

HUMANITARIAN NEEDS OVERVIEW

SOMALIA

HUMANITARIAN
PROGRAMME CYCLE
2022

ISSUED OCTOBER 2021



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER

People walk in an IDP settlement in Abudwaq, Somalia. People have been displaced by issues of insecurity, food insecurity and lack of access to resources. Photo: WFP.

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.


fts.org/appeals/2021

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Summary of Humanitarian Needs and Key Findings

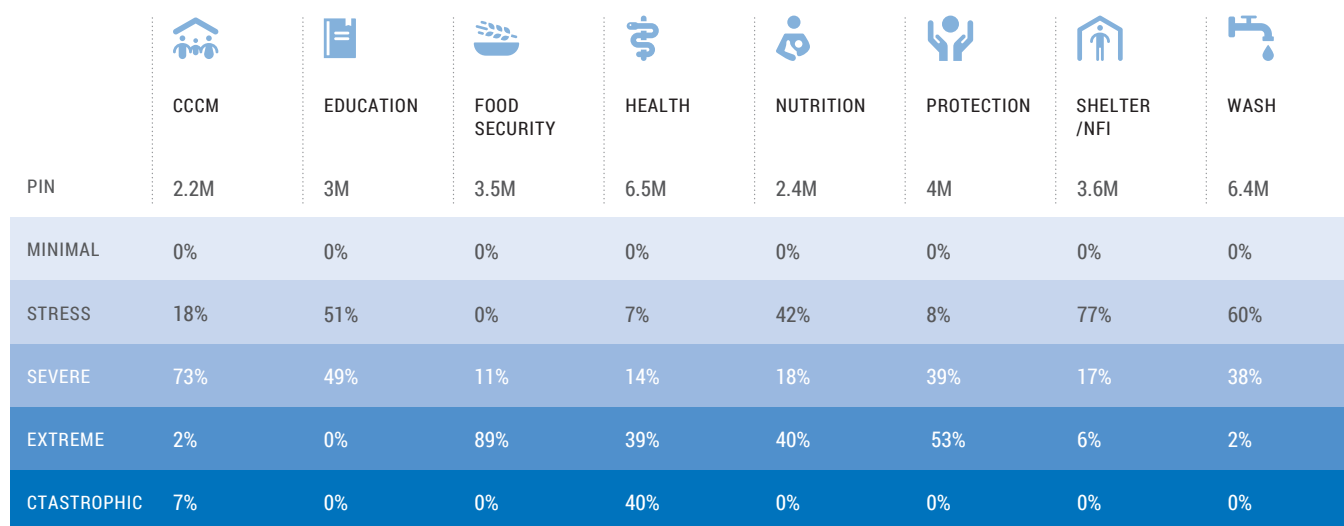
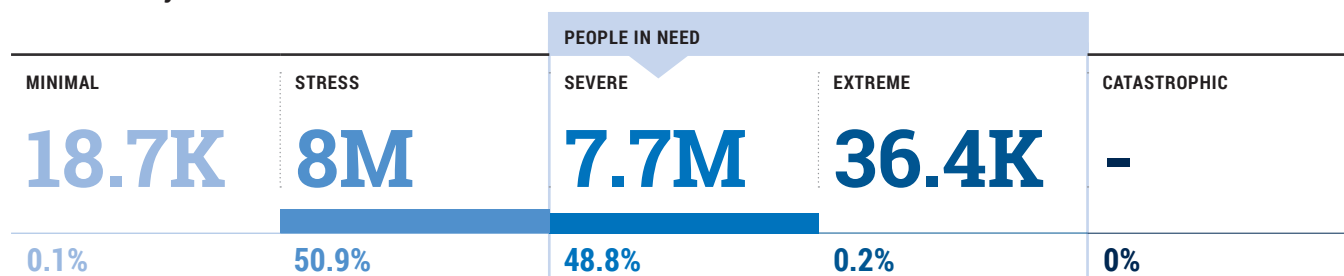
2022 figures

PEOPLE IN NEED	TREND (2019-2022)	WOMEN	CHILDREN	WITH DISABILITY
7.7M		16%	64%	15%

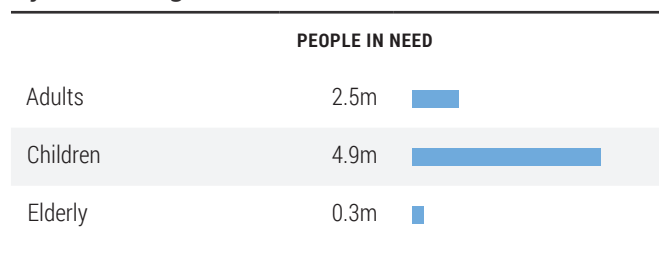


SOMALIA
Photo: WHO

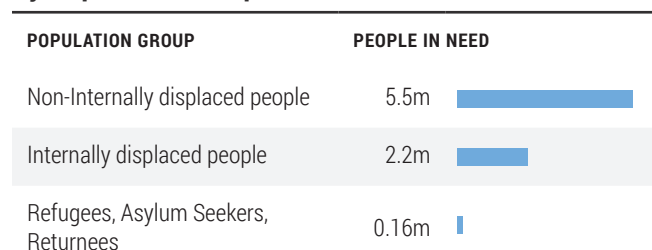
2022 Severity of Needs



By Sex and Age



By Population Groups



With Disability



Decades of conflict, recurrent climate shocks, disease outbreaks and increasing poverty are devastating the people of Somalia. Despite progress in recent years, the compounding impacts of these shocks continue to erode coping strategies and undermine resilience against future crises.

Context, Shocks/Events, and Impact of the Crisis

In 2021, the country faced heightened political tensions, at times associated violence, in the context of a delayed electoral process and power struggles at the leadership level. In southern and central Somalia, conflict and insecurity spiked, driving cycles of displacement, disruptions to livelihood activities, and constraints on trade and humanitarian access. Increased competition for natural resources and economic rents generated conflict at the local and sub-clan level.

Conflict and insecurity have forced hundreds of thousands of people to flee their homes in 2021 and are expected to remain key drivers of displacement in 2022. Conflict-induced shocks exacerbate the humanitarian situation of both IDP and host communities, with increased numbers of children married earlier as a coping strategy. Humanitarian access is hampered by ongoing hostilities and movement and security restrictions.

Somalia remains on the frontline of climate change, which continues to induce crises resulting in widespread displacement, rapid urbanization, food insecurity, and increased poverty. Critically, climate change is also increasingly understood as a major driver of conflict in Somalia as the struggle for dwindling resources intensifies clan divisions and inter-clan conflict. At the time of writing, the country is forecast to experience its third consecutive season of below-average rainfall, which has already resulted in a sharp increase in food insecurity, especially in rural areas. Without humanitarian assistance, nearly 3.5 million are expected to face Crisis (IPC Phase 3) or worse outcomes through the end of 2021.

There is a serious risk that the combined impact of consecutive seasons of below-average to poor

rainfall¹ can develop into a major drought by early to mid-2022. At the same time, large parts of Somalia remain prone to severe riverine and flash flooding. Somalia was among the countries hardest hit by the worst desert locust upsurge in decades that started in 2019. Although infestation levels declined in 2021 as a result of intensive control operations and low rainfall, a risk to rural livelihoods across the country remains.

COVID-19 has also impacted the country's fragile health systems, with a resurgence of cases and documented infections in the first quarter of 2021. The lack of trained health workers, poor health infrastructure and a low development index have made Somalis vulnerable to outbreaks of other diseases as well, including cholera, measles, polio and acute watery diarrhea (AWD).

The combined impact of these recurring stress factors has deepened and widened poverty in Somalia, compounded pre-existing vulnerabilities, and continued to impact economic, business, education and livelihood outcomes. The economic and humanitarian consequences of the COVID-19 pandemic in 2020-2021 have been significant.

Displacement continues to have a major impact on, and be a significant coping strategy in the humanitarian crisis in Somalia. Amid ongoing shocks, Somali cities are receiving large waves of forcibly displaced people and rural-urban migrants, leading to increased land prices and competition for resources. Property disputes in neighborhoods where real estate is a prized and scarce commodity are a major source of violence, evictions, and communal tension along clan lines.

Minority clan members and minority ethnic groups experience structural and distinct forms of exclusion and discrimination with elevated needs that are different from the population at large. In addition, protracted conflict, structural gender inequality and successive humanitarian crises.

Scope of Analysis

The 2022 Humanitarian Needs Overview covered all 74 districts of Somalia using a sequenced and thematic joint analysis process using 20 primary data sources and secondary data. The analysis found no significant changes in the scope compared to 2021 findings. The main groups covered in the analysis were (i) IDPs; (ii) non-displaced people, including individuals living in urban and rural settings, and areas with high access constraints; (iii) refugees and asylum seekers; and (iv) refugee returnees.

Humanitarian Conditions, Severity and People in Need

A total of 7.7 million Somali women, men and children are estimated to require humanitarian assistance in 2022.

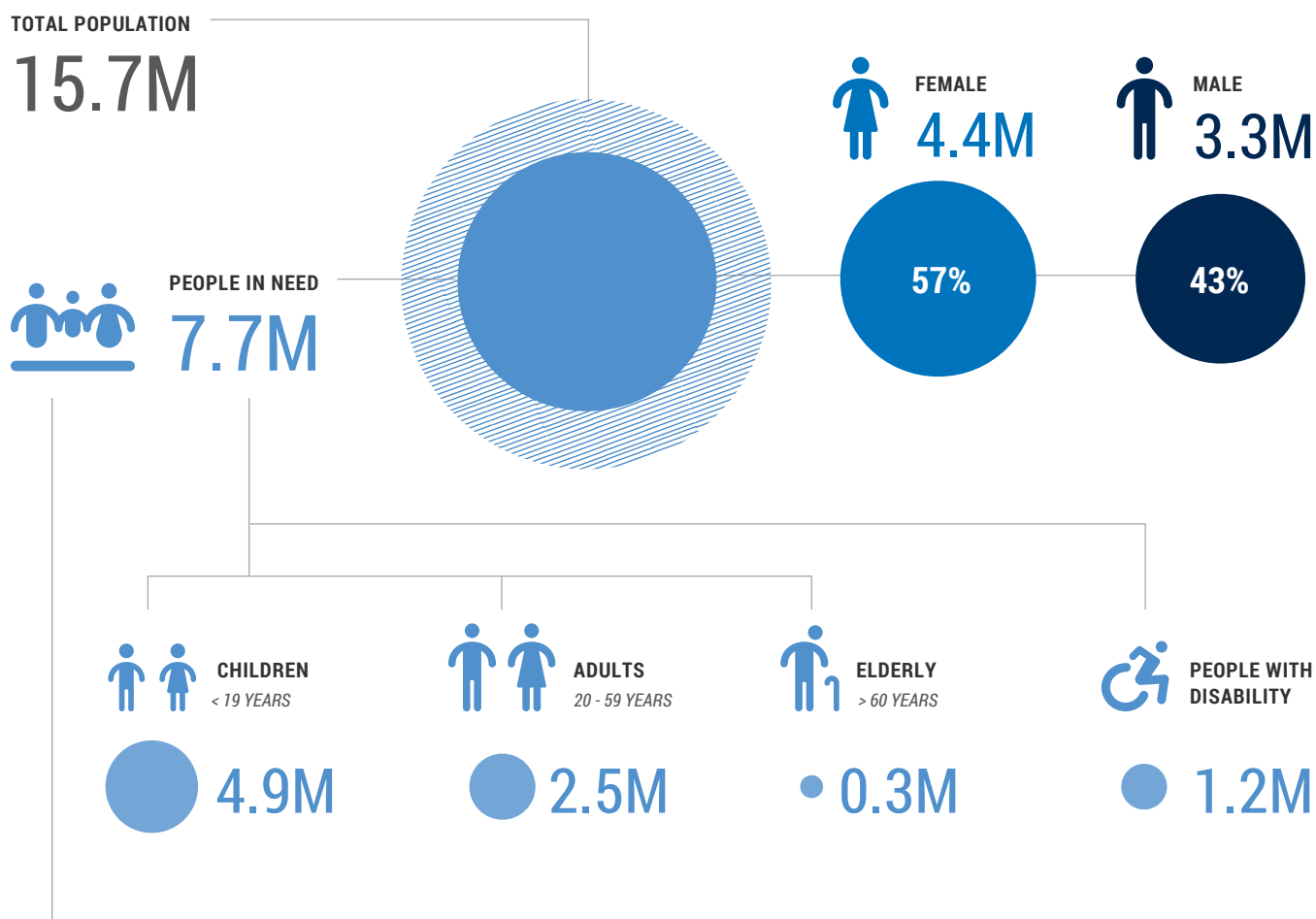
With 2.9 million people estimated to be internally displaced throughout the country, Somalia has one of the highest numbers of IDPs in the world. Of these, 2.2 million require urgent humanitarian assistance. IDPs are chronically more food insecure and vulnerable than host communities. Displacements are typically rural-urban in nature, where displaced people moving into urban centres often lack the skills required for urban livelihoods, and IDPs and rural migrants are frequently confined to poor-paying unskilled jobs, if any at all. Furthermore, the majority of the IDPs have no official documentation for the – mostly privately-owned - land on which they reside, exposing them to repeated evictions.

Rural areas have a lower prevalence of basic services, which mostly affects non-displaced communities. A total of 5.5 million vulnerable non-displaced people are projected to need humanitarian assistance in 2022. As with IDPs, their needs are driven by pre-existing vulnerabilities, as well as recurring multiple shocks. Poverty is pervasive, particularly in rural areas and areas where access remains a challenge, and the current estimates of 71 per cent of the population living below the poverty line are expected to remain at similar levels for 2022-23.

