals now have sustainable access to water with the construction of boreholes and improved sanitation services. IOM provided 378,031 health consultations and expanded its emergency primary healthcare programme from 10 static clinics to 19 static clinics including 16 primary health care units, two transit centres, and one Migration Resource Centre as well as, 33 rapid response health teams at the height of the AWD/cholera outbreak. To mitigate the rising risk of acute watery diarrhea (AWD)/Cholera and other communicable diseases among vulnerable communities, 244,236 individuals were reached through health education. In 2017, IOM provided emergency S-NFI support to 42,600 displaced individuals in two locations, Baidoa and Kismayo. Through past distributions, IOM has been able to work with the local authorities and communities to implement activities in the target areas. Additionally, IOM provided protection and SGBV support through programmes including trainings, solar lantern distribution and policy advisement.

IOM is the CCCM Cluster Co-lead, alongside the United Nations High Commissioner for Refugees (UNHCR) drawing on organizational strength to ensure effective leadership and implementation. Currently, CCCM is implementing programming in South Central Somalia. CCCM priority areas include cluster coordination and site coordination and management, communication with affected communities and managing information surrounding IDP settlements.

IOM's Displacement Tracking Matrix (DTM) in Somalia provides assessments and profiles of areas impacted by displacement and cross-border mobility. Currently, the DTM has presence in 50 districts and 9 border locations across Somalia.

Contact Information

Dyane Epstein, Chief of Mission, depstein@iom.int;
Jennifer Pro, Drought Response Coordinator, jpro@iom.int;
Programme Support Unit, iomsomaliapsu@iom.int

CONTENTS

OVERVIEW	4
HUMANITARIAN NEEDS	4
HUMANITARIAN RESPONSE PLAN (HRP)	5
IOM CONSOLIDATED APPEAL PLAN	6
RESPONSES BY CLUSTER	7
HEALTH	7
CCCM CLUSTER	9
CCCM	11
PROTECTION	13
WASH	15
S-NFI	17
ENABLING PROGRAMMES	19
POPULATION BASED SURVEYS	20
RETURNS	22

OVERVIEW

HUMANITARIAN NEEDS

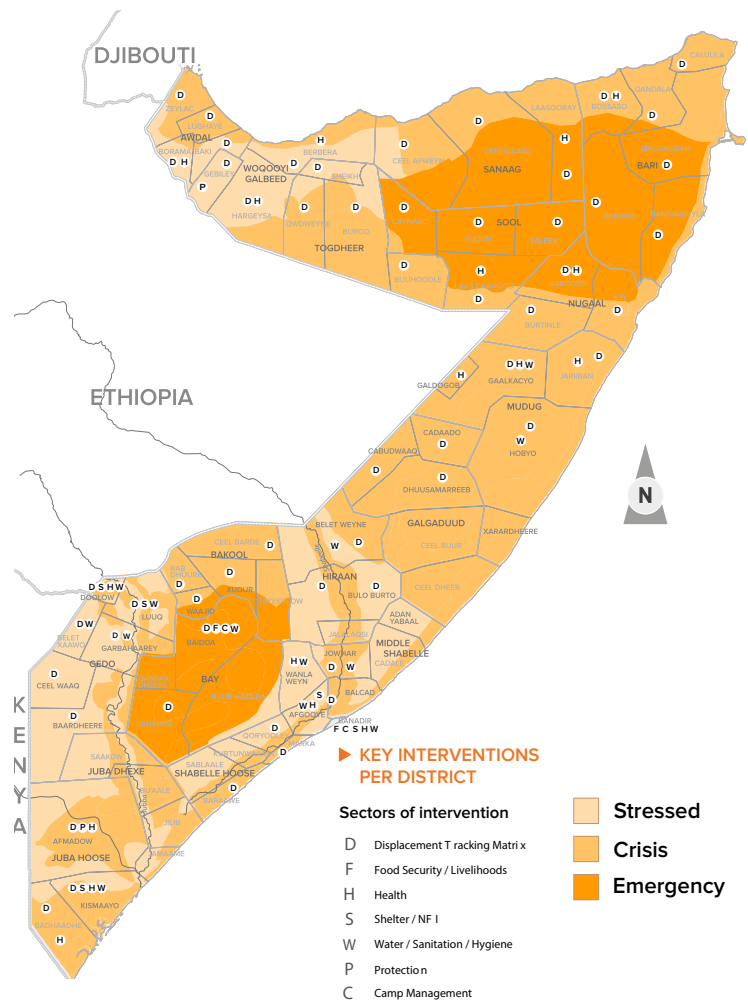
As one of the most complex and longstanding emergencies in the world, the humanitarian crisis in Somalia contains various factors both natural and man-made. Large-scale famine was averted in 2017. However, the impact of prolonged drought conditions has been devastating for Somali communities. More than 6.2 million people are in need of humanitarian assistance with 2.1 million people internally displaced. The ongoing conflict continues to reduce the resilience of communities and impacts access to basic services. Protection concerns as well as access to those in need remain important concerns for humanitarian actors in the country. Disease outbreaks such as acute watery diarrhea (AWD)/ cholera and measles continue to lead preventable deaths.

According to the 2018 HRP, over half of the 6.2 Somalis in need, 3.3 million people, will require urgent, life-saving assistance. More than one third of those in need are IDPs. As of November 2017, 866,000 people are in Emergency (IPC Phase 4), increased from 83,000 in January 2017. Malnutrition rates have increased and the national median prevalence of Global Acute Malnutrition (GAM) is 17.4 per cent above the emergency threshold of 15 per cent. Over one million people have been displaced due to drought since January 2017.

The conflict in Somalia continues to impact the protection and human rights of communities. These abuses against civilians include widespread sexual and gender-based violence (SGBV), child recruitment, limitations to the freedom of movement, forced evictions including of IDP communities and displacement. The HRP response strategy focuses on supporting the 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 through enhanced selection of the target population.