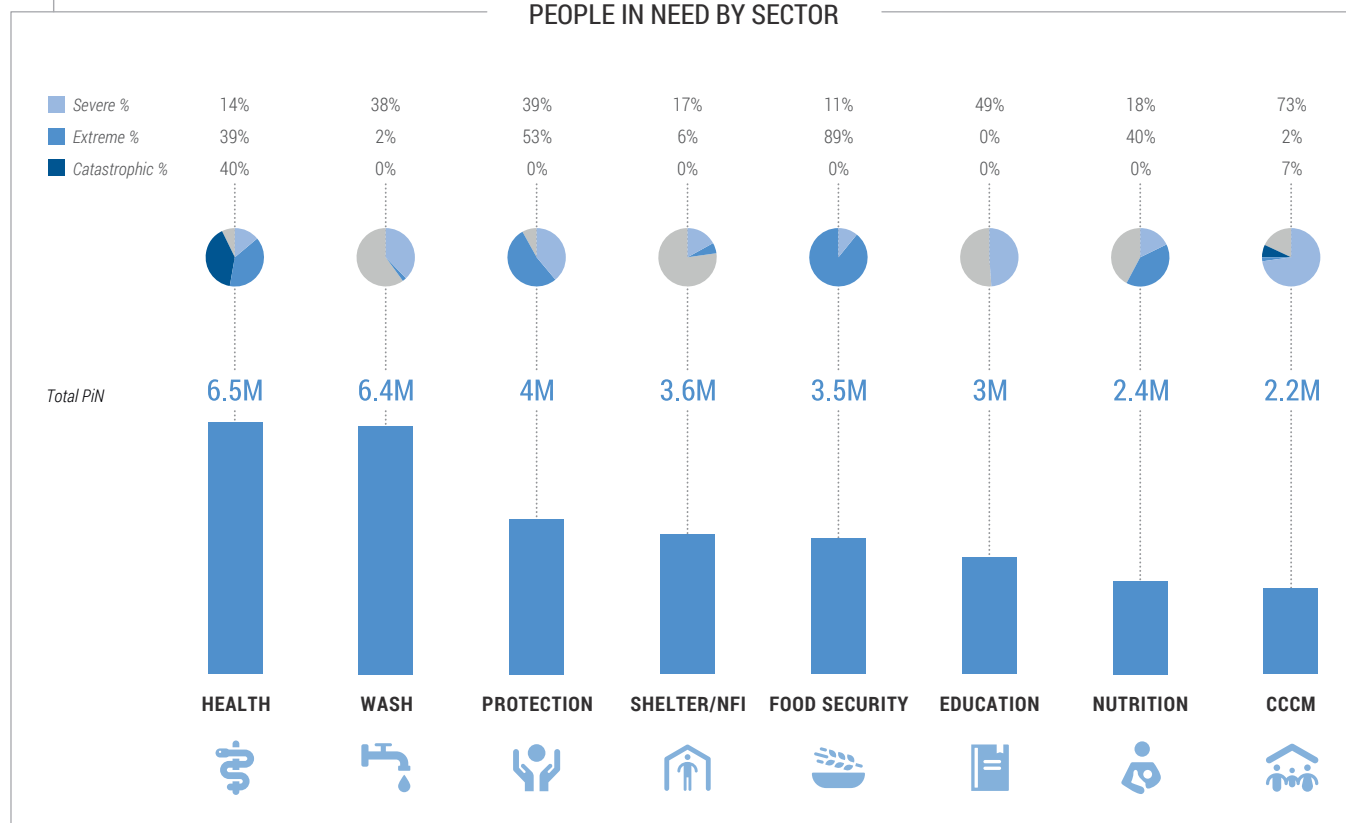
According to UNHCR's projections, the total number of refugees and asylum seekers will stand at 30,800, and refugee returnees at 132,117, in 2022. Although the overall protection environment for refugees and asylum seekers in Somalia remains favourable, these groups need humanitarian support, with many struggling to access the limited and, in some cases, non-existent essential basic services and resources necessary to meet their needs. Refugee returnees are particularly vulnerable to the consequences of insecurity, conflict, drought, and floods, as well as COVID-19.

In 2022, the groups of most at risk of being left behind are IDPs due to their status and experience of protracted or multiple displacements, children in adversity, adolescent girls between the ages of 12 to 19 years, older persons, persons with disabilities, persons with minority clan affiliations, and marginalised communities.

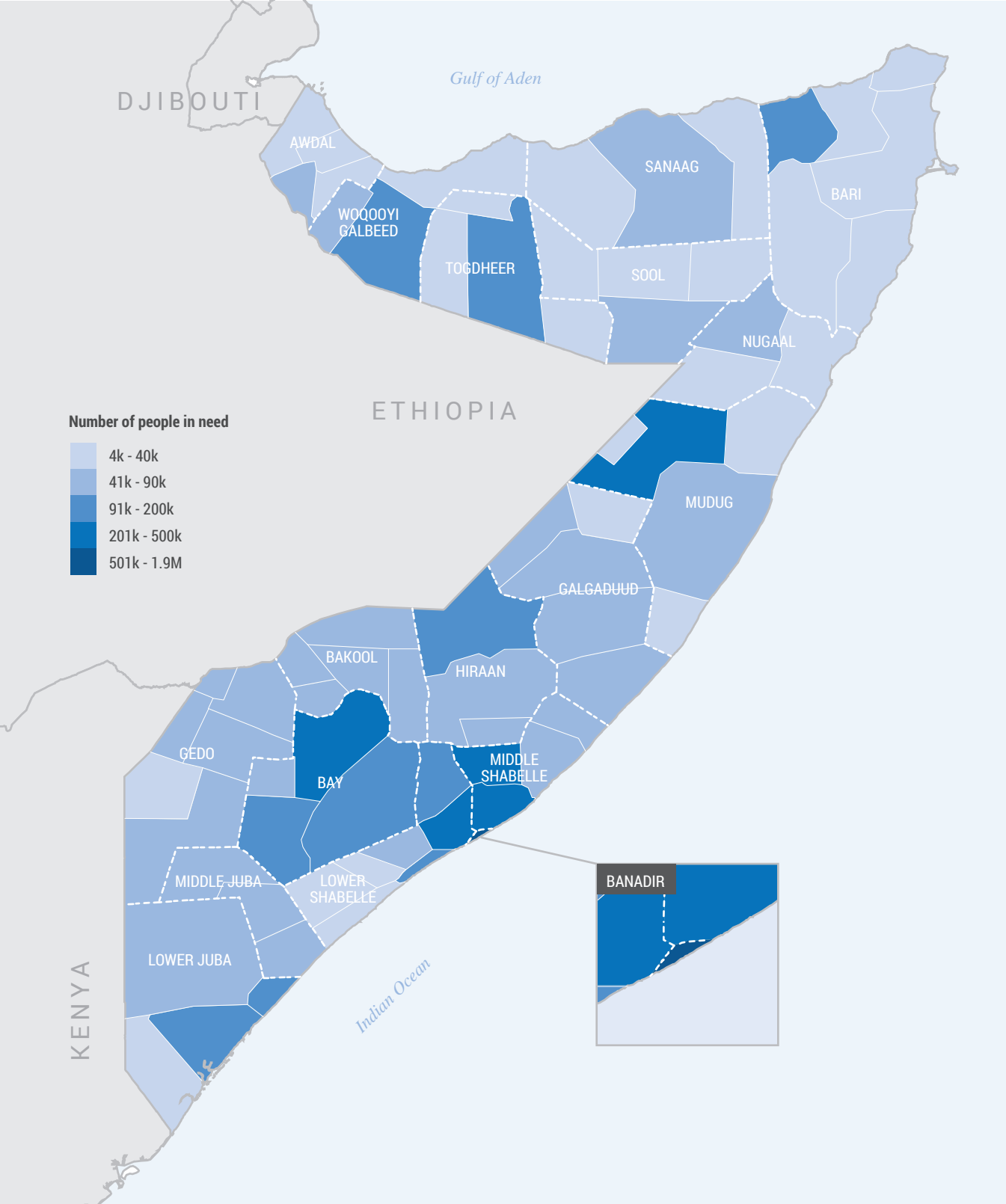
Estimated number of people in need



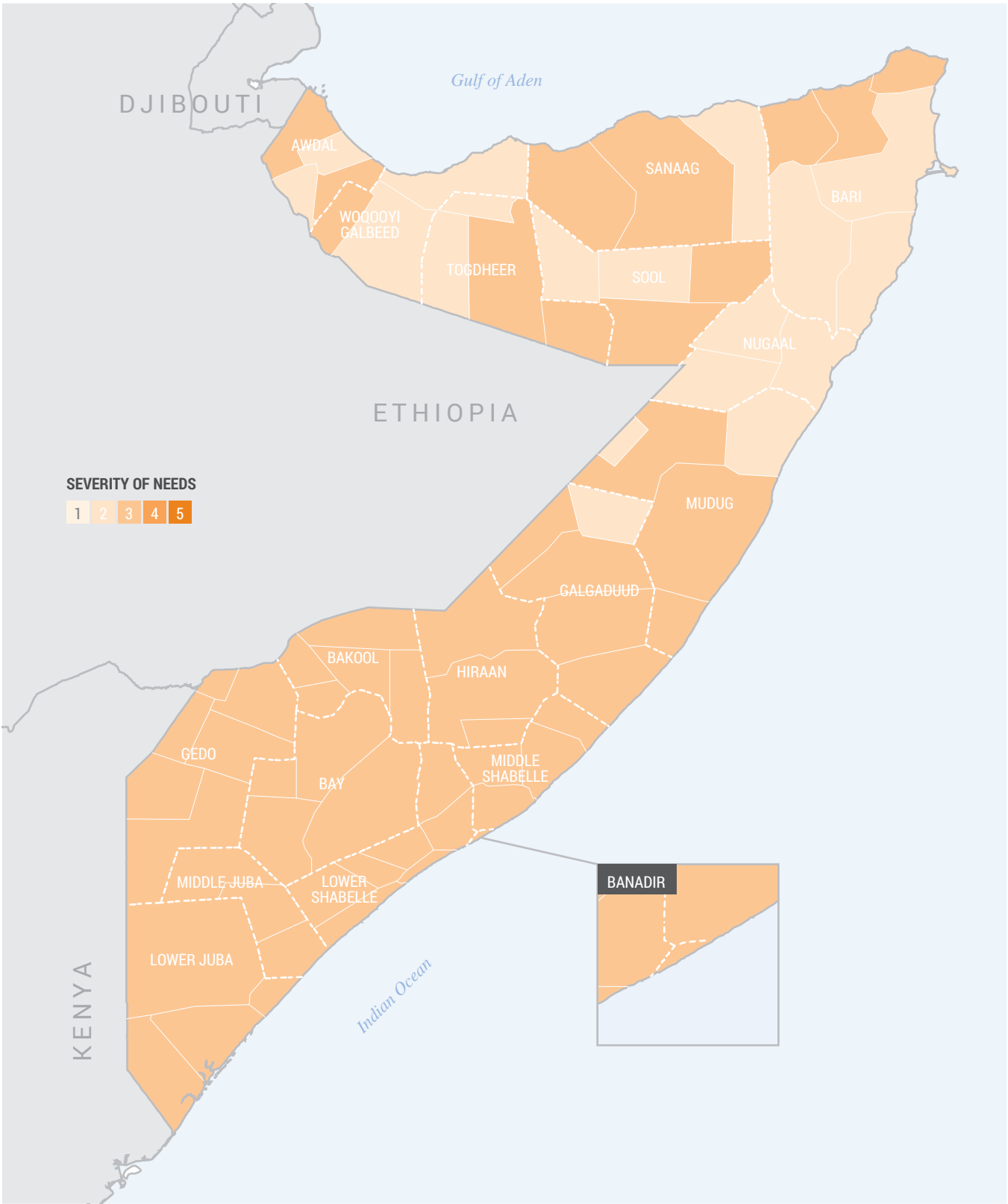
PEOPLE IN NEED BY SECTOR



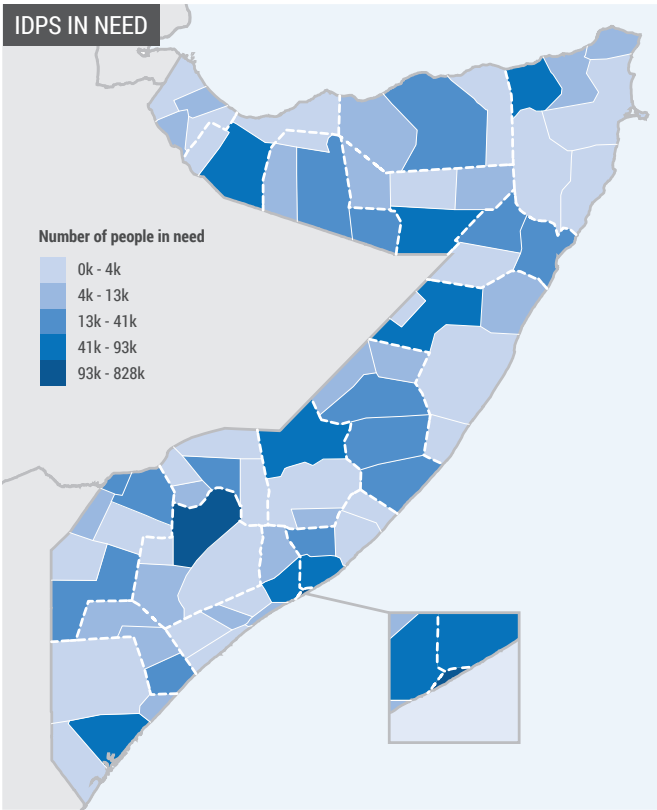
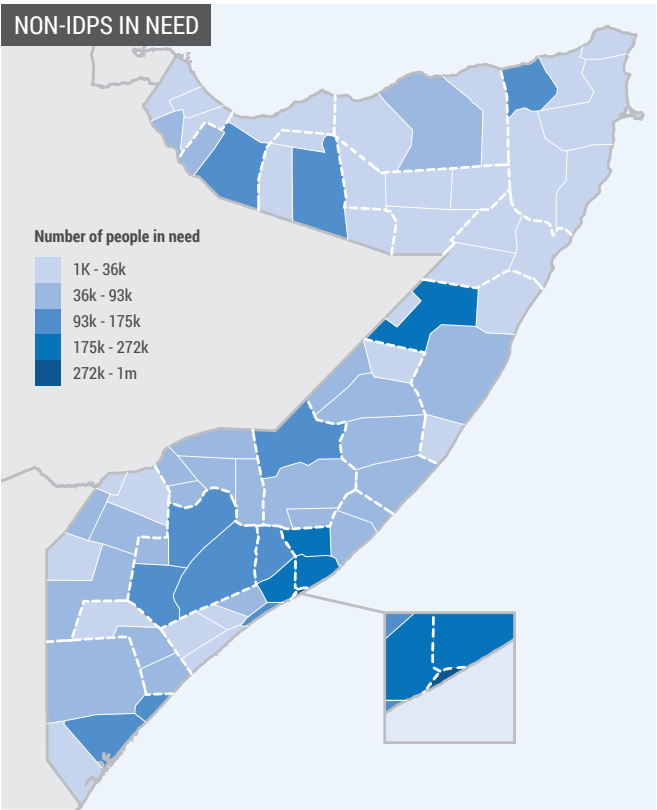
Number of people in need



Severity of Humanitarian Conditions



Number of people in need



SOMALIA
Photo: WHO

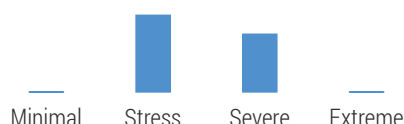
Severity of humanitarian conditions and number of people in need

NON INTERNALLY DISPLACED PERSONS

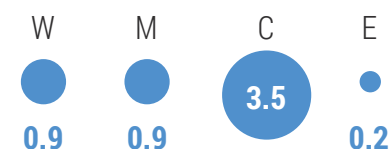
People in need

5.5
Million

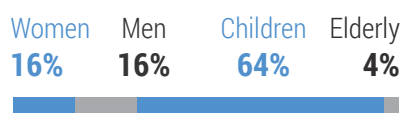
Severity of needs
(in millions)



Number by sex & age
(mn)



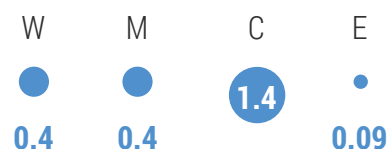
Per cent by sex & age



INTERNALLY DISPLACED PERSONS

2.2
Million

Minimal Stress Severe Extreme



Women 16% Men 16% Children 64% Elderly 4%

REFUGEES, ASYLUM SEEKERS, RETURNEES

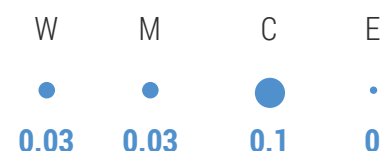
People in need

0.03
Million

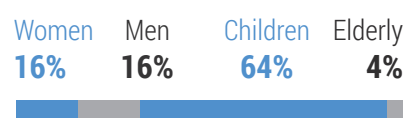
Severity of needs
(in millions)

Minimal Stress Severe Extreme

Number by sex & age
(mn)



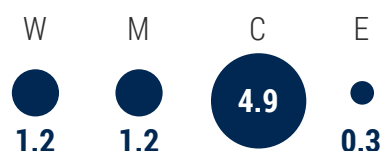
Per cent by sex & age



TOTAL

7.7
Million

Minimal Stress Severe Extreme



Women 16% Men 16% Children 64% Elderly 4%

Part 1:

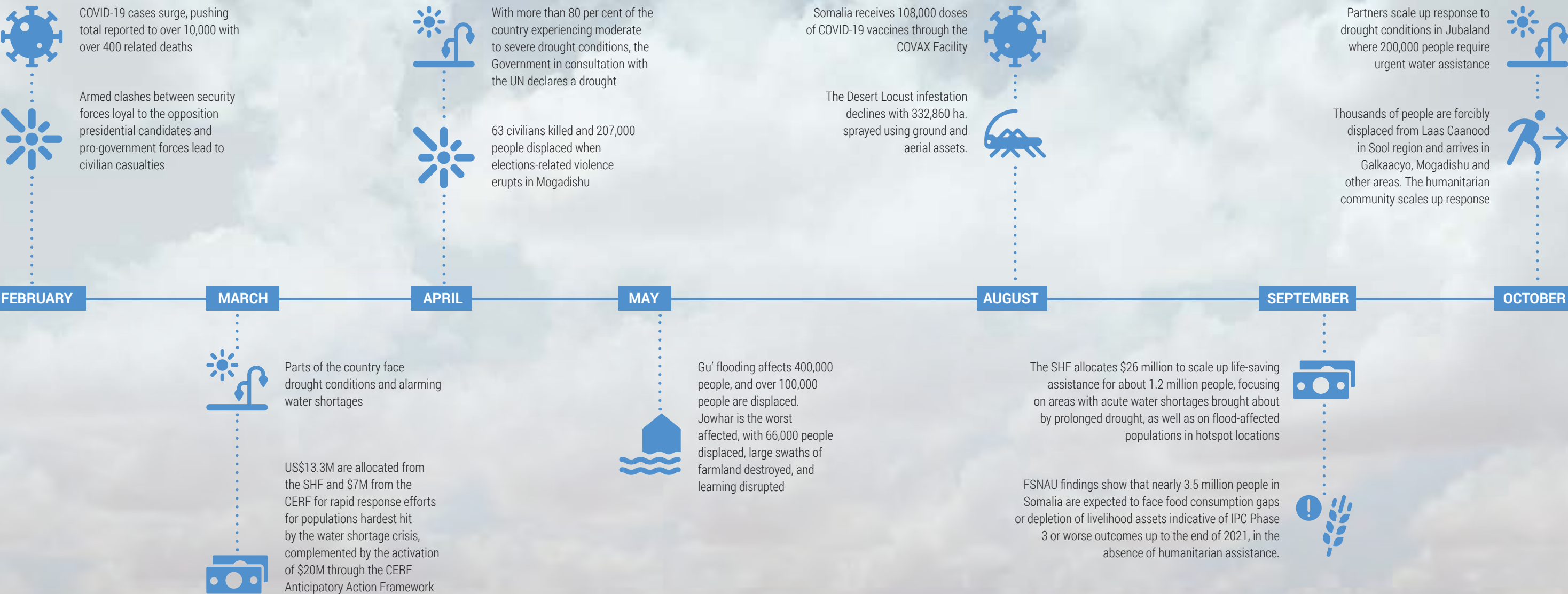
Impact of the Crisis and Humanitarian Conditions

SOMALIA

Photo: WHO



Timeline of Events



SOMALIA
Photo: WFP



1.1

Context of the Crisis

Political, socio-cultural, demographic and economic profiles

Conflict, insecurity, and impact of political divisions continue to drive humanitarian needs, displacement and protection concerns in Somalia. Against the backdrop of a delayed electoral process, the country entered 2021 with significantly heightened political tensions.² Violent crises flared up several times during the year, with violence breaking out between federal and local security forces in Banadir, Galmudug, Hirshabelle, Jubaland and Puntland. In February, armed clashes between the security forces loyal to the opposition presidential candidates and pro-government forces led to at least three civilian casualties.

In April, 63 civilians were killed and 207,000 people were displaced when elections-related violence erupted in Mogadishu. The country teetered on the brink of a major breakdown, but an agreement signed on 27 May laying out a path to parliamentary elections averted it. The elections for the Upper House have concluded on 46 out of 54 seats at the time of writing, however, the electoral cycle remains behind schedule. In the coming weeks Lower House elections expected to start, first for Somaliland followed by the Banadir Region and other federal member states.

Political uncertainty has been further fueled by tensions at the leadership level. The tension peaked in September over the removal of the National Intelligence and Security Agency chief and Minister of Internal Security, but with the continued engagement of the international partners and the UN, reportedly tensions have subsided. The current fighting in Galmudug region between Ahlu Suna Wal Jama (ASWJ) and the Galmudug administration might delay the electoral process in the state and lead to further insecurity and displacement.

Over 72 per cent of those displaced between January and August 2021 cited conflict/insecurity as the main reason. The military offensive against Al-Shabaab (AS) is ongoing and could result in further displacement. Fifteen people were killed, and 1,100 families were displaced in April by armed confrontation with Somali National Army (SNA) soldiers in Hobyo district, Mudug region. In the same month, another 8,303 families were displaced, and 95 people killed by armed conflict in Berdale district, Bay region, South West State. Between June and August, over 42,000 people were displaced in Galmudug State due to fighting between AS and federal member state forces backed by SNA.

Over half a million people are estimated to live within territory controlled by AS and remain largely out of reach for humanitarian partners. Areas controlled by AS include those that are contested, and civilian movement is nearly impossible as a result of regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, South-West State and Puntland. Parties to the conflict have continued to carry out air strikes against assets and personnel of AS and Islamic State in Somalia located outside residential areas or within isolated areas under their control in some areas in Galmudug, Jubaland and Puntland.

Clan conflicts remain a major concern, particularly in Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions, where clan violence costs lives and livelihoods, and displaces families. Clan conflict in Galmudug and Hirshabelle escalated from November 2020 and continued into September 2021, especially in the Galguduud region, and clan-based violence over political grievances and revenge killings hindered humanitarian movement and operations, as did armed clashes between local militias in the disputed



SOMALIA

Photo: WHO

areas of Sool and Sanaag, where the territorial dispute continues.

Humanitarian access is hampered by ongoing hostilities, movement and security restrictions, and poor infrastructure. Violence against aid workers, including abduction and arrest, harassment and forcible seizure of assets, and restrictions on road movement by parties to conflict continue to obstruct the ability of humanitarians to reach people in need, with 165 access incidents documented between January and August 2021,³ the majority in southern and central Somalia. In these incidents, one humanitarian worker was killed, seven injured, one abducted and six detained. A total of 255 incidents had been documented through the same mechanism in the whole of 2020, with 15 aid workers killed.⁴

Economy

The latest World Bank Somalia Economic Update⁵ reports that the country's economy is rebounding from the "triple shock" of COVID-19, floods and desert locust infestation that adversely impacted the country in 2020. The economy contracted by 0.4 per cent in 2020, which was less severe than the projected 1.5 per cent. Real GDP growth is expected to be at 2.4 percent in 2021 and return to pre-COVID levels of 3.2 per cent growth by 2023. Improved aid flows and higher remittances than anticipated, combined with fiscal policy measures by the Federal Government for businesses and social protection measures, have contributed to mitigating the adverse effects of the triple shock. That said, an increase in unemployment and the significant loss of wages and remittances – though these remained less severe than initially expected – during 2020 and 2021 has led to an overall

increase in poverty, reaching 71 percent compared to 69 percent in 2017; a trend expected to continue in 2022 and 2023.⁶

The formal and informal remittance inflows in Somalia amount to an estimated 35 percent of its GDP⁷. They are a significant enabler for the Government to balance payments and represent a lifeline for many households, allowing them to meet basic needs including health and education. In 2021, analyses by the World Bank, the IOM, and FSNAU conclude informal remittances likely remain below pre-COVID19 pandemic levels. While data by the World Bank suggests that official remittance inflows rose gradually, largely due to improvements in the recording of flows, it is likely that informal remittances have declined since the pandemic started.⁸

Somalia received debt relief in 2020 under the Heavily Indebted Poor Country (HIPC) Initiative and the Multilateral Debt Relief Initiative. The Government is currently implementing an engagement strategy for the remaining creditors to clear arrears and secure the appropriate debt relief proposed under the HIPC Initiative. The total stock of debt at the end of June 2021 stood at US\$4.519 billion⁹, of which multilateral creditors (Arab Monetary Fund, International Monetary Fund, and EU loans) represented less than 25 per cent with \$1.1 billion; the remaining are bilateral creditors willing to cancel the debt stock of Somalia. Debt relief is believed to be critical to help Somalia normalise relations with international financial institutions, access financial resources and connect to the global economy. This would enable increased focus on resilience and infrastructure building within the country.

Demography and Socio-Cultural Overview

Somalia's total population is estimated to be around 15.7 million¹⁰, of which 75 per cent is estimated to be under the age of 30, and almost 50 per cent under the age of 15. Somalia's societal structure is highly complex, including numerous social groups, clans, sub-clans, and ethnic minority groups that are not members of a specific clan. Clan identity – a central pillar of Somali society – is a contributing

driver of conflict and instability in many parts of the country due to several factors, including a struggle for power and limited resources (see 'Political and Security Overview').

Agriculture accounts for up to 60 per cent of Somalia's gross domestic product, 80 per cent of its employment, and 90 per cent of its exports.¹¹ It is estimated that 46 per cent of the labour force is engaged in agriculture.¹² Rural communities in Somalia tend to employ two livelihood systems, pastoralism and agro-pastoralism, while a small proportion of the riverine population in the south depends on settled agriculture.¹³ Traditionally a nomadic and agro-pastoralist rural society, Somalia is being transformed by exceptionally high levels of rapid urbanization fueled by forced displacement and diversifying livelihoods. In addition to conflict-induced displacement, climate shocks, desertification, and poor land-use practices such as deforestation and overgrazing are leading to a breakdown of "traditional" agricultural and pastoralist livelihoods opportunities and are driving rapid urbanization. The growth rate for urban areas is extremely high at approximately 4.3 per cent per year, while it is estimated that 46 per cent of the Somali population are urban dwellers.¹⁴

Part of the rural-urban influx are the 2.9 million internally displaced persons (IDPs), nearly all of whom are estimated to live in over 2,400 informal IDP sites in urban and peri-urban areas, while most Somali returnees from refugee camps have settled in cities. While increased urbanization has led to greater access to services for many new arrivals, municipal services have become significantly overstretched.¹⁵ Incoming IDPs and rural migrants lack the skills required for urban livelihoods and are confined to poorly-paying informal jobs, if any, due to increased competition with the urban poor who already account for a majority of the urban population across the country.

Legal and Policy Context

Following Cabinet approval in September 2019, President Mohamed Abdullahi Mohamed launched the ninth Somalia National Development Plan (NDP9)

on 23 December 2019.¹⁶ The Plan lays out Somalia's development priorities for 2020 to 2024 and serves as the key overarching planning framework for the Government and international partners. In parallel, the Government-led aid coordination architecture was revised in 2020 to make it more streamlined and fit for purpose for the implementation of the NDP9. Aligned to and developed in tandem with the NDP9 priorities, the National Durable Solutions Strategy (NDSS 2020-2024)¹⁷ was launched to provide a roadmap for durable solutions programming and high-level strategic guidance to ensure durable solutions initiatives are prioritised and implemented.

The Federal Government of Somalia and the UN signed a new five-year cooperation agreement on 15 October 2020. The UN Sustainable Development Cooperation Framework (UNCF) 2021-2025 represents the collective commitment of the Government and the UN to the newly articulated Somali peace and development priorities as outlined in the NDP9.¹⁸ The UNCF is informed by the Common Country Analysis¹⁹ and builds on the results of the UN Strategic Framework 2017-2020, which kick-started a new phase of UN support to Somalia's development priorities.

Somalia ratified the Convention on the Rights of Persons with Disabilities in 2019. Somalia is also a State Party to the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees, as well as the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU Convention). In 2020, with the support of the UN Refugee Agency (UNHCR), Somalia advanced the development of a Refugee Act that is in line with major international human rights treaties, including the Refugee Convention and Protocol. The Refugee Act is currently with the Parliament of Federal Government of Somalia, with its endorsement expected in the course of 2021. To advance the principles of the Global Compact on Refugees, the Nairobi Declaration (and related thematic declarations on education, jobs and livelihoods), advocacy with government counterparts for the inclusion of refugees in the implementation of the NDP9, as well as other

Government-led initiatives will continue. Somalia also ratified and deposited the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) in 2020 and subsequently developed a draft IDP Act which is currently in the enactment process.