With 3.1 million Somalis in IPC Phase 2 Stressed, livelihood support is necessary to help these communities from sliding into Crisis or Emergency. The livelihood assets of those in the Crisis and Emergency phases must also be protected. Water shortages, livestock losses and poor crop harvest due to prolonged drought conditions experienced by pastoral and agro-pastoral communities across Somalia require livelihood support as well as IDP communities and socially marginalized groups.



Disclaimer: The map is for illustration purpose only. Names and boundaries on this map/dashboard do not imply official endorsement or acceptance by IOM.

OVERVIEW

HUMANITARIAN RESPONSE PLAN (HRP)*



Sector Requirement	Cluster	Targeted Beneficiaries
124,435,964	HEALTH	4,300,000
41,709,742	CCCM	1,680,000
124,970,385	PROTECTION	1,900,000
129,311,842	WASH	3,800,000
70,116,595	SHELTER AND NFIs	1,300,000
26,248,155	ENABLING PROGRAMS	
53,152,619	MULTI-SECTORAL ASSISTANCE	
52,952,576	REFUGEE RESPONSE	135,800
51,267,522	EDUCATIONS	396,000
631,732,080	FOOD SECURITY	5,400,000
9,837,500	LOGISTICS	



* This is the overall HRP for all agencies, led by OCHA. The Consolidated Humanitarian Appeal for IOM Somalia is developed in line and with coordination with UNOCHA and partners. Please follow the link for more information on HRP. https://www.humanitarianresponse.info/system/files/documents/files/2018_somalia_hrp_final_draft_18122017_0.pdf.pdf.

OVERVIEW

IOM CONSOLIDATED APPEAL PLAN

The 2018 Somalia Humanitarian Response Plan (HRP) appeals for USD 1,569,495,765 to target 5.4 million people for assistance. The appeal highlights emergency humanitarian assistance based on IOM's existing capacity, focusing on the most urgent needs of the affected population.

Ministry of Water and Energy, Ministry of Health (MoH) at the Federal and State levels, as well as humanitarian partners such as other UN Agencies, local and international non-governmental agencies (NGO).

IOM coordinates under the Inter Agency Standing Committee (IASC) Humanitarian Cluster System. IOM is the CCCM co-lead and participates fully in each of the other sector cluster committees such as Health, Protection, WASH and S-NFI. IOM coordinates with relevant government partners such as the Ministry of Humanitarian Affairs and Disaster Management,

The complementary approach to multi-sectoral programming significantly improves the strength of IOM's emergency humanitarian interventions. Programmes consider the importance of gender sensitive programming, durable solutions, beneficiary ownership and resiliency.



Sector Requirement		Cluster		IOM targeted beneficiaries
\$8,896,484		HEALTH SOM-18/H/121694		518,400
\$1,182,350		CCCM CLUSTER SOM-18/CCCM/121880		1,680,000
\$6,955,000		CCCM SOM-18/CCCM/121949		409,546
\$1,338,410		PROTECTION SOM-18/GBV/121961		44,000
\$7,062,000		WASH SOM-18/WS/122066		360,000
\$3,000,000		S-NFI SOM-18/S-NF/122123		32,700
\$3,500,000		ENABLING PROGRAMS SOM-18/CSS/122173		200
\$3,000,000		POPULATION BASED SURVEYS SOM-18/CCCM/122189		3,230,000
\$23,304,600		RETURNS SOM-18/MS/121717		43,000

RESPONSES BY CLUSTER

HEALTH



PEOPLE TARGETED: **518,400** | SECTOR REQUIREMENT: **\$8,896,484**

Conflict, natural disasters, extreme climatic events, and ongoing displacement have negatively impacted the health and nutrition of many vulnerable people in the country, compounded with an already weak health system. Somalia has some of the worst health indicators in the world, 137 deaths/1,000 live births, with a higher number in south and central Somalia, and a maternal mortality rate of 732 deaths for 100,000 live births (World Health Organization, 2015). The leading causes of infant and child mortality include pneumonia, diarrhea, and measles (12 per cent) (World Health Organization, 2015). Undernutrition remains an underlying factor in over a third of the deaths (UNICEF Somalia). In 2017, Somalia experienced concurrent outbreaks of AWD/cholera and measles, reaching a cumulative total of 61,043 AWD/cholera cases, 821 AWD/cholera-related deaths, and suspected measles cases in 2017 (MoH and WHO Situation Reports, 2017).

The FSNAU projection for August to December 2017 shows 26 per cent of the population in IPC 3 and 4 (i.e. crisis or emergency) phases. Despite efforts to avert famine, the nutrition situation in the country continues to deteriorate, with 1.2 million acutely malnourished children since the onset of 2017, over 231,829 who have or will suffer life-threatening severe acute malnutrition (SAM) over the period from September 2017 to September 2018 (Nutrition Cluster Snapshot January-August 2017). As of November 2017, a nutrition assessment conducted by FSNAU and partners among IDPs in the main

settlements and two urban areas across Somalia shows Critical prevalence of acute malnutrition (Global Acute Malnutrition-GAM \geq 15 per cent) in 5 out of 15 population groups: Qardho IDPs, Galkacyo IDPs, Garowe, Mogadishu IDPs and Baidoa IDPs (FSNAU Update November 2017).

Health infrastructure in the country is inadequate, with weak institutional capacity and inequity in the delivery of health services. Health facilities, supplies and workforce are limited. Medical supplies are procured from abroad due to a lack of standard products in the country.