Further, during the High-Level Segment on Statelessness in October 2019, Somalia made two pledges, namely: (i) to accede to the 1954 Convention Relating to the Status of Stateless Persons and to the 1961 Convention Relating to the Reduction of Statelessness; and (ii) to conduct a study to better understand the situation of stateless groups and those at risk of statelessness, including an analysis of relevant domestic laws. The study, once finalised, will provide a comprehensive picture on the scope and needs of the stateless populations in Somalia. In June 2021, Somalia launched the National Action Plan to End Statelessness 2021-2024. Somalia underwent the Human Rights Council Universal Periodic Review in May 2021.²⁰

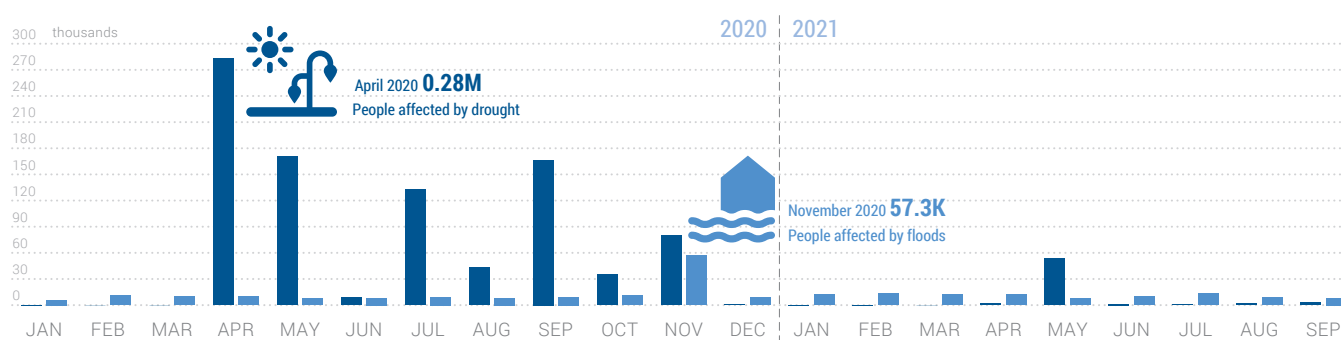
Environment

Droughts and floods are becoming more frequent and severe in Somalia, threatening food security and livelihoods and exacerbating insecurity and vulnerabilities.²¹ Somalia is experiencing the effects of climate change in the form of extreme weather events such as flash floods, erratic rainfall, disruption to the monsoon seasons, strong winds, cyclones, sandstorms and dust storms.²² Additionally, reduced grazing vegetation and more irregular water supply are expected to continue to have a negative influence on cattle herding and livelihoods. Acidification and rising sea temperatures will reduce fish stocks and disrupt their distribution.²³

Climate-related displacement and migration are projected to rise, primarily among populations whose livelihoods are impacted by droughts and floods. According to the Protection and Monitoring Returns Network (PRMN), in 2020 over 1 million people were displaced in Somalia due to floods and drought, the highest figures since 2017.²⁴ Between January and August 2021, drought displaced 90,000 people, while floods another 59,000.²⁵

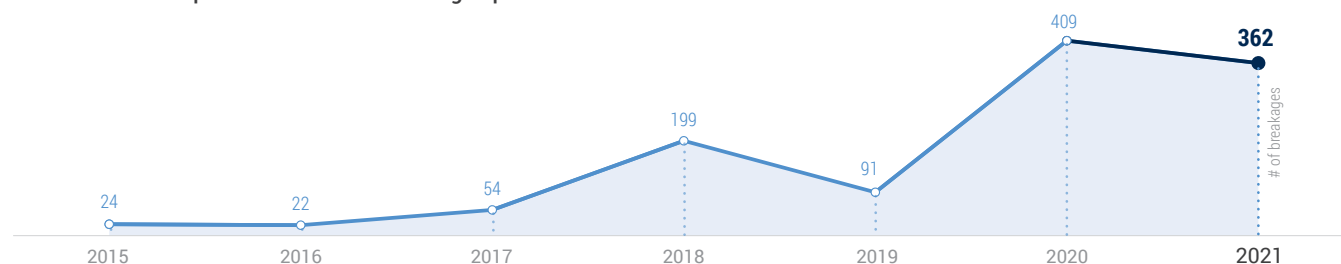
Climate change in Somalia has had dramatic consequences on land degradation and erosion, soil destabilization (water and nutrients), increase in flood risks, and acceleration of droughts. Additionally, deforestation and charcoal production have had a devastating impact on the environment, destroying forests that supported biodiversity and wildlife, and damaging water sources.²⁶ In Baidoa and Kismayo, entire districts have turned desert-like and uncultivable due to deforestation and soil erosion. The majority of IDPs surveyed cook with firewood (80 per cent in Kismayo and 98 per cent in Baidoa; 81 per cent of the conflict-related IDPs and 95 per cent of the climate-related IDPs), while host communities utilize firewood (47 per cent) and charcoal (48 per cent) equally, putting extreme pressure on local forests.²⁷ Environmental degradation continues to have a catastrophic impact on Somali soil and subsoil.

People Displaced by Drought and Floods (2020 - 2021)



Source: PRMN

Shabelle River - Open and Overflow Breakages per Year



Public Infrastructure, Markets, and Technology

As a result of the civil war in Somalia and insufficient maintenance, the transport infrastructure, which is vital for the country's economic and social development, is in a very poor condition. Somalia has a road network extending over some 15,000 km, with almost all the main roads in poor condition due to lack of proper maintenance and repairs.²⁸ There are five major roads in the country, which connect the main water corridors to the inland towns. Two are from the port of Mogadishu, one from the northwest port of Berbera, and single routes from both Bossaso and Kismayo. The limited road infrastructure in Somalia is not only preventing the delivery of humanitarian aid; it is also a major constraint on the population's access to social services, such as education and health care.²⁹

Markets and vendors in Somalia face multiple issues to stock key commodities due to seasonality, floods and droughts, armed conflicts, financial barriers such as low liquidity and access to credit.³⁰ Armed conflict regularly leads to the cutting of supply chains, particularly in rural areas. For example, markets in Xuudur, where insurgents have continued to control and restrict movements, were particularly affected by conflict-induced displacement and security challenges, causing prices of essential commodities to skyrocket.³¹ According to an assessment conducted by Norwegian Refugee Council (NRC) "90 per cent of the newly arrived families reported facing difficulty to access daily food due to lack of money and high prices of food commodities in Xuudur".³² Price increases in staple food items were noted in the same assessment.

Somalia also faces recurrent riverine and flash flooding, which often cuts supply lines. Poor-quality road networks are heavily affected by seasonal floods, disrupting the movement of people and goods, leading to supply shortages and thus higher prices.³³ COVID-19 also heavily impacted the supply of imported food items such as rice, pasta, vegetable oil and wheat flour because of the restrictions imposed by exporting countries.³⁴ This severely affected vendors' ability to do business transactions for many key commodities, leading to delayed order

fulfilment.³⁵ A majority of commodity shortages were reported in southern and central Somalia, with supply chains particularly affected by armed conflict and seasonal rains. Partners also reported that rural areas are particularly vulnerable to shortages considering their remoteness to the main local markets, higher transportation costs, and higher warehousing expenses. This is also exacerbated by the lack of information available both on and to rural markets.³⁶

Since the fall of Somalia's central government in 1991, electricity service provision has solely been a role of the Somali private sector.³⁷ The absence of a centralized electricity grid coupled with a significant nomadic population means more than 70 per cent of Somalis live without any electricity connection.³⁸ The remaining 30 per cent of the population with limited electricity are served by privately owned diesel-powered mini-grids, for which they pay among the highest rates in the world.³⁹ However, these grids are concentrated in urban areas, where 57.2 per cent of the population has electricity access, versus 11.6 per cent in the rural areas where most of the population lives. In rural areas, charcoal and firewood make up about 85-90 per cent of energy used, leading to deforestation and health impacts.⁴⁰



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Photo: WHO

1.2 Shocks and Impact of the Crisis

Drivers of humanitarian crisis

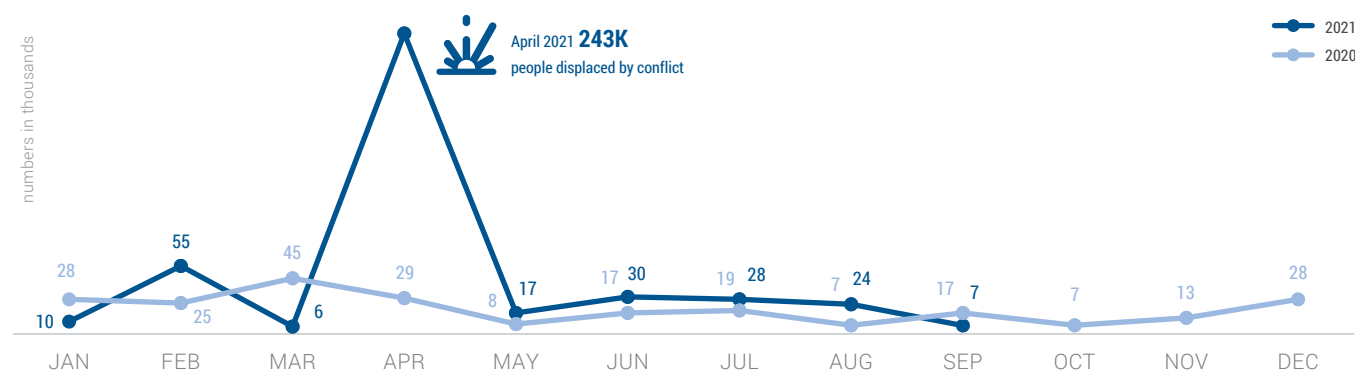
Conflict

Conflict remains a core driver of displacement. The PRMN reports 413,000 displaced persons due to conflict and insecurity from January to August 2021.⁴¹ Federal Member States with the highest numbers of individual conflict-induced displacement are Banadir, Bay, Gedo and Lower Shabelle over the same period.⁴² The delayed election cycle saw an uptick in street violence, targeted criminality, civil disturbances, and provoked evictions of IDPs from settlements. A subsequent increase in elections-related displacement was noted in April 2021, most of which occurred in

Mogadishu; which provides an example of the levels of conflict-induced displacement that can be expected in case the current political stalemate is not resolved.

In addition to electoral violence, inter-clan conflict – driven by rivalries, land, property and resource control disputes – will continue to displace and affect households. These dynamics are closely interlinked with climate as inter-clan struggles over resources have been intensified by repeated climate shocks like drought and floods, which further reduce the availability of water and pastures.⁴³

Conflict-induced displacement trends 2020-2021



The predominance of the clan system particularly impacts minority clan members, who experience more conflict related attacks on their households relative to majority clan members. In addition, protracted conflict, structural gender inequality and successive humanitarian crises continue to expose Somali women and girls to heightened levels of conflict-related sexual violence.⁴⁴ Conflict related shocks that trigger internal displacement negatively affect the humanitarian situation of both IDP and host communities, with increased numbers of children married earlier as a coping strategy.⁴⁵

Climate Shocks

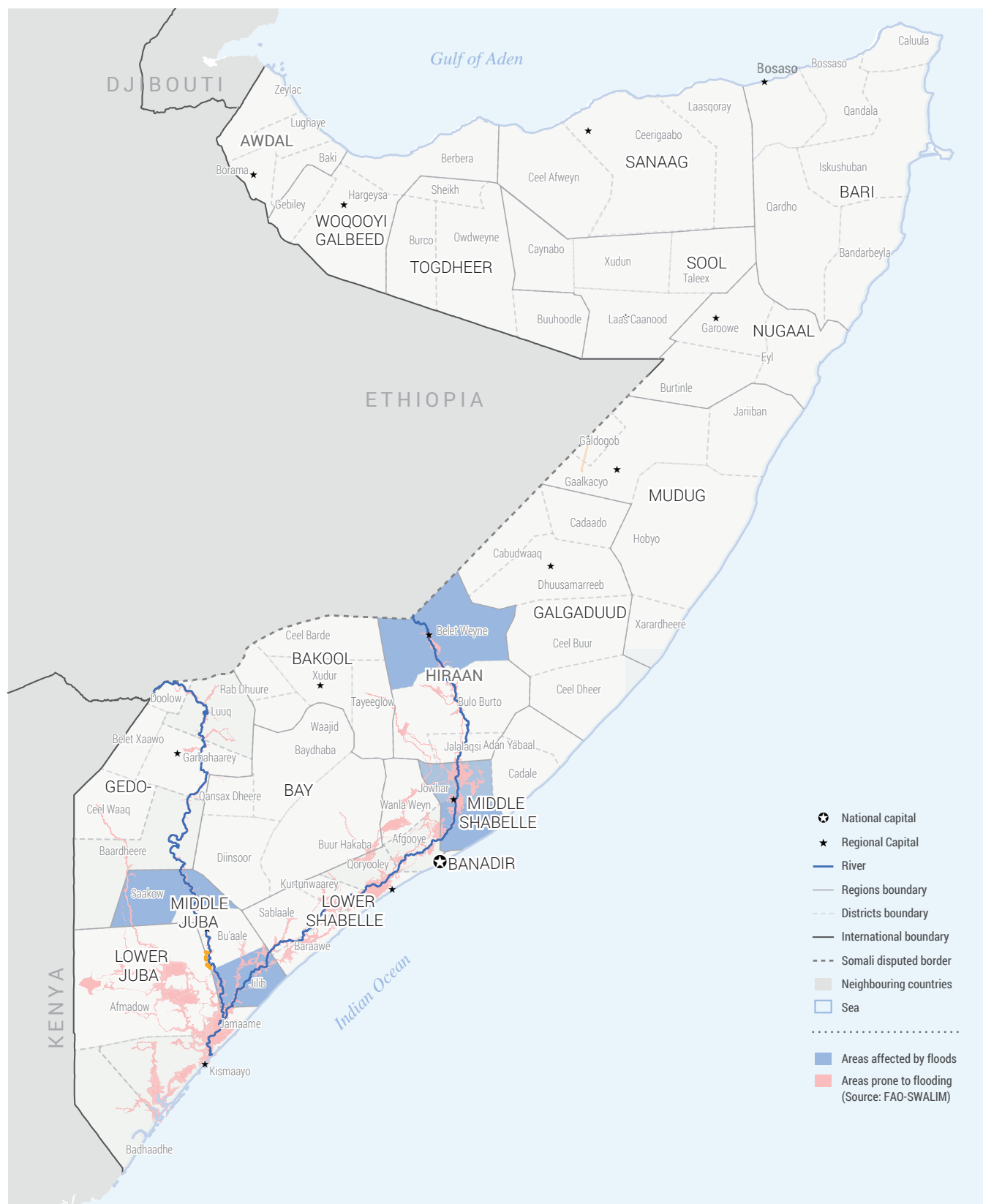
Historically, Somalia's political insecurity and recurrent conflict has been exacerbated by climatic, environmental and economic shocks. These crises have resulted in widespread displacement, food insecurity, and increased poverty. Somalia's arid and semi-arid climate predisposes it to repeating droughts and flooding during the Gu and Deyr seasons, with unpredictable weather becoming more frequent.

According to the Somalia Drought Impact Needs Assessment (DINA)⁴⁶, drought has increased conflict over natural resources and pastureland in Somalia, and armed conflict and instability have weakened already vulnerable agricultural and pastoral livelihoods, increasing displacement. Drought conditions in northern and central Somalia in early 2021 resulted in some livestock losses and increased household spending on animal feed and water. Additionally, dry conditions and an early end to the Gu rainfall season resulted in crop losses and decreased

agricultural labour income.⁴⁷ Due to the existing and forecast shortages of pasture and water, as well as the low number of livestock conceptions during the 2021-year, livestock health, births, and milk production is expected to stay below normal.⁴⁸ The impact of two consecutive seasons of below-average rainfall on agricultural and livestock output in late 2020 and early 2021 have resulted in a significant increase in Somalia's food insecure population, particularly in rural areas.⁴⁹ Drought conditions are projected for 2022, owing to long-term projections indicating a third straight season of below-average rainfall in late 2021, resulting in a three-season drought.⁵⁰

At the same time, recurrent flooding in 2020 and 2021 has caused substantial damage to infrastructure, property, crops, and livestock, as well as delayed planting, increasing the risk of malnutrition and water/mosquito-borne diseases wherever the water recedes slowly⁵¹. Two perennial rivers in Somalia – the Shabelle, which flows through Hirshabelle and SWS, and the Juba, which spans the length of Jubaland – both require continual maintenance and upkeep that has been lacking for several decades with weak embankments and breakages contributing to flooding of urban and rural areas along the two rivers.

Areas Affected by Floods



Source: OCHA

Marginalization of minority clans and ethnic groups

Clan identity is the basis for cultural identity and social organization in Somalia. Unfortunately, it also contributes to marginalization and is a driver of conflict in the country. Patterns of marginalization that differentiate and systematically exclude some social groups have been further entrenched through structural processes, such as the 4.5 political system.⁵² The clan based 4.5 power sharing formula, introduced as an attempt to reconcile the nation at the end of the civil war, has seen the grouping of the minority clans and ethnic groups that constitute the 0.5 continue to remain inequitably excluded from assistance. An estimated 30 per cent of the population may be considered minorities under the 4.5 system; however, the exact number is unknown due to a lack of data on clan affiliation available to the humanitarian community.⁵³

The term marginalization is based on the degree to which a population is subjugated and has unequal access to social, economic, and political opportunities. Minority clan members and minority ethnic groups across the country experience structural and distinct forms of exclusion and discrimination with elevated needs that are different from the population at large.⁵⁴ In particular, minority agropastoral populations in the Bay and Bakool regions and the riverine farmers along the Juba and Shebelle rivers have traditionally faced marginalization, leading to these communities facing persistently high levels of acute malnutrition and potential famine, as evidenced in 1992 and 2011.⁵⁵ In urban areas, those in primarily minority IDP settlements have higher levels of food insecurity, are less likely to be receiving food or cash assistance, and are more likely to be dependent on casual labour as a livelihood.

According to The Minority Inclusion Learning Review⁵⁶, minority clan members identify different sources of problems for their communities and different security risks than the general population. They are more reliant on obtaining information from third party sources, such as the radio, as they are less likely to be consulted or to attend community meetings. Comparatively, minority clan adults and children

are less likely to have attended any post-secondary education. Minorities are also more likely to be the victims of aid diversion and are either unwilling or unable to report such instances to authorities or aid providers.⁵⁷ Findings of the JMCNA 2021 indicate that being affiliated to a minority clan was the main reason (33 per cent) provided by those who were denied access to humanitarian assistance.⁵⁸

Disease Outbreaks and Physical Trauma

Somalia's overall health system remains fragmented, under-resourced and ill-equipped to provide lifesaving and preventative services. The majority of Somalia's disease outbreaks can be attributed to low vaccination coverage, a shortage of functional public health facilities, and low capacity of surveillance and rapid response to alerts.

Somalia confirmed its first case of COVID-19 in March 2020 and as of 4 October 2021, a total of 19,980 confirmed cases of COVID-19 with 1,124 deaths had been reported⁵⁹. Between March and September 2021, the country received a total of 200,000 doses of the Sinopharm vaccine and 539,000 doses of Astra Zeneca COVID-19 vaccine through COVAX, as well as 302,400 doses of the single shot vaccine of Johnson & Johnson. Vaccination sites are distributed through all states and priority is given to frontline healthcare staff, the elderly, and people with chronic diseases. As of the end of September 2021, only 259,144 persons are fully vaccinated, less than 2 per cent coverage of the population of Somalia⁶⁰.

Somalia continues to experience AWD/Cholera outbreaks in multiple locations with 6,589 cholera cases and 33 deaths reported in 2020 and 3,858 probable cholera cases with 27 related deaths from January to August 2021,⁶¹. Oral cholera vaccinations have not been carried out in affected and at-risk areas since the COVID-19 pandemic started in 2020.

Between January and August 2021, 695 cases of suspected measles were investigated and 595 were found positive. Except for two cases, none of the infected children had been vaccinated and almost all reside in Banadir region.⁶²

The actual number of cases of epidemic prone disease and deaths are likely to be higher as diseases can remain undetected and unreported with the existing limited surveillance capacity in Somalia.

An assessment carried out in 2021 uncovered unmet trauma care needs across the country with 137 mass casualty events in 2020, 37 per cent of which were violence related. At least 37,212 civilian trauma cases were recorded in 2020, of which approximately 18,828 were adult male (51 per cent), 11,364 adult female (30 per cent), 2,532 elderly (7 per cent), and 4,488 children, below the age of 15 years (12 per cent).⁶³ Smaller peripheral and private hospitals were not included in this estimate.

Desert Locust

Desert locust swarms have been sweeping through Somalia since late 2019, resulting in the country's worst upsurge in a quarter-century. Somalia is one of the countries hardest hit by the outbreak, which has affected the whole region, and was the first to declare a state of emergency. The invasion of desert locust has had a major impact on the country's food security.

In February 2021, minimal pasture damage was recorded in localized areas of Puntland and Somaliland, though swarms and adult groups remained⁶⁴. Infestation levels declined in 2021 as a result of intensive control operations and low rainfall between October 2020 and April 2021, which created an unfavorable environment for insect breeding. However, above-average rainfall in early May 2021 accelerated the maturation of the surviving swarms and enabled them to lay eggs in northern Somalia. As the winds shift to the east in neighboring Ethiopia, swarms in difficult-to-reach places in northeast Ethiopia are anticipated to migrate eastward to northern Somalia, where they will develop and lay eggs in October 2021⁶⁵. This will continue to pose a threat to both pasture and crops during the Deyr season.

Impact of the crisis

Poverty and the socio-economic impact of COVID-19

The combined impact of recurring stress factors in Somalia – including drought, desert locust, political uncertainty, COVID-19 restrictions, and an upsurge in conflict – have deepened and widened poverty in Somalia, compounded pre-existing vulnerabilities, and continued to impact economic, business and livelihood outcomes.⁶⁶ The secondary economic and humanitarian consequences of COVID-19 in 2020-2021 are estimated to have been more significant than the health consequences of COVID-19.⁶⁷ The disruptions stemming from COVID-19 containment measures reduced federal and state revenue collection while increasing pressure to spend more on health and disaster relief. While the impact of the pandemic was partially mitigated due to aid flows, social protection mechanisms, and fiscal policy measures put in place by the government, more people were pushed into poverty and joblessness.⁶⁸ For example, it is estimated that 21 percent of Somalis had to temporarily stop their work activity following the outbreak of COVID-19, in a country where only 55 percent of the population is actively engaged in the labour market.⁶⁹

As a result, poverty and precarity remain widespread and deep in Somalia. Unemployment and underemployment accurately describe the livelihoods of almost half the population, with youth under-participation in the labour market becoming a growing concern. Over 7 in 10 Somalis survive on under \$1.90 a day⁷⁰, while the per capita GDP is estimated at \$314.5.⁷¹ At the national level, almost half (42 per cent) of all households report facing challenges to obtain enough money to cover their basic needs in the 30 days prior to the JMCNA data collection, while only 3 per cent of households are reliant on remittances as a main source of income.⁷² Household surveys conducted by FSNAU in 2020 and 2021 indicate significant declines in remittance amounts among recipient households.⁷³

Poverty is distributed unequally across the country and particularly affects households in rural areas, where an estimated 72 per cent of the population lives in poverty compared to 64 per cent in urban

areas.⁷⁴ The World Bank 2019 Poverty Assessment in Somalia has shown that rural populations, nomads, and those residing in IDP settlements are significantly more likely to be facing a range of multi-dimensional deprivations compared to host communities residing in urban areas.⁷⁵ For these households, economic deprivation – further exacerbated by the COVID-19 pandemic – has compounding impacts on the severity of their humanitarian needs as it affects their ability to access basic services like electricity, water, sanitation, healthcare, and others.

Women, children, and other vulnerable populations have been disproportionately disadvantaged by the COVID-19 pandemic, with IDP surveys indicating that gender-based violence has increased in sites during the pandemic, a trend likely replicated beyond IDP sites. The pandemic has also deepened the educational deficit in Somalia, which already had one of the lowest enrolment baselines in the world pre-pandemic.⁷⁶ On average, only 1.5 million of the 4.5 million school-aged children were in attendance prior to COVID-19, leaving over 3 million children without access to an education and when the pandemic hit, education experts estimated that an additional one million children were without access to any type of learning.⁷⁷

Displacement and Informal Settlements

A total of 2.9 million people in Somalia are estimated to be internally displaced as of 2021. The drivers of displacement are complex and interwoven but are predominantly related to conflict and climate shocks

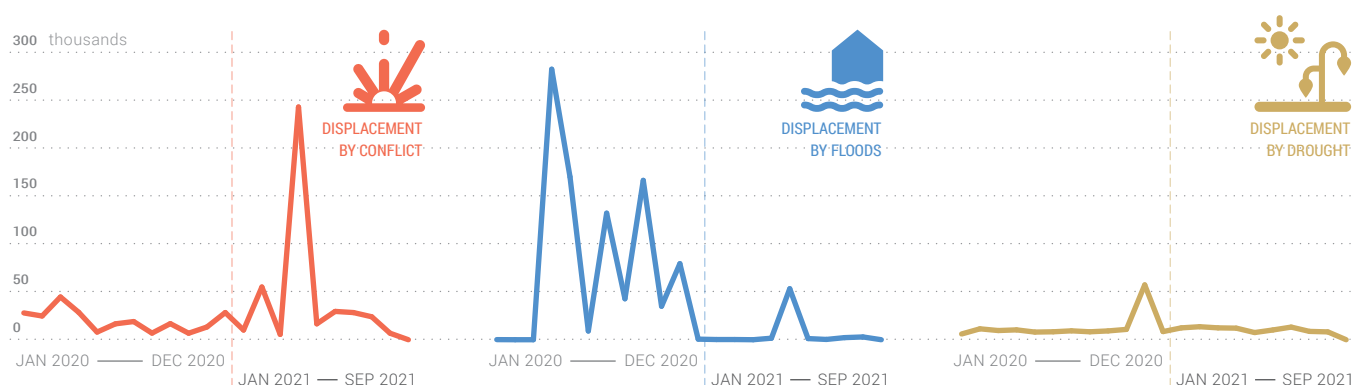
such as drought and floods. Between January and August 2021, around 573,000 people were displaced in Somalia.⁷⁸ Of these, more than 413,000 new and secondary displacements occurred because of conflict, particularly due to the electoral violence in March and April.⁷⁹ A majority of displaced persons are poor with limited livelihood assets, few income-earning opportunities, low communal support and high reliance on external humanitarian assistance⁸⁰.

Climate shocks continue to be a core driver of displacement. In 2021, as Somalia faces the prospect of three consecutive failed harvest seasons, many poor rural households have continued to relocate to main towns in search of income-earning opportunities and social and humanitarian support due to the lack of food and income sources in their villages.⁸¹ It is estimated that more than 90,000 new and secondary displacements occurred because of drought between January and August 2021 alone, and an additional 59,000 displacements due to flooding in the same period.⁸²

In addition to conflict and climate shocks, primary and secondary displacement due to forced evictions and land acquisition by landowners have reached unprecedented levels in recent years, particularly in urban areas where land values have risen. It is estimated that some 92,000 people were evicted between January and August 2021.⁸³

Most IDPs move into informal settlements in peri-urban areas, where they face a range of destabilizing

Displacement trends in Somalia, per shock (2020-2021) ⁸⁴



issues, including repeated evictions, limited access to basic services and rights, as well as inadequate housing. The current IDP site master list for Somalia includes over 2,400 IDP sites, which host both newly displaced arrivals, as well as urban poor communities, migrants, returnees, and households who have faced protracted displacement for over 25 years. As outlined in the National Durable Solutions Strategy (2020-2040), to assist this complex and diverse caseload of populations within IDP sites, a longer term and durable solutions approach is required in addition to life-saving humanitarian assistance.

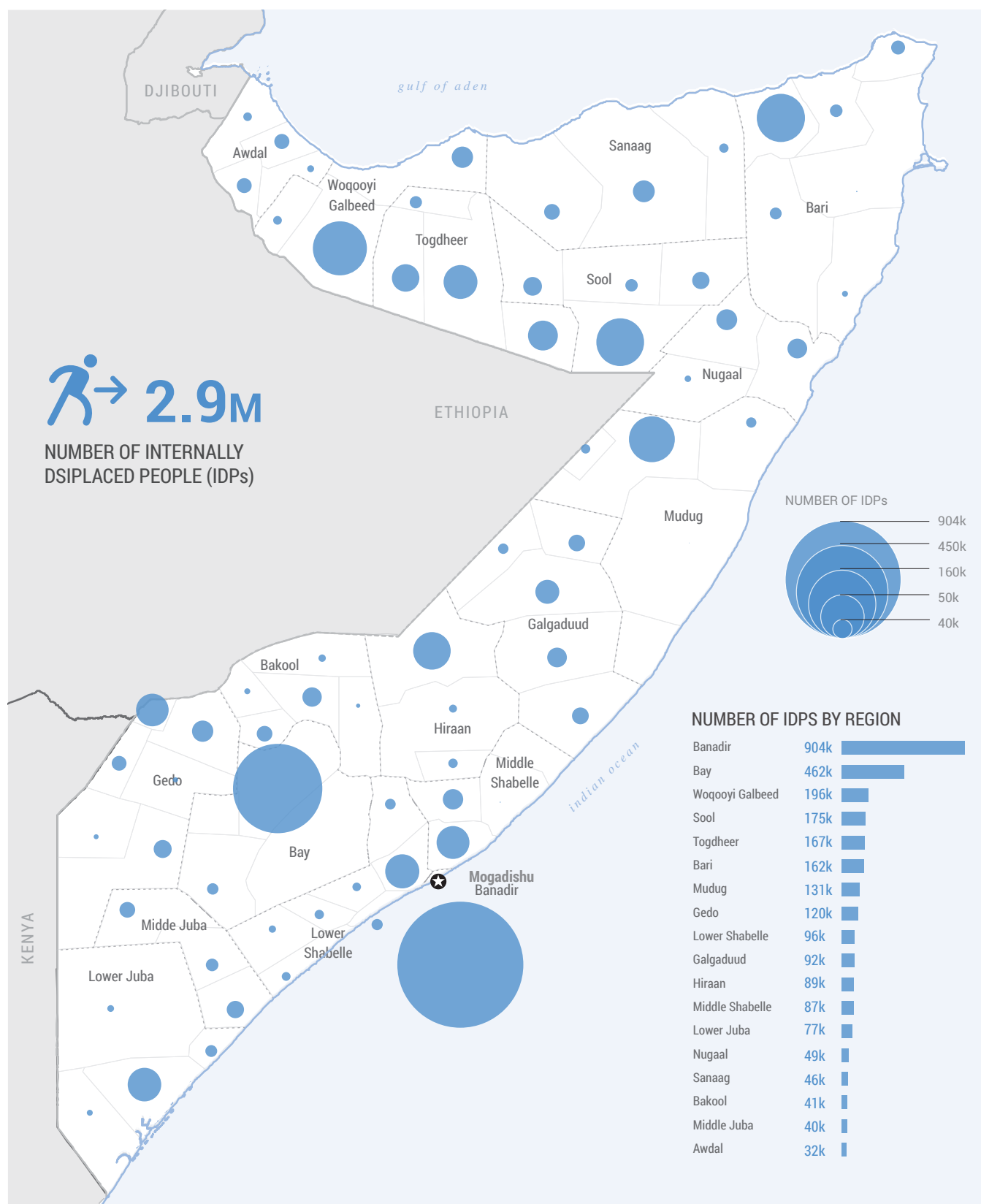
Number of people displaced by year

YEAR (AS OF SEPTEMBER)	NO. IDPS
2016	292.3k
2017	1.1m
2018	857.3k
2019	754.1k
2020	1.3m
2021	579.8k