In 2018, IOM will aim to provide critical lifesaving interventions to prevent avoidable morbidities, mortalities and disabilities among the target population groups in Somaliland, Puntland and Southern regions of Somalia. In collaboration with other clusters, local communities, federal and regional Ministries of Health, IOM will support integrated static and mobile clinics and facilitate delivery of emergency medical supplies to hard to reach areas. Furthermore, IOM will support refinement of the integrated emergency response team (IERT) mechanism that was launched in 2017 to respond to AWD/cholera and will look at innovative ways to support health sector coordination. Overall, IOM will provide access to essential primary health care services for crisis affected populations and host communities, support the Ministry of Health, the national health system and NGOs and improve access to health information and education.

Summary of the project

- Support static facilities currently supported by IOM, and three new facilities in Bardhere in Gedo, and in Sanaag, Somaliland as well as 30 mobile primary health care (PHC) service delivery sites serving a total of 518,400 beneficiaries reached with PHC (219,439 women, 210,833 men, 43,183 boys and 44,945 girls) focusing on crisis affected populations in IDP settlements and surrounding host communities.
 - Preposition essential medical supplies and equipment to 51 PHC service delivery sites (21 static, 30 mobile) for timely response to health emergencies.
 - Provide integrated primary healthcare services following the Somalia Essential Package of Health Services (EPHS) delivery framework providing 5 of the 6 core components of the package as follows: (1) maternal, reproductive and neonatal health, (2) child health, (3) communicable disease surveillance and control, including watsan promotion, (4) first aid and care of critically ill and injured, and (5) treatment of common illness (all components except component #6 for HIV and TB, which is only included across select teams where feasible).
- All PHC activities also integrate screening and referral for malnourished children and mothers, and referral for secondary and specialized care as needed. Target: 518,400 beneficiaries in IDP sites and surrounding host communities reached with PHC (219,439 women, 210,833 men, 43,183 boys and 44,945 girls).
- Provide capacity building for 60 (30 women, 30 men) frontline health workers on essential use of medication, national treatment guidelines, emergency management, travel health and public health promotion.
 - Support travel health services including provision of health screening, transit healthcare and fitness to travel for emergency movement of 10,000 (3,500 girls, 3,000 boys, 2,000 women and 1,500 men) displaced and IDP returnees.
 - Increase capacity of community health workers for health and hygiene promotion linked to PHC centers. A total of 734,400 beneficiaries reached through health education sessions (359,856 females and 374,544 men) at static and mobile health clinics, and as well as through campaigns and door to door health promotion.

PROJECT CODE	TITLE	BUDGET
SOM-18/H/121694	Emergency lifesaving primary healthcare for crisis affected populations including internally displaced persons (IDPs), migrants, returnees, and affected host communities in Somaliland, Puntland, and South Central Somalia	USD 8,896,484
TOTAL		USD 8,896,484

RESPONSES BY CLUSTER

CCCM CLUSTER



PEOPLE TARGETED: **1,680,000** | SECTOR REQUIREMENT: **\$1,182,350**

Protracted displacement in Somalia is a chronic and recurrent issue and tends to be urban in nature and IDP settlements transform into urban slums. The largest concentration of IDPs is in Mogadishu, followed by other urban centres. The recent drought-related displacement, illustrates this trend, with Baidoa and Mogadishu receiving the largest numbers of displaced people. The majority of IDPs settle in informal and unplanned settlements where the conditions are very poor and forced eviction is a common threat, and where newly displaced people join those whose displacement has become protracted. This cycle of internal displacement triggered by shocks related to conflict, natural hazard events and human rights violations are all influenced by livelihood mobility, as around half the population are nomadic pastoralists. Additionally, areas of the country have faced two periods of famine previously, the first from 1991 to 1992 and the second in 2011 with an estimated 260,000 deaths.

Most IDP settlements are governed by “gatekeepers,” that often act as informal managers. Gatekeepers are a diverse group of people ranging from community leaders, to business men, to militias, to landlords – some are from the IDP communities while others are not. The relationship to and with the IDP community is similarly diverse but in the long absence of the government provision of assistance and protection, informal managers have often become the primary provider of support. Protection is particularly important since IDP communities are often marginalized and discriminated against due to their minority status and separation from the protection of their clans.

Aid diversion has been allegedly high in informal settlements, but to what extent remains unclear. While in the past, gatekeepers and settlements were individualized, recently they have grown together into a system: several IDP settlements form an IDP umbrella and several IDP umbrellas form an IDP centre – this comes with complex hierarchies of gatekeeping.

To respond to the growing displacement and in acknowledgement that the coordination needs in settlements could no longer be met through other coordination mechanisms, the CCCM cluster was activated on 10 May 2017 under the co-leadership of UNHCR and IOM. Each agency provides one cluster coordinator who work together to represent the cluster. IOM provides one information manager and sub regional coordination is covered by whichever agency has the capacity and human resources to coordinate the region. IOM and UNHCR co-lead the cluster in Kismayo and Baidoa. IOM leads the cluster in Dollow and UNHCR leads in Hargeisa, Garowe, Bosaso and Galkayo. The cluster was activated in order to improve the coordination of the integrated multi-sectoral response at site level, to raise the quality of interventions and monitoring of humanitarian services in communal settings by ensuring appropriate linkages with and the building of capacities of national authorities and other stakeholders. This was done with the understanding that once the life-saving drought displacement needs were addressed the purpose and focus of the cluster would be reviewed.

Summary of the project

- Strengthen the predictability and effectiveness of multi sectoral interventions at site level and/ or areas of concentration of sites by setting up CCCM coordination structures in collaboration with appropriate government counterparts, participating on behalf of CCCM in relevant coordination forums, ensuring that relevant responders are mobilized toward providing relevant sectoral assistance to those identified as very vulnerable through CCCM coordination and other relevant activities.
- Strengthen community self-management to promote durable solutions for displaced people in sites by advocating for IDPs in sites for access to training and skills opportunities, leading the technical working group in collaboration with UNDP to develop strategies to integrate early recovery and community self-management into CCCM activities and collecting and disseminating information on basic services, infrastructure, protection risks, security and availability of assistance in place of origin or place of relocation as well as other relevant activities.