SOMALIA
Photo: WHO



Number of Internally Displaced Persons



Source: IDP Working Group

Competition for resources, IDP exploitation, and evictions in urban areas

Rural-urban displacement and rapid urbanization have led to increased land prices and competition for resources in urban areas.⁸⁵ Property disputes in neighborhoods where real estate is an increasingly prized and scarce commodity are a major source of violence, evictions, and communal tension along clan lines.⁸⁶ Those residing in informal settlements – whether they are newly displaced arrivals or urban poor – often face limited access to the labour market, low and insecure wages, and exploitative clientelist relationships with local landowners, officials, and IDP site gatekeepers.⁸⁷ There are believed to be some 130 to 140 gatekeepers in Mogadishu alone – many of them women – managing single or multiple IDP sites, usually taking a cut of between 10 to 30 percent of the aid IDPs receive, according to recent research.⁸⁸ As rural-urban displacement often occurs along societal lines, with persons predominantly displacing to neighborhoods or areas where their clan is a majority, displaced households from minority clans are at particular risk of marginalization, exploitation, aid exclusion, and eviction.⁸⁹



"I saw a huge increase in gatekeepers from 2011 to 2017 [in Mogadishu]. They were picking people up in buses. It became an industry – a link with informal settlements. It needs to be seen as part of urban economy."

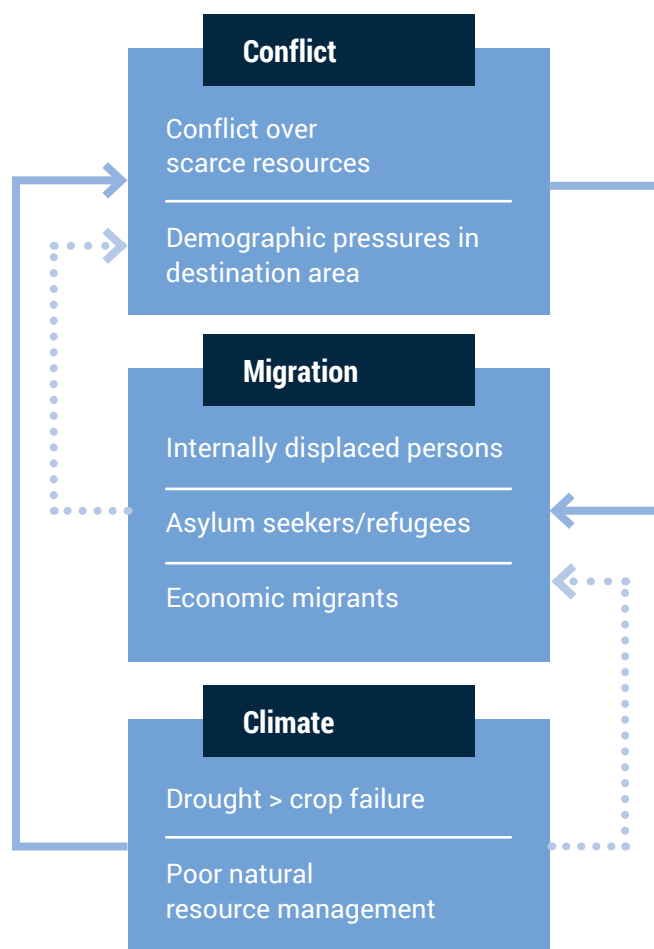
Key Informant, LSE Research 2019⁹⁰

The vulnerability of poor households in urban areas is exacerbated by a lack of documentation. It is estimated that 85 per cent of over 2,400 existing IDP sites have been established on private land, leaving displaced populations in urban areas particularly vulnerable to eviction. Disputed ownership is still the most common problem faced by both IDP and host community households in terms of housing, land, and property concerns (17 per cent for both population

groups) while the vast majority of households do not have formal written documentation to prove their occupancy arrangement (80 per cent of households living in IDP sites, and 73 per cent of those residing in host communities).⁹¹ Amidst rising land prices, between January and August 2021, 92,042 persons had been evicted across Somalia.⁹² Most reported cases were forced evictions, which involve the loss of property, livelihoods and infrastructure investments made by displaced persons.

As a result of these pressures, the majority of IDP sites are increasingly concentrated in peri-urban areas – instead of urban areas – where there is more vacant land, but where residents often find themselves separated from networked services and segregated from the rest of the city.⁹³

Conceptual model of climate, conflict, and migration (Abel et al., 2019)⁹⁴



Disrupted markets and supply chains

Different shocks have varying impacts on markets and the ability of consumers to access goods. Drought and a lack of rainfall has led to decreased crop production and poor body conditions for livestock, making them difficult to export in global markets.⁹⁵ Due to the resulting poor Gu harvest and inflationary pressures, prices of local and imported food prices have increased in late 2021. For example, the 2021 Gu season cereal production was 60 per cent lower than the long-term average, and the third-lowest Gu harvest since 2010, mostly due to poor rainfall, civil insecurity, river floods, shortages of farm inputs and pests.⁹⁶ Below-average Gu harvests and the expected below-average 2021 Deyr season rainfall will likely tighten domestic cereal supply and put further upward pressure on prices through the start of 2022.⁹⁷

Recurrent flooding in Somalia often cuts supply lines, and poor-quality road networks are heavily affected by seasonal floods, disrupting the movement of people and goods, leading to supply shortages and higher prices. Supply issues caused by rainy seasons were commonly reported by vendors in assessed markets, with 48 per cent of interviewed vendors reporting facing greater supply issues in the February 2021 round of the Joint Market Monitoring Initiative (JMIMI), and 36 per cent of interviewed vendors reporting the same in May 2021.⁹⁸

In 2020, many parts of the country experienced reduced economic activity due to COVID-19 restrictions on the movement of people within and across borders.⁹⁹ Conditions improved somewhat in 2021, as the lifting of such restrictions restarted economic activities in many supply and value chains. Agricultural production and external remittances are two notable sectors of the economy that show a sign of recovery but are still below pre-pandemic levels.¹⁰⁰

Armed conflict and forced taxation have continued to impact areas with high access constraints, in particular besieged towns. In 2021, supply chains to markets in Xudur were disrupted by security challenges, causing prices of essential commodities to rise steeply.¹⁰¹ Road blockades also impacted

supply to Qansaxdhere, where armed non-state actors intensified their activities towards the end of April 2021, closing all roads to the town and leading to scarcity of food items and other commodities.¹⁰² Insecurity and related supply barriers, like theft during transport, road blockades, and risk of bombings also pose significant challenges to cash transfer programming when supply roads may become inaccessible or markets impacted.

Food production and asset losses

The Gu season cereal production in southern Somalia is estimated at 48,900 tons in 2021, which is 60 percent lower than the 1995-2020 average.¹⁰³ This is primarily due to poor and erratic rainfall, insecurity, river flooding, and a scarcity of farm inputs, all of which have contributed to the decline.¹⁰⁴

The April to June 2021 Gu rainy season began late, ended early, and produced erratic rainfall. As a result, cumulative rainfall in parts of the nation, particularly in central and southern Somalia, fell below the 40-year average. Insufficient rainfall resulted in below-average Gu crop production in the south of the country and poor crop harvest prospects in agropastoral livelihood zones in the northwest.¹⁰⁵ Floods displaced residents and destroyed crops and farmland in riverine portions of the Hiraan, Shabelle, and Juba regions.¹⁰⁶ The rains also generated optimal breeding grounds for desert locust, particularly in the northwest, which continue to pose a serious risk to both pasture availability and crop production across Somalia.

Rural populations are currently facing food and income source reductions as a result of widespread livestock migration from rain-deficient areas to areas with relatively greater rainfall.¹⁰⁷ Many poor households in pastoral and agropastoral livelihood zones will suffer moderate to substantial food consumption gaps through late 2021 as a result of below average or inadequate milk supplies, a limited number of marketable animals, and increasing debt as a result of increased food and water costs.¹⁰⁸

Seasonal floods devastated farmland, destroyed crops, and displaced local populations in riverine livelihood zones along the Shabelle and Juba rivers, resulting in substantial crop losses and loss of agricultural employment income.¹⁰⁹ Consequently, a significant number of poor households in riverine areas will also face moderate to substantial food consumption gaps.¹¹⁰

Poor public health outcomes

Somalia's health system is inadequately equipped to provide a minimum amount of coverage for equitable access to health care, resulting in increased morbidity and mortality. In 2021, humanitarian workers have also frequently been targeted for carrying out life-saving humanitarian activities, while the capacity of the government to prevent, identify, and respond to emerging and rising health hazards such as COVID-19 has been significantly diminished.¹¹¹ Somalia is among the highest global rankings in infant and child mortality rates with respectively 76.6 and 121.5 per 1000 live births¹¹². The maternal mortality rate (692 deaths per 100,000 live births) and the fertility rate (average of 6.9 children per woman) are also among the highest in the world, while 79 per cent of all births are home delivered without skilled assistance.¹¹³

A significant share of Somalia's population lacks reliable access to safe water, which has compounding effects on public health. The Joint Multi-Cluster Needs Assessment (JMCNA) indicates that 13 per cent of non-IDP families and 22 per cent of IDP households lacked adequate drinking water, and that 20 per cent of non-IDP households and 35 per cent of IDP households lacked adequate water for personal hygiene.¹¹⁴

The COVID-19 epidemic is also exacerbating gender-based violence (GBV). COVID-19-related restrictions led to the termination of several GBV services. Women, adolescents, girls, and children account for 95 per cent of survivors who reported GBV occurrences in 2020, with 75 per cent coming from displaced populations.¹¹⁵ Recent increases in rape, sexual exploitation, harassment, and abuse have increased GBV risks for women and girls, particularly for disabled women and girls. In IDP sites and host communities, insufficient physical infrastructure, distance to water stations, markets, health services, and schools, inadequate lighting and infrastructure, and lack of disaggregation of sanitary facilities all contribute to increased GBV exposure.

SOMALIA

Photo: WHO



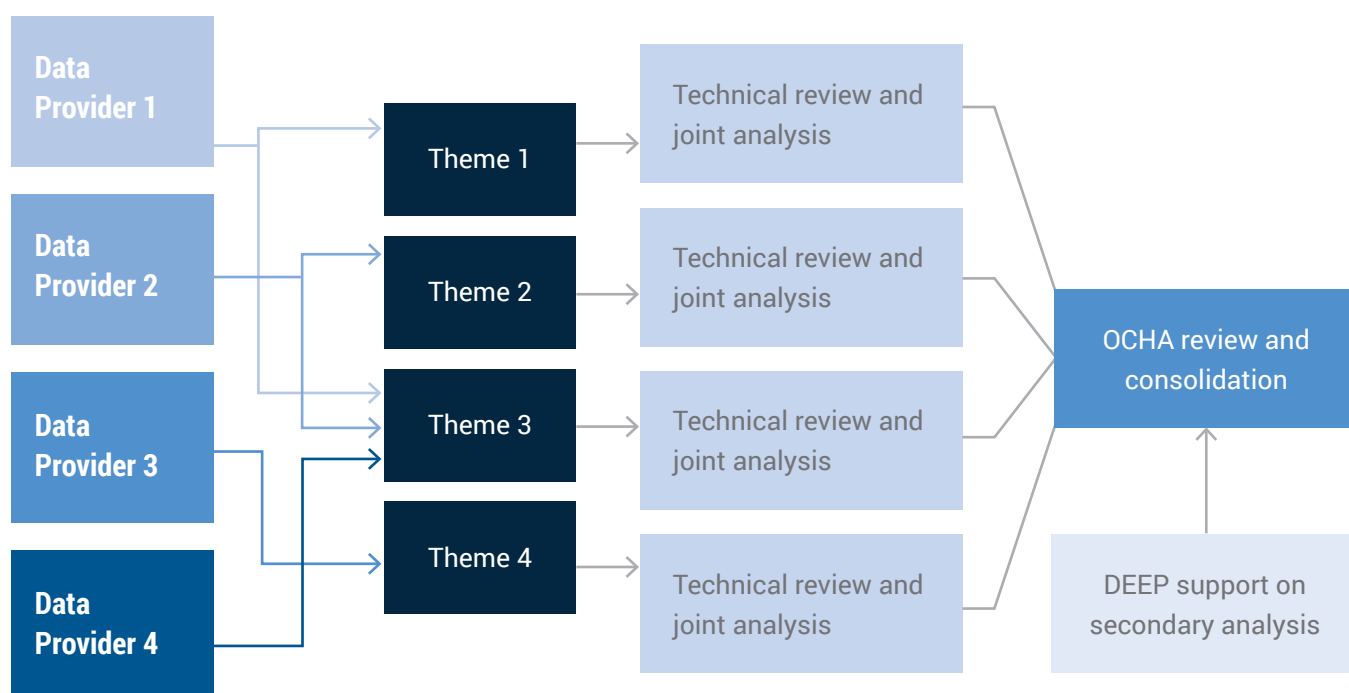
1.3

Scope of Analysis

The 2022 Humanitarian Needs Overview (HNO) analysis covers all 74 districts of Somalia. Based on the main shocks and impacts, no significant changes in the scope of the analysis have been reported compared to the 2021 HNO. The main population groups identified for the analysis of humanitarian needs are: (i) IDPs; (ii) non-displaced people, including individuals living in urban and rural settings as well as areas with high access constraints; (iii) refugees and asylum seekers; and (iv) refugee returnees. Nearly 3.5 million people across Somalia – including IDPs and non-IDPS – are expected to face food consumption gaps or depletion of livelihood assets indicative of Crisis (IPC Phase 3) or worse outcomes through the end of the year, in the absence of humanitarian assistance.¹¹⁶

The joint analysis approach was modified for the HNO 2022 with the implementation of a sequenced and thematic joint analysis process that involved over 20 different primary data sources, as well as a broad range of secondary data literature, see Figure X. All analysis was conducted in line with processes and categories outlined by the global Joint Intersectoral Analysis Framework. Several key data sources have informed the scope of the Somalia HNO analysis including: (i) the national Joint Multi-Cluster Needs Assessment (JMCNA); (ii) FSNAU assessments; (iii) the Protection and Return Monitoring Network (PRMN), and (iv) the Detailed Site Assessment (DSA). These main sources were complemented by sector specific assessment data and analysis.