PROJECT CODE	TITLE	BUDGET
SOM-18/CCCM/121880	Provision of Cluster Coordination for the Camp Coordination and Camp Management Sector	USD 1,182,350
TOTAL		USD 1,182,350

RESPONSES BY CLUSTER

CCCM



PEOPLE TARGETED: **409,546** | SECTOR REQUIREMENTS: **\$6,955,000**

In Somalia, there are over two million IDPs, owing to the combined nature of new and protracted displacement as a result of climatic and man-made crises and forced evictions, as well as influx of returnees. Severe drought conditions contributed to forcing over 1 million people to move to other regions in Somalia to meet life-saving priority needs from November 2016 onward while movements from Somalia to bordering countries (Ethiopia and Kenya) are ongoing. In addition, Somalia saw over 28,000 of its nationals returning from Yemen and more than 14,000 Somali refugees repatriating from Kenya by mid-2016. These large influxes of returnees often join already over-crowded IDP settlements. In recognition of the need for greater coordination in sites across Somalia to better support displaced persons, the Camp Coordination and Camp Management (CCCM) Cluster was activated in Somalia in May 2017. IOM is CCCM co-lead, along with UNHCR. The IOM CCCM Programme has identified Baidoa, Kismayo, Dollow, Galkayo and Hargeisa as its areas of focus, as needs remain extremely high.

According to the CCCM Cluster Detailed Site Assessment, Baidoa town currently has 165,000 displaced people. Between them the cities of Baidoa and Mogadishu host 44% of the country's displaced people (OCHA June 2017). Most of those who reach Baidoa have been observed to arrive in a very severe condition, particularly children, lactating mothers, pregnant women, and the elderly. Most of the children under five years old arrive severely malnourished and are in urgent need of treatment upon arrival. This recent wave of displacement is comprised largely of IDPs from surrounding areas controlled by Al Shabaab, as well as pastoralist and agro-pastoralist communities who reported their livestock had died as a result of severe water shortages. From February

to May 2017, Baidoa faced significant cholera and AWD outbreaks stemming from the widespread shortage of clean water (SNS Consortium, June 2017). The influx of IDPs has hugely increased the demand for life-saving services within a short period of time. Absorption capacities in Baidoa have already been severely over stretched, leaving new arrivals no option but to settle on the outskirts of town.

Kismayo, the second largest city in South Central Somalia has been devastated by civil conflict, floods, famine and the prolonged presence of armed groups. Kismayo is believed to have the largest IDP population in the region. According to an assessment conducted by REACH, Kismayo already had a large number of IDPs in December 2016 with some of the IDP settlements established as early as 1992. In the last six months IDPs have increased significantly as a result of prolonged drought. According to IOM's DTM, 76,936 IDPs live in 105 IDP sites in Kismayo with over 30,000 individuals displaced as a result of drought. Additionally, the number of secondary displacements due to drought-related forced evictions in major urban centres like Kismayo remains extremely high (OCHA June 2017).

Gedo region remains the home of origin for most people affected by the prolonged drought, conflict and disease outbreaks, the result being an increase of IDPs moving to urbanized areas in Dollow district for service provision. The figures show a continual increase since December 2016. In December, an estimated 4,800 IDPs were living in Dollow according to UNHCR's PRMN. By May, the CCCM cluster estimates over 75,000 individuals in 7 IDP sites (including the two largest IDP settlements in Somalia). This is a fifteen-fold increase in the span of 6 months.

Summary of the project

- Implement site coordination/management of sites and settlements in Baidoa, Kismayo and Dollow (through area coordination as well as site level management) to improve provision of humanitarian assistance, through the coordination of humanitarian services and well as site level information management through the roll out and upkeep of the Detailed Site assessment (DSA).
- Support the construction, staffing and maintenance of information centres in key areas of displacement to serve as information hubs that can facilitate two way communications with affected communities. Mobile outreach teams will also be deployed from the information centres to the community to ensure information related to service provision reaches the site level. In addition, printed information materials, as well as, radio messaging will be developed through key partnerships with existing IOM programming to disseminate key messages regarding service delivery.
- Support the state-level government to improve the living conditions of IDPs living in sites and settlements to alleviate congestion and reduce the risk of severe health, sanitation and protection concerns, keeping in mind, the differences in need between boys, girls, women and men, as well as, ensure contingency planning is in place to cater to changing displacement dynamics. The IOM CCCM team will support the relocation of targeted households living in overcrowded sites; implement site mitigation activities to limit exposure to health hazards and environmental risks such as widening pathways, demarcating firebreaks between shelters, reorganizing emergency shelters built on site and enhancing drainage systems.
- Support trainings at the state level on CCCM and Early Recovery and will also help build displacement management capacity within the government at the state level along with support to develop contingency plans for future displacement and planning for early recovery and durable solutions for those already displaced. At the community level, IOM is working with affected populations on site safety and security that will help them to mitigate site level risks such as fire outbreaks.
- Support displaced communities (with a focus on women and girls) to implement community based activities to promote community cohesion and recovery. IOM will also advocate for IDPs in sites for access to training and skills opportunities in order to support the IDPs return to self-sufficiency and IOM CCCM will endeavor to be part of this process offering IDPs temporary employment opportunities where possible in sites. Furthermore, IOM, in collaboration with the protection and other clusters, will look to collect and disseminate information on basic services, infrastructure, protection risks, security and availability of assistance in place of origin or place of relocation in order to support IDPs living in sites in order to make safe and informed choices about their future.

PROJECT CODE	TITLE	BUDGET
SOM-18/CCCM/121949	Provision of Camp Coordination and Camp Management services to men women boys and girls in displacement sites in Somalia	USD 6,955,0000
TOTAL		USD 6,955,000

RESPONSES BY CLUSTER

PROTECTION



PEOPLE TARGETED: **44,000** | SECTOR REQUIREMENTS: **\$1,338,410**

The severe drought and subsequent flooding combined with conflict and forced evictions have triggered an increase in migration across the country, often to already overcrowded internally displaced settlements and urban areas with limited access to services. With over two million internally displaced persons (IDPs) in settlements throughout Somalia, the protection risks across the country are high. IDPs, particularly women, children, and elderly, are disproportionately vulnerable to gross abuses of human rights.

Somalia's gender inequality index stands at 0.776 indicating complete inequality and the participation and role of women in politics and decision-making spheres is extremely limited, perpetuating narrow gender-based roles and inequalities (UNDP, 2012 a). Data from the GBV working group indicate that 99 per cent of the cases reported in 2016 were female (UNFPA 2017). This has been attributed to the erosion of social protection networks for women and girls in IDP settlements, in particular among the newly displaced populations. GBV cases have also been reported among nomads and separated families while crossing illegal checkpoints in search of humanitarian assistance (HRP 2017). Limited access to services such as food, water, shelter, health and psychosocial services further exacerbate existing vulnerabilities. The Federal Government of Somalia recognizes this need and has set a target to reduce SGBV incidents by 20 per cent within the Somali National Development Plan (Somalia NDP 2016).

Survivors who reported GBV incidents expressed their preference to inform community, camp and site leaders prior to seeking services from a health clinic or NGO (IOM 2017 & UNFPA 2017). This noteworthy finding shows that as first responders, community, camp and site leaders must be adequately trained on basic survivor-centred care and referral pathways. In view of this, there is an urgent need to strengthen GBV prevention and mitigation programmes in IDP settlements and surrounding host communities, improve community-based protection mechanisms and response interventions for GBV survivors, as well as ensure that GBV considerations are integrated into other sector interventions such as counter trafficking, primary healthcare including HIV services, and WASH.

The proposed intervention will focus on increasing engagement among men and youth to address prevailing stereotypes on GBV, strengthening community based mechanisms to mitigate the risks of GBV, strengthen the referral pathways by enhancing the capacity of service providers through training on survivor-centred care and case management, strengthen the capacity of GBV actors to prevent and respond to GBV, and increasing livelihoods and income generation activities for survivors of GBV. This will be done in line with the following HRP Protection Cluster objectives: 1) Address acute protection needs stemming from violence, coercion, and abuse and mitigate risks; 2) Uphold the rights, dignity, and well-

being of individuals affected by protection violations, prevent further abuse, and strengthen resilience; and, 3) Create a protection conducive environment.

In 2018, IOM will focus on supporting interventions in cross-border areas affected by the drought to prevent and mitigate the risks of GBV and scale up ongoing interventions among mobile populations in Gedo,

Banadir, and Lower Juba as well as drought affected areas in Bari, Nugaal, Mugud, and Galgaduud. IOM will work closely with local authorities, and GBV working groups (including the district health advisory board). IOM will engage youth and women's groups to facilitate equitable representation and participation in the project planning and implementation.

Summary of the project

- Train 200 Community Facilitators (120 female and 80 male) as trainer of trainers (TOT) on the Community Conversations methodology to facilitate sessions on GBV referral processes and community protection mechanisms.
- Conduct roll out trainings for the ToTs to train community members within each community to increase awareness through Community Conversations on GBV and HIV reaching 6,020 people (3,520 women, 1,000 men, 600 boys, 900 girls).
- Engage 200 men and youth (150 men and 50 boys) including religious leaders, IDP leaders, traditional elders, host community leaders in advocacy on the role men can play.
- Train 300 community volunteers (150 men and 150 women) on WHO guidelines on psychological first aid and basic principles from the IASC guidelines of Mental Health Psychosocial Support (MHPSS) response in emergencies.
- Conduct integrated social mobilization and awareness activities through information campaigns as well as drama and poetry based on cluster approved IEC messages.
- Train 100 (70 women and 30 men) health care providers on clinical management of rape and GBV guiding principles.
- Train 60 staff from NGOs implementing WASH and Health projects on GBV mainstreaming
- Distribute 5,000 Dignity kits to vulnerable women and girls.
- Distribute 1,000 solar lanterns to vulnerable groups including GBV.
- Support 1,000 GBV survivors receive comprehensive services including case management, psychosocial support and clinical care.
- Provide vulnerable groups including GBV survivors supported through linkages with other IOM projects through cash for work.

PROJECT CODE	TITLE	BUDGET
SOM-18/GBV/121961	Improve access to gender based violence (GBV) prevention and response services among crisis affected populations including internally displaced persons (IDPs), migrants, returnees and affected host communities in Somaliland, Puntland, and South Central Somalia.	USD 1,338,410
TOTAL		USD 1,338,410

RESPONSES BY CLUSTER

WATER, SANITATION AND HYGIENE (WASH)



PEOPLE TARGETED: **360,000** | SECTOR REQUIREMENTS: **\$7,062,000**

Somalia's population has one of the lowest reported rates of access to improved drinking water and sanitation facilities in the world. Less than 50 per cent of the population has access to improved water sources as result of unpredictable rain patterns, conflict, displacement and poor operation and maintenance of WASH facilities. Additionally, drought in 2016/17 has led to huge rural-urban migration, which has constrained the already poor water service delivery in urban and semi urban settings. According to SWALIM data, there is a rainfall deficit in much of the country as compared to the yearly average. Thus, drought conditions persist in most areas. A combination of poor access to safe drinking water, a lack of adequate sanitation facilities, especially in Internally Displaced Person (IDP) settlements, and poor hygiene practices all combine to threaten the lives of vulnerable groups, especially children and the elderly. The interruption or degradation of WASH services during times of crisis affects health, nutritional status and the safety and dignity of children, girls and women. Following the failed Deyr rains in November 2016, the average cost of water increased from USD 4 to USD 6 per cubic meter (m³).