HNO 2022 Joint Analysis Process



Internally Displaced Persons (IDPs)

A total of 2.9 million IDPs have been displaced by conflict, insecurity, drought and/or floods, the majority of whom are currently located in over 2,400 IDP sites across Somalia, often in informal settlements on private land in urban areas. This estimate does not include displaced households hosted in non-IDP sites or residing outside of settlements, and therefore does not capture all displaced persons in the country. The majority of IDPs across Somalia are poor with limited livelihood assets, few income-earning opportunities, low communal support and high reliance on external humanitarian assistance. As a result, a large proportion of IDPs (in both rural and urban settlements) face significant overlapping inter-sectoral needs and moderate to large food consumption gaps through late 2021.¹¹⁷

Non-Internally Displaced Persons

An estimated 5.5 million vulnerable Somalis who are not displaced will continue to require immediate humanitarian assistance, many of whom reside in rural areas and areas with high access constraints. Large segments of this population are dependent on food and livelihood support, and the fragility of their status makes them vulnerable to external shocks like low and erratic rainfall distribution, flooding, and conflict. People belonging to minority clans and rural communities such as pastoralists and agro-pastoralists are considered the most vulnerable groups within the non-IDP category, with about 60 per cent of Somalia's population being pastoralists whose livelihoods depend on rainfall for basic survival. In line with the HNO 2021, the HNO 2022 will exclude population groups that are in food "stress" (IPC Phase 2) from the needs analysis, recognizing that this population will benefit more from tailored interventions by development actors aiming to strengthen their resilience.

Refugees, Asylum Seekers, and Refugee Returnees

According to UNHCR's projections, there will be 30,800 refugees and asylum seekers in 2022, with the majority hosted in Somaliland, followed by Puntland and south and central regions. Some 58 per cent of refugees and asylum seekers will be from Yemen, 35 per cent from Ethiopia, 6 per cent from Syria, and 1 per cent from other countries.

While conditions are still not conducive for safe and dignified returns to most parts of Somalia, UNHCR projects that in 2022 that there will be 132,117 refugee returnees in the country, with approximately 20,000 returning from refugee camps in Kenya and the remaining from Yemen, Libya, Djibouti and other countries in the region.

Those at High Risk of Being Left Behind

An equitable humanitarian response gives due consideration to those most at risk of exclusion or experiencing limited access to assistance. In 2022, the groups most at risk of being left behind are IDPs due to their status and experience of protracted or multiple displacements, children in adversity, adolescent girls between the ages of 12 to 19 years, older persons, persons with disabilities, persons with minority clan affiliations, and minority ethnic groups.

While there is a lack of demographic data, an estimated 30 per cent of the population may be considered minorities under the 4.5 system.¹¹⁸ It is therefore essential that humanitarian actors take specific measures to work collectively to capture data and adapt programming accordingly to cater to the different needs and experiences of minority clans.

In many ways, the Somali crisis is a children's crisis. Children constituted the majority - 67 per cent - of the 573,000 people who were newly internally displaced between January and August 2021.¹¹⁹

Urban areas such as Banadir have higher rates of households reporting a member with a disability. Recent studies corroborate the World Bank estimated average of 15 per cent of the population with a disability.

The Gender-Based Violence Information Management System (GBVIMS) reports that 76 per cent of GBV survivors are internally displaced, and 97 per cent are women and girls. The Somalia Protection Monitoring System (SPMS) further supports the evidence that these groups are most at risk, such as in the case of sexual assault, adolescent girls (12-17), women, IDPs, minority clans, and girls (0-11) were reported to be the most affected.

SOMALIA

Photo: WHO





SOMALIA

Photo: WHO

1.4 Humanitarian Conditions, Severity and People in Need

Most vulnerable groups

Millions of people (m), Thousands of people (k),

VULNERABLE GROUP	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Non-IDPs	5.5m	18.4k	7.3m	5.5m	19.1k	-
IDPs	2.2m	385	744k	2.2m	17k	-
Refugees, Asylum Seekers, Returnees	0.16m	0.16k	82.9k	79.5k	0.33k	-

Population group #1: Internally Displaced Persons

TOTAL POPULATION	MINIMAL	STRESS	SEVERE	EXTREME
2.9M	385	744k	2.2M	17K

For a description of the severity categories, please see Methodology Annex

Intersectoral severity of needs and immediate drivers

A total of 2.9 million people in Somalia are estimated to be internally displaced as of 2021, one of the highest levels of internal displacement globally. As outlined in 'Displacement and Informal Settlements', the drivers of displacement are cyclical, multifaceted and are predominantly related to conflict and climate shocks such as drought and floods. In combination with pre-existing factors like desertification, and poor land-use practices such as deforestation and overgrazing, these shocks are leading to a breakdown of "traditional" livelihoods opportunities in rural areas, and subsequent rural-urban displacement.



"The major challenges faced in the last three years were the drought which occurred in November 2019 and failed the production of all of my crops I planted during spring last year. It was followed by a heavy rainfall in December 2019 for three consecutive days and destroyed everything in the farm."

- Female IDP, Reebay¹²⁰

Between January and August 2021, around 573,000 people were displaced in Somalia.¹²¹ Of these, more than 413,000 new and secondary displacements occurred because of conflict, 90,000 due to drought, and 59,000 due to floods.¹²² The vast majority of

these displacements were rural-urban in nature, leading to rapid urbanization and overstretched municipal services. In addition, over 92,000 people have been evicted, triggering secondary or tertiary displacement.¹²³

Overall, IDPs remain a particularly vulnerable population group in Somalia. The World Bank 2019 Poverty Assessment in Somalia has shown that those residing in IDP settlements are significantly more likely to be facing deep poverty and a range of multi-dimensional poverty deprivations, compared to host communities residing in urban areas.¹²⁴ Although about 70 percent of Somalis are poor, IDPs are especially marginalized: over three in four live on less than \$1.90 per day, and more than half of IDP households face hunger.¹²⁵

Displaced populations in Somalia predominantly reside in over 2,400 highly congested urban and peri-urban informal settlements, the majority of which are located in Mogadishu, Baidoa, Gaalkacyo, Belet Weyne, Bossaso, Kismayo and Burao.¹²⁶ The Bay and Lower Shabelle regions alone account for nearly 34 per cent and 21 per cent of all settlements. In these sites, IDPs face precarious labour and living conditions. For example, 80 per cent of IDP households do not have formal written documentation to prove their occupancy arrangement, leaving them exposed to expulsion.¹²⁷ Often dependent on clientelist relationships with local community leaders, officials, and property owners, those residing in

IDP settlements are highly vulnerable to protection concerns, exploitation, aid diversion, and evictions.¹²⁸



“[Land owners] lease the goof[vacant land]. When the IDPs receive humanitarian assistance, the goof owners want their share. They will not ask you for money if you don’t receive assistance. They want 10 per cent of the aid distributed in return of the land they gave us”

– IDP Site Leader, Mogadishu¹²⁹

Amidst a rapid urbanization process, many incoming IDPs and rural migrants lack the skills required for urban livelihoods and are confined to poorly-paying informal jobs, if any.¹³⁰ As such, COVID-19 restrictions particularly affected urban IDPs who saw already precarious job opportunities shrink during the lockdown. This sharply reduced the ability of affected families to meet core expenditures including food, water and rent. Amidst inflated food prices, IDPs also had little to no savings to weather such moment.¹³¹ These economic deprivations faced by displaced households have compounding impacts on the severity of their humanitarian needs as it affects their ability to access basic services like electricity, water, sanitation, healthcare, and others:



“I used to make a living by washing clothes for people in Mogadishu, but since this corona disease started, people are afraid; they do not allow us to enter their homes. Now I have to borrow money to even buy water and food”

– Displaced mother, Weydow¹³²

Displacement status alone does not equate to vulnerability - for example, over 73 per cent of IDPs are productive but poor, and 26 per cent are considered self-reliant¹³³ - and there are numerous other cross-cutting factors that determine vulnerability, including age, duration of displacement, disability, gender, and minority clan status. That said, displacement has a disproportionate impact on vulnerable persons and communities. This is particularly the case for children and youth, who account for more than 67 per cent of Somalia’s IDPs.¹³⁴ Access to important public services, like schooling, water, and healthcare is particularly impaired for IDP children, especially those living in sites.¹³⁵ Displaced children also face a range of protection concerns, including forced marriage, family separation, and sexual assault. Many children are also forced into child labour in order to support their families instead of going to school, or have to resort to begging. The type of shock that caused displacement has also been shown to impact access to assistance and services, with those displaced by conflict, located in urban centres and in protracted displacement tending to receive better essential amenities, in contrast to IDPs displaced by flooding, drought or the threat of locusts.¹³⁶

Rapid rural-urban displacement has also had a gendered impact on households. While men and women in pastoral and agro-pastoral communities had clearly defined roles and responsibilities in livestock and crop production activities, once displaced both men and women are often both forced to take on casual, extremely low-paying, and potentially harmful jobs.¹³⁷ This has particularly affected displaced women, who often work as temporary employees in the construction, cleaning, waste management, and other informal sectors, while there is anecdotal evidence that female IDPs tend to be paid less, face gender-based violence, and perform more precarious work compared to men.¹³⁸



“I go around, knock on doors, and ask if there is someone who needs their laundry to be washed. [...] [Saying ‘no’ to the money] is not an option for me. Getting in an argument with my employer is not one either. I take the money and I buy food for my children with it. [...] After you finish washing the laundry, some people claim that the clothes are not clean. You start all over again. If you do not do so, you are not paid. It is only because of my circumstances that I do it again.”

- Female IDP interviewee, Mogadishu¹³⁹

An interlinked vulnerability factor is minority clan status. Displacement in Somalia has tended to follow clan lines, with people displacing to areas where their clan has a comparative advantage or local majority. Minority-clan affiliated displaced persons face lower access to social capital and networks in urban areas, and aggravated conditions and exploitation compared to those aligned with larger clans.¹⁴⁰ Minority clan affiliation¹⁴¹ was also most often mentioned by IDPs as the reason for being denied or excluded from humanitarian assistance.¹⁴²



“[Minority groups] have no space, no resources, and no policies to represent them. This leads to displacement, where they are either excluded from assistance or exploited”

- Key informant¹⁴³

As a result, despite improved access to services and markets in cities compared to rural areas, displaced populations in urban informal settlements commonly face hunger, absolute poverty, and severe sectoral health, sanitation, and shelter conditions. Out of

2.9 million IDPs, it is estimated that 75 per cent, or 2.2 million people, require urgent humanitarian assistance. This is reflected in recent surveys with displaced populations, which indicate that their self-reported priority needs are food or cash to buy food (61 per cent), healthcare (59 per cent) and improved shelter (58 per cent).¹⁴⁴ As evident in recent FSNAU-FEWSNET reports, IDP populations also persistently face higher rates of food insecurity and malnutrition than host communities¹⁴⁵.

As outlined in the National Durable Solutions Strategy (2020-2024), displacement-affected communities require access to services and to live somewhere with security of tenure protecting them against forced evictions. These communities tend to become integrated into poor host communities and desolate settlements with limited livelihood opportunities where they face protection risks, including exploitative labour and gender based violence. As part of this process, their lack of participation in public affairs, lack of sustainable livelihoods and employment, and lack of access to justice will need to be addressed in order for these communities to become self-sufficient, integrate into urban areas, and re-join mainstream society.¹⁴⁶

Living standards

Limited financial resources, a lack of sufficient or quality services, and the loss of social networks makes it difficult for IDPs to navigate new environments and access basic services. While most IDP sites are located in urban or peri-urban areas, where – compared to rural areas – the supply of essential goods and services are available in rough proximity,¹⁴⁷ many IDPs struggle to afford these services or the transportation fees to access them. That said, conditions in rural IDP sites are significantly worse than those located in urban areas, with urban IDPs having better access to electricity, improved housing, and improved sanitation than rural IDPs.¹⁴⁸

According to the World Bank Somali Poverty and Vulnerability Assessment, urban IDPs have less access to electricity, piped water, improved sanitation, improved housing, dwelling ownership, and internet

compared to other non-IDP urban households.¹⁴⁹ The lack of services in urban IDP sites is partially linked to the tenuous property status and land rights of IDPs, with landowners often disincentivized to invest in the area:



“Why would landowners let them raise their living standards? IDPs cannot even build pit latrines or waste collection points, as it is not in the interest of landowners to make their property inhabitable. They are waiting for an opportunity to sell the land at a good price and want to make sure that squatters or tenants can be evicted easily.”

– NGO Key Informant¹⁵⁰

Displaced persons reported particularly high access barriers to food, nutrition, health, water, protection, sanitation, and hygiene services within IDP sites¹⁵¹. Based on interviews in IDP sites, the key reported barriers to access health services were the cost of services and medicines, the distance to treatment centres, and access to qualified staff. Reports have shown that the low level and difficult access to health services in the IDP sites in Baidoa and Kismayo tends to particularly disadvantage women and their ability to access maternal healthcare and personal hygiene items.¹⁵² Similar issues were reported with regards to a lack or limited access to water and sanitation services, with IDPs flagging the distance and low number of water points as key constraints, as well as the lack of sanitation facilities.¹⁵³ In some districts, like Laas Caanood, Laasqoray, and Lughaye, the majority of IDP sites were at least half an hour’s walk away from an operational water source.¹⁵⁴

Moreover, urban IDPs suffer from lower enrollment, literacy, and employment rates. They also tend to live further away from primary schools and food markets.¹⁵⁵ It is estimated that over 667,000 displaced children are not able to access education services,

with financial issues reported as the key barrier to education for IDPs.¹⁵⁶ Chronically low attendance rates among IDP children were further aggravated by school closures due to COVID-19, financial issues, the distance to school, a lack of documentation needed to register, and security concerns of displaced children traveling or being at school.¹⁵⁷

It is estimated that roughly one in two IDPs live in sub-standard makeshift shelters. These are usually made of tree branches, torn clothing, plastic sheeting and rags. Single female-headed households (widows, divorced, left-behind) tend to be worse-off, with a higher proportion living in makeshift shelters, in particular in Baidoa.¹⁵⁸ A displaced participant in a recent study described the process of building these precarious shelters as communal and overseen by IDP site leaders:



“The hut is constructed by fetching poles and branches of trees. To cover the house, we use torn clothes and rags thrown to garbage sites where we collect them and sort them out to choose the one that can benefit us. We also collect wires to tie the poles together from the garbage sites.”