Acute water shortages left poor households limited options for accessing safe water. Water scarcity is directly associated with water borne diseases such as acute watery diarrhea (AWD), cholera and polio. There were a total of 77,538 AWD/cholera cases and 1,118 resulting deaths between January and September 2017 (Health Cluster). Open defecation rates in Somalia are among the highest in the world (60 per cent in rural areas and 39 per cent overall). Only 10 per cent of the population has access to a handwashing facility with soap thus rates of handwashing with soap at critical times are very low.

Displacement Tracking Matrix (DTM) data collected by IOM in June 2017 in 26 districts in Somalia showed approximately 1.5 million people were displaced, many of whom now live in IDP settlements and host communities. This influx of people places additional stress on already scarce and dysfunctional water and sanitation services. The regions of Bay and Bakool in South West state and Mudug in Galmudug state have been particularly affected. Baidoa town currently has one of the largest IDP populations in Somalia (estimated 243,000 people) followed by Galkayo town (estimated 204,000 people) according DTM data. Pastoralist and agro-pastoralists largely comprise this recent wave of displacement. Members of these communities reported the death of livestock due to severe water shortages as the reason for migration. Absorption capacities in drought affected regions have already been severely over stretched, increasing the demand for life-saving services and leading to the deterioration of living conditions in IDP settlements and host communities. These conditions lead to a decrease in business opportunities, lack of basic life skills and employment activities and thus lead to a vicious cycle of abject poverty among the drought affected communities.

An integrated, community led approach on the provision of sustainable safe water supply systems, purification and chlorination of water sources, support for Community Led Total Sanitation (CLTS), and the promotion of good hygiene practices is necessary. This WASH project will be part of an IOM integrated emergency response program and, where possible, efforts will be made to integrate IOM health, shelter, protection and livelihood activities.

Summary of the project

- Provide temporary access to safe water to 200,000 people (72,500 girls; 55,000 boys, 40,000 women and 32,500 men) affected by forced eviction, drought, floods and conflict through a voucher mechanism and the provision of water treatment tablets.
- Construct and rehabilitate 20 strategic water sources for multi-use to provide reliable and sustainable safe water to 100,000 people (35,000 girls; 30,000 boys; 20,000 women and 15,000 men) including protracted IDPs, IDP-returnees and drought affected communities in Lower Juba, Gedo, Hiraan, Lower Shabelle Togdheer, Mudug and Nugaal regions. the water sources will be also provide schools and health centres when it is possible.
- Construct 35 water treatment systems to provide safe water to 60,000 people (21,000 girls; 18,000 boys; 12,000 women and 9,000 men) in riverine areas in Hiraan, Lower and Middle Shabelle, Lower and Middle Juba and Gedo.
- Construct 1,000 emergency and temporary latrines with lockable from inside doors ensuring privacy and security to 30,000 people (10,500 girls; 9,000 boys; 6,000 women and 4,500 men) affected by forced eviction, drought, floods and conflict for immediate provision of basic sanitation and hygiene. 10% latrines will be allocated schools and health centres.
- Support 10 villages to become open defecation-free through the CLTS approach by training 200 community mobilisers and natural leaders (100 men and 100 women, 20 per location) to conduct their own appraisal and analysis for open defecation.
- Rehabilitate and desludge 1,000 filled temporary latrines to improve access for 5,000 HHs (1759 girls, 1500 boys, 1000 women and 750 men), engaging community leaders and local authorities to ensure safe disposal of the solid waste materials.
- Recruit and train 300 (200 women and 100 men) community members and hygiene promoters, who will then conduct hygiene promotion activities at village and community levels, ensuring equal participation of women and men.
- Disseminate key hygiene messages through house to house visits and single-sex and mixed-sex group discussions conducted by trained hygiene promoters and mass media communications to benefit 200,000 people (72,500 girls; 55,000 boys; 40,000 women and 32,500 men), including IDPs, returnees and vulnerable host communities in Bay, Banadir, Lower Shabelle, Lower Juba, Gedo, Togdheer, Hiraan, Mudug and Nugaal regions.
- Provide capacity building for 250 (125 men and 125 women) local technicians, community leaders and local authorities to sustain, manage and maintain constructed water and sanitation facilities through training, knowledge transfer and the provision of necessary tools.
- Provide capacity building on water quality testing and water quality monitoring of 30 officials of the Federal Government of Somalia and the Federal States as well as regional and district level authorities.

PROJECT CODE	TITLE	BUDGET
SOM-18/WS/122066	Provision of lifesaving and sustainable access to safe water sanitation and hygiene (WASH) services, for people in crises and their host communities, in multiple regions in South-Central Somalia, Somaliland and Puntland	USD 7,062,000
TOTAL		USD 7,062,000

RESPONSES BY CLUSTER

S-NFI



PEOPLE TARGETED: **32,700** | SECTOR REQUIREMENTS: **\$3,000,000**

As outlined in the 2018 HRP, roughly 12 per cent of the Somali population is in need of Shelter assistance, distributed across all regions of Somalia. Prior to the drought, nearly 1.1 million Somalis were internally displaced, many of which are residing in informal settlements and in need of humanitarian support and durable solutions, including shelter. Since January 2017, over 1 million people have become displaced due to drought and conflict situations. Rains continue to be scarce and while the initial drought may have subsided, populations are now demonstrating the effects of prolonged displacement and over-stretched coping mechanisms. Risk of famine remains high, health and nutrition indicators are alarming in particular, for children.

The cumulative effects of inadequate shelter and exposed living conditions combined with poor sanitation and inconsistent access to organized food and health services means that many displaced populations are worse off now than in early 2017. The displaced have self-settled in informal IDP sites or have been absorbed into pre-existing IDP sites, placing strain on already vulnerable host communities. The newly displaced and vulnerable drought affected communities are in need of shelter solutions. While drought displacement may be temporary, it is important to acknowledge that over one million Somalis remain displaced following the 2011 drought. IOM, shelter partners and the Government will review and implement a coordinated shelter response to ensure appropriateness of shelter

type and location.

The Gedo region remains the newest home of origin for most people affected by the prolonged drought, conflict and disease outbreak. The result being an increase of IDPs coming to urbanized areas in Doolow District for service provision. As of May 2017, IOM Somalia's DTM estimates over 40,000 individuals in 58 IDP sites, a six-fold increase in the span of 6 months. These spontaneous IDP sites have formed within the past year; among their priority needs are food, shelter, medical, water and sanitation services. In order to address the needs of the displaced, IOM humanitarian response teams are delivering lifesaving Health, WASH, Protection and Shelter interventions throughout Somalia.

IOM implements and coordinates lifesaving shelter and NFI operations across Somalia, to provide protection, mitigate health risks and help restore dignity to crisis- and disaster-affected populations. Since December 2016, IOM has supported 3,000 individuals with transitional shelters, assisted 10,800 individuals with emergency shelter, over 21,000 individuals were provided with NFIs and more than 15,540 individuals benefited from planned emergency shelter and NFI provision. In line with the HRP, IOM's humanitarian emergency assistance is delivered with a priority to the most vulnerable groups, in need of immediate support, as a result of new displacements or other shocks which might exacerbate their NFI needs.

Summary of the project

- Provide Emergency Shelter and NFI assistance to 25,500 individuals displaced and vulnerable in Somalia with needs and vulnerability being understood through gender checklists, referral mechanisms and coordination with partners and clusters (CCCM, GBV sub cluster, protection).



PROJECT CODE	TITLE	BUDGET
SOM-18/S-NF/122123	Provision of Emergency Shelter and Non Food Item (NFI) assistance to IDPs, vulnerable communities and returnees in Somalia	USD 3,000,000
TOTAL		USD 3,000,000

RESPONSES BY CLUSTER



ENABLING PROGRAMMES



PEOPLE TARGETED: **200** | SECTOR REQUIREMENTS: **\$3,500,000**

Humanitarians have had to rapidly scale up services to adequately provide lifesaving assistance to the increasing humanitarian needs and IDP population. The magnitude has strained resources and the continued insecurity delays the abilities of humanitarian staff to respond quickly and effectively. Humanitarian interventions continue to be impeded by increasing operational restraints and expenses. While a number of agencies have succeeded in establishing a minimal presence in selected areas, it is important that a larger number of humanitarian actors are able to quickly create secure conditions for operations in line with guiding humanitarian principles. A living and working space needs to be set up in Kismayo to enable an increase in the number of aid workers who can further expand and reach IDPs with continued yet effective life-saving service delivery. The common compound intends to provide an immediate

solution to a lack of accommodation and workspace options available to humanitarian workers. In support of this, the Integrated Operational Planning Team (IOPT) has agreed that IOM takes the lead on the complete construction, operation and maintenance of a common compound for ten UN agencies and 5 NGOs, totaling 200 staff.

Summary of the project

- Construct a common accommodation and workspace for humanitarian actors in the area.
- Establish a common transport fleet.
- Organize operations including management, maintenance and security for the common compound.

PROJECT CODE	TITLE	BUDGET
SOM-18/CSS/122173	Facilitating effective life-saving service through the establishment of common accommodation, work space and transportation in Kismayo and surrounding areas	USD 3,500,000
TOTAL		USD 3,500,000

RESPONSES BY CLUSTER

POPULATION BASED SURVEYS



PEOPLE TARGETED: **3,230,000** | SECTOR REQUIREMENTS: **\$3,000,000**

At the start of 2017, following significantly below average Gu (April) and Deyr (November-December) rains, rapid and high-volume displacement pointed towards a growing crisis in Somalia. While displacement rates have slowed since May, there are indications of renewed drought-related migration. Given the existing conditions and the rainfall forecast, problems related to water scarcity are likely to persist, especially in the northern parts of the country where the three previous rainy seasons have been below normal. There is also potential for human-livestock conflicts, over limited water resources in these areas. Close monitoring of the situation and contingency measures are necessary in order to adequately cope with the situation. However, flash floods cannot be ruled out, nor can river line flooding, due to weak river embankments and artificial river bank breakages for irrigation purposes. It is estimated that 1,096,000 people have been newly displaced during the 2017 drought as of November 2017. There have been 64,000 people displaced during October and November 2017 alone. While this is a significant decrease from previous months, drought related displacement continues to be the main cause of displacement in South Central Somalia. The highest numbers of displacements have been from Lower Shabelle, Bay, Middle Juba and Middle Shabelle regions. This includes IDPs living in host communities and IDP sites. Both recently displaced IDPs as well as the protracted caseload are included.

In terms of the drought related displacement, in Southern and Central regions, a large proportion of the displacement is coming from Bay/Bakool, Lower Shabelle, Mudug and Gedo regions. Total new

displacements amount to over 150,000 in greater Mogadishu and 175,000 in Baidoa alone. In the Mudug region drought conditions have become the primary reason for migration towards Gaalckayo and Galguduud districts, with over 300,000 displaced into urban and peri-urban areas. Doolow town, along the Ethiopian border has also been a recipient of new arrivals from Gedo region; It saw a 6 fold population increase over 6 months. Puntland and Somaliland have experienced massive loss of livestock, resulting in pastoral dropouts and abnormal movement, with a large proportion of displacement and migration originating from Sanaag/Sool, Togdheer, Bari, and Mudug. Many households and communities have been moving to populated places with more services. While some of the more recently displaced are already returning to their communities of origin, to engage in agricultural production, many remain in town. The number of displaced in Bari region has more than tripled during the drought period, with Qandala seeing the highest number of new sites. In Nugaal, Eyl and Garowe have just over 30 sites, with an estimated 27,800 and 50,100 IDPs respectively. Almost half of all sites in Garowe were recently established to accommodate the new arrivals. In Somaliland, Hargeisa district has the most sites, which are dispersed around the district, the vast majority (70 per cent) recently established.

Inter-agency partners have data collection methods and tools which contribute to estimating the number of IDPs at site, district, regional and national levels. Given access constraints and reliance on remote management in Somalia, multiple sources support in the triangulation of findings to calculate IDP

figures. However, population information is acquired from secondary sources and figures are mostly not disaggregated by age and sex. In order to provide this type of information at site level full-enumeration need to be conducted and additional information

which is currently not available needs to be collected. This includes IDPs’ access to services, needs, and availability of basic services in the more rural areas of return.



Summary of the project

- Conduct a household survey with site level enumeration to produce accurate age and sex disaggregated data in areas with the highest caseload of known IDP populations. The DTM team will work with relevant humanitarian and recovery actors to identify priority sites. Reports and data sets will be shared with Government and humanitarian actors.
- Build capacity in large scale/representative data collection, analysis and reporting. The project will support capacity building at the federal, State and district level. Capacity building will include technical assistance, training and material support, primarily in terms of software and tools.

PROJECT CODE	TITLE	BUDGET
SOM-18/CCCM/122189	Informing humanitarian planning of and response to the needs of Internally Displaced Persons (IDPs) in Somalia through population based surveys	USD 3,000,000
TOTAL		USD 3,000,000

RESPONSES BY CLUSTER

RETURNS



PEOPLE TARGETED: **43,000** | SECTOR REQUIREMENTS: **\$23,304,600**

The humanitarian situation in Yemen continues to deteriorate as a result of increased food insecurity, the cholera outbreak and intensified airstrikes. It is estimated that 17 million people are food insecure, 15.7 million lack clean water and sanitation, and 10.4 million do not have access to adequate healthcare (OCHA Yemen, Sept 2017).

Vulnerable populations, such as refugees and migrants, in particular women, children and the elderly, are often worst hit by deteriorating humanitarian conditions. Since the onset of the conflict in March 2015, over 40,000 individuals have fled Yemen and arrived in Somalia. More than half of these arrivals are female and the largest demographic group are children. The majority of these arrivals (85 per cent) are Somali returnees, followed by Yemeni refugees (14 per cent) and migrants of other nationalities (1 per cent). While most of these arrivals managed to self-evacuate on commercial boats, many others remain stranded in Yemen. In 2018, UNHCR will support a target of 40,000 Somali refugee returnees from Yemen on their return to Somalia. IOM will continue to partner with UNHCR in providing complementary support - namely boat movements between Yemen and Somalia, reception and onward transportation within Somalia from the port of arrival to the final return destination.

Typical journeys from Yemen to Somalia on a commercial boat take 25 to 30 hours, often without sufficient food and water. Some arrivals require immediate health assistance. Facing imminent danger

and lack of access to food, water and other basic needs, Somalis in Yemen are increasingly interested in returning home. Since November 2016, IOM has facilitated the movement of over 1,845 Somalis working closely with the National Commission for Refugees and IDPs. Since September 2017, what was initially a humanitarian evacuation movement has turned into an Assisted Spontaneous Return (ASR) program led by UNHCR. In coordination with UNHCR, IOM continues to facilitate these movements. Priority is given to the elderly, female headed households, families with many children and those with special needs such as chronic illness and injury.

In addition to the facilitated safe movement from Yemen, those arriving in Somalia also require immediate reception upon arrival such as medical care, as well as, onward transport to reach their final destination. IOM has been leading the provision of medical screening and treatment, onward transportation and fitness to travel assessment for those fleeing Yemen since April 2015. There is also a need to conduct cholera screening for arrivals due to the ongoing presence of cholera cases in Yemen. However, there is a gap in the capacity and consistency of health service provision by regional governments in Somalia. This service provision was specifically requested by the Ministry of Health in Somaliland as the returns from Yemen continue.

This project will also target returnees from other countries based on the urgent needs/request for enhanced protection and dignified returns in 2018.

Summary of the project

- Organize and receive sea and air movements for vulnerable Somali returnees stranded in Yemen and other locations - (priority is given to pregnant women, children, elderly, disabled, chronically ill and injured).
- Support the government authorities in registering the arrivals disaggregated by sex and age by increasing capacity of the government authorities in registering arrivals.
- Provide gender sensitive medical and cholera screening, treatment, referrals and fitness to travel assessment (through male and female medical personnel)
- Provide onward transportation from the port of arrival to their areas of return within Somalia - This will take the form of chartered ground movements and flights, as well as, grants for self-organized movement. IOM will inform the beneficiaries of the risks associated with the onward overland transport and require signed informed consent.
- IOM will continue applying the vulnerability criteria agreed on by the Inter-Agency Task Force targeting the following groups: 1) children at risk, 2) women at risk, 3) older persons at risk, 4) individuals with disabilities, 5) individuals with specific legal and protection needs, 6) victims of torture, and 7) individuals affected by sexual and gender based violence.



PROJECT CODE	TITLE	BUDGET
SOM-	Facilitating Safe and Dignified Return of stranded Somali nationals to Somalia	USD 23,304,600
TOTAL		USD 23,304,600



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