– Displaced women in Dalxiiska¹⁵⁹

Overcrowding in IDP sites coupled with poor shelter standards, the walking distance to access basic services, and precarious labour practices also exacerbates the risk of gender-based violence and sexual assault, particularly for adolescent girls and women. Safety audits indicate a pervasive lack of lighting within the majority of shelters and in WASH facilities, while 86 per cent of sites assessed do not have separate latrines or bathing facilities for males and females.¹⁶⁰

Insufficient spacing between shelters and structural barriers are also a significant hindrance for people

with disabilities when accessing amenities like water points and latrines, or humanitarian aid.¹⁶¹ While accurate disability data remains hard to come by in Somalia, disabilities most often registered were ability to "walk or climb stairs" with the majority of those with a disability stating they "cannot function at home without a great deal of support" and 30 per cent not able to "move around the community and engage with community members without a lot of support."¹⁶² Recent data shows a prevalence of people with disabilities among urban IDPs, particularly in Banadir - potentially given the larger number of IDPs and frequent and violent incidents leading to trauma and disability.¹⁶³

Sub-standard inter-sectoral living standards in informal IDP sites are overlapping, mutually reinforcing, and a driving factor of humanitarian needs and poor health and nutrition outcomes. For example, poor hygiene standards like shared latrines coupled with limited health and WASH facilities – in particular limited access to water and sanitation facilities – are particularly prevalent across the majority of congested IDP sites compared to host communities, which in turn leads to higher rates of acute diarrheal and other water-borne diseases, increasing the risk of malnutrition and disability.

Coping mechanisms

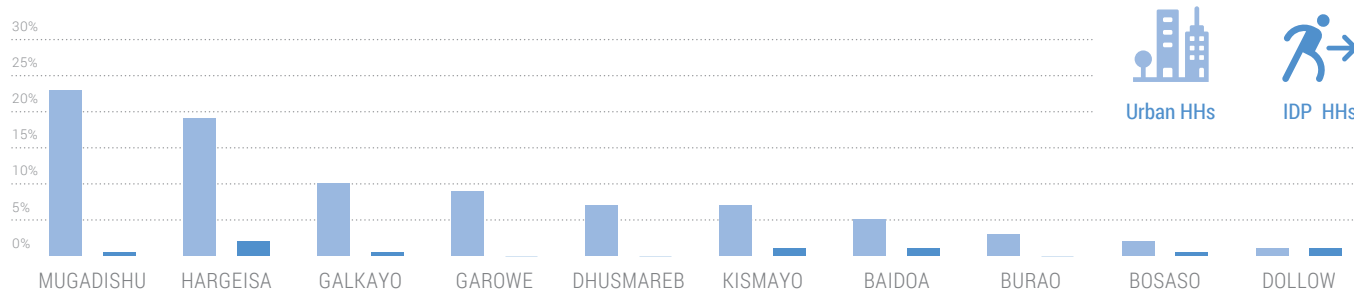
For many displaced persons, their displacement was a coping strategy in itself after suffering from years of multiple and intertwined shocks.¹⁶⁴ IDPs in Somalia are often displaced in search for food or work due to recurring climate shocks or insecurity, ending up in urban and peri-urban areas where there is – often

marginally – improved access to livelihoods, food, water, humanitarian assistance, and safety. Once displaced, IDPs tend to find themselves without a social safety net and cut off from coping mechanisms that were available to them pre-displacement. For example, in the absence of government-led support, a predominant coping mechanism for Somalis during times of crisis is to rely on informal safety nets – including family, diaspora, and clan-based structures – and humanitarian assistance.¹⁶⁵ For IDPs, these 'first-line' communal coping strategies tend to be less available due to their isolation from social networks that they previously relied on. IDPs are also less able to rely on the sale of assets and receiving remittances – a key coping strategy more readily available to urban host communities.¹⁶⁶ It is estimated that, on average, IDP households receive about half the remittances of urban households¹⁶⁷, with most IDP communities receiving none or close to no remittances at all¹⁶⁸ – see Figure below.

IDPs in Somalia also have less access to credit than host communities, meaning they often lack the capacity to incur debt as a risk mitigation mechanism.¹⁶⁹ Even with nine commercial banks and two microfinance institutions in Somalia, none of them specifically target the ultra-poor such as the IDPs.¹⁷⁰ This leaves Somalia's poorest with very few credit sources in the formal financial sector. What is more, many IDPs usually have no known family to serve as guarantors or extend soft business loans to them, further limiting their informal credit sources.¹⁷¹

Amidst recurring shocks, including the socio-economic impact of COVID-19, the result is the use of more severe coping strategies by IDPs in the

Urban/IDP HHs who Received Remittances (%)



face of intense economic and social deprivation. Commonly used coping strategies among IDPs include the reduction of expenditures, reducing the quantity and quality of food, multiple displacement, and seeking assistance from relatives if possible.¹⁷² IDP households also tend to be particularly reliant on humanitarian assistance, with over 30 per cent of displaced households in the central districts of Somalia like Galdogob and Gaalkacyo reporting humanitarian assistance as their main source of income.¹⁷³ As one key informant noted in a recent report:



'IDPs in Baidoa only have harmful coping strategies. They generally do not own their land, have nothing to sell and no savings. So their only options are indebtedness and displacement.'

- NGO, Baidoa, 2020¹⁷⁴

In the case of urban IDPs, an additional coping strategy is the diversification of income sources through the acceptance of precarious, exploitative, and dangerous labour conditions, including temporary or daily labour in the waste management and construction sectors.¹⁷⁵ Among rural IDPs who were previously affected by drought and floods, given the recent regeneration in pasture and water that helped restore livestock body conditions, many poor IDP households have seized the opportunity to sell more livestock than usual in order to repay debts incurred for water, animal feed, and food purchases during the prolonged dry season. Pastoralists currently hold an estimated average of US\$400-500 in debt.¹⁷⁶ For instance, in the district of Caynabo 36 per cent of IDP households declared that sheep and goat sales was their main source of income.¹⁷⁷ Practices like the sale of essential assets and incurring debt are likely to leave pastoral communities more exposed to subsequent shocks.

When faced with limited access to water, IDP communities tend to rely on less preferred - predominantly unimproved and untreated - water sources for drinking water as a coping mechanism. Reliance on less preferred source of drinking water is particularly observed in Belet Xaawo (50 per cent), Cabudwaaq (38 per cent) and Cadaado (48 per cent) districts for IDP populations.¹⁷⁸ While in terms of sanitation, at the national level, IDP populations are more likely than host communities to rely on communal sanitation facilities. This is particularly true for Garowe (59 per cent), Garbahaarey (59 per cent) and Cadaado (58 per cent) districts.¹⁷⁹

IDP households are also forced to adopt negative protection-relevant coping mechanisms, often because of a lack of livelihood sources. Abandonment and child labour are the most notable negative coping mechanisms, with both boys and girls are engaging in casual labour instead of attending school. Displaced children from female- or older-person headed households are particularly at risk of child labour.¹⁸⁰ The Protection Cluster has also noted an increase of child marriage as a coping strategy due to household economic distress, which in turn expose displaced girls to increased risk of sexual and gender-based, domestic violence, abuse, neglect, exploitation, serious injuries during pregnancy and delivery, and death.¹⁸¹

Physical and mental wellbeing

Faced with chronic precarity, exploitation, multiple displacements, and a lack of social safety net mechanisms, IDPs in Somalia are often no longer resilient to incoming shocks, leaving them vulnerable to direct impacts on their physical and mental wellbeing. The key drivers of acute food insecurity in Somalia include the combined effects of poor and erratic rainfall distribution, flooding and conflict. For displaced persons, these conditions are exacerbated by limited livelihood assets, few income-earning opportunities, low communal support, and high reliance on external humanitarian assistance, triggering high levels of food insecurity¹⁸². As a result, an estimated 1.1 out of 2.9 million IDPs in both rural and urban settlements face crisis to emergency-level

food insecurity through late 2021¹⁸³. Some of the urban IDPs across Somalia also continue to face moderate to large food consumption gaps over the same period, partly due to a slowdown in economic activities in urban areas and the rising costs of food and other essential non-food items.

According to the results of 35 separate nutrition surveys conducted by FSNAU and partners in June and July 2021, the overall median Global Acute Malnutrition (GAM) rate in Somalia among IDPs is 11.2 per cent.¹⁸⁴ The total number of IDPs who are in need of nutrition services in 2021 is estimated to be around 0.3 million including women and children, with particularly highest prevalence of GAM among displaced children under 5 found in Galkacyo (17.6 per cent) and Mogadishu (16.5 per cent).¹⁸⁵ Similarly, the SAM rates for IDPs residing in Mogadishu, Galkacyo, and Kismayo were among the highest rates in the country, at 3.9, 3.4, and 3.3 per cent respectively.¹⁸⁶ In these areas, the drivers of acute malnutrition include particularly high morbidity, low immunization, low vitamin-A supplementation, reduced access to milk, and food insecurity.¹⁸⁷

Residents of informal sites are often subject to congested, unsanitary conditions in combination with high malnutrition and food insecurity, leaving them vulnerable to the risk of communicable diseases – including COVID-19 – which further compound malnutrition rates. These conditions particularly affect children and women and are further aggravated by a lack of basic health services and personnel. The combination of these factors has led to the occurrence of disease outbreaks including measles, vaccine-derived poliovirus, and AWD/ cholera. The result is high levels of morbidity among IDP populations in Somalia, in particularly among Baidoa IDPs (34.5 per cent), Mogadishu IDPs (29.7 per cent) and Hargeysa (23.7).¹⁸⁸ Crude Death Rate (CDR) and Under Five Death Rate (U5DR) were low across most IDP population groups, with the exceptions of Mogadishu and Baidoa.¹⁸⁹

Cholera is endemic and seasonal spikes have been identified during rainy seasons, along riverbanks and in locations with high number of IDPs where access to clean water and sanitation are limited. A total of 4,134 AWD/Cholera cumulative cases including 31 deaths were reported from 4th January to 7th August 2021¹⁹⁰. As expected with the low measles vaccination coverage rates measles outbreaks continue to occur, with various alerts noted in Banadir district in 2021.



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Photos: WHO

Population group #2: Non-Internally Displaced Persons

TOTAL POPULATION	MINIMAL	STRESS	SEVERE	EXTREME
12.8M	18.4K	7.3M	5.5M	19.1K

Intersectoral severity of needs and immediate drivers

In total, 5.5 million non-displaced vulnerable people in rural and urban areas are expected to need humanitarian assistance in 2022. These needs are driven by both widespread poverty as well as increasing vulnerability to recurring shocks. Somali host communities, particularly in rural areas, face significant pre-existing vulnerabilities, including widespread precarity and poverty, limited access to basic services and livelihoods opportunities, and gaps in local governance. This has left many communities vulnerable to shocks such as climate-change induced natural disasters, conflict, and epidemics, as well as to household-level shocks such as health complications, disability, death, or unemployment.¹⁹¹ With a lack of public and private insurance, every shock has the capacity to bring households closer to a 'tipping point' where severe coping mechanisms, including displacement, need to be used to ensure survival.¹⁹²

Widespread poverty remains a key driver of vulnerability among Somalis. Unemployment and underemployment accurately describe the livelihoods of almost half the population, with youth under-participation in the labour market becoming a growing concern. The percentage of the population living below the poverty line increased from 69 per cent in 2018 to 71 per cent in 2021, and is likely to remain similar in 2022-2023.¹⁹³ In recent surveys at the national level almost half of all households (42 per cent) declared that they faced challenges to obtain enough money to cover their needs.¹⁹⁴ Restrictions related to COVID-19 have particularly affected urban households and those relying on remittances. Some 60 per cent of urban residents that normally receive remittances report a moderate to extreme decline in those since the start of the pandemic.¹⁹⁵

Most households face overlapping severe needs and deprivations, both monetary and non-monetary. The World Bank estimates that almost 9 of 10 Somali households are deprived in at least one dimension: monetary, electricity, education, or water and sanitation; while nearly 7 of 10 households suffer in two or more dimensions. This is reflected in the findings of the 2021 Joint Multi-Cluster Needs Assessment, which indicates that host communities still widely report basic needs as their top priority, in particular healthcare (57 per cent), food or cash to buy food (55 per cent), and shelter or adequate housing (50 per cent).

Conditions are worst in rural areas and areas with access constraints.¹⁹⁶ Somalia's rural communities face the most profound poverty in the country – almost three fourths of the population live in extreme poverty¹⁹⁷ – among all vulnerable groups, and account for more than half (54.5 per cent) of the population.¹⁹⁸ As outlined in 'Food Production and Asset Losses', recent climate shocks have particularly affected rural pastoralist and agricultural households that are dependent on rainfall and favorable weather patterns. These conditions in rural areas were further aggravated by COVID-19, particularly among pastoralist communities reliant on livestock exports. In a survey among pastoralists, livestock sales during the Hajj festivities were reported to contribute an average of 40 per cent to family incomes, and to have reduced by 80 per cent in 2020 compared to previous years.¹⁹⁹ Consequently, a significant proportion of poor households in rural areas are seeing multiple declines in food and income sources and are likely to face multi-dimensional hardships throughout 2022.

As among the IDP population, cross-cutting vulnerabilities need to be taken into consideration. Women and girls are at particular risk of being left behind in terms of access to services and aid, which has compounding impacts on their physical and mental wellbeing. A survey by the Ministry of Women and Human Rights Development (MoWHRD) found that women and girls in Somalia face a multitude of challenges, ranging from lack of decision-making and access to services to direct violence.²⁰⁰ Findings indicate that 15.9 per cent of women do not have access to toilets and 32.3 per cent report no access to health facilities.²⁰¹ This has significant implications for maternal health with only 32 per cent of births delivered with the assistance of a health professional and 21 per cent of births delivered at a health facility.²⁰² In total, an estimated 1 out of 22 women is likely to die due to pregnancy or childbirth-related causes over the course of their lifetime.²⁰³ Similarly, women are much more likely than men to be unable to work or be enrolled in school because of family and household care responsibilities: 68.1 per cent of MoWHRD respondents reported working or marrying during the age bracket for school attendance while 52 per cent of respondents were illiterate.²⁰⁴ Women and girls are also likely to face common forms of GBV in Somalia, including widespread intimate partner violence (IPV), sexual violence, female genital mutilation (FGM) as well as forced and underage marriage. Among these, FGM is the most prevalent with more than 99 per cent of women having undergone circumcision and 64 per cent having undergone pharaonic circumcision.²⁰⁵

Similar to IDP communities, persons with minority clan affiliations, women – in particular over 60 years old, and people with disabilities are often excluded from humanitarian assistance and are not represented in discussions and decisions on resource allocations within host communities. Minority clan affiliation was mentioned as the primary reason for exclusion of assistance²⁰⁶, in particular in the Bay and Bakool regions where there are historical trends of minority group exploitation and exclusion that are interlinked with patterns of persistent food insecurity.²⁰⁷ Among persons with disabilities, children are especially vulnerable and report a very high level of unmet needs:

a recent rapid assessment found that 62 per cent of caregivers reported that communities still view children with disabilities as people who cannot contribute to the family welfare, while 34 per cent reported that communities view children with disabilities as a sign of bad luck, with community members believing that children with disabilities bring drought and poverty not only to the family but the whole community. Families regularly chain children with disabilities with caregivers indicating that the practice is necessary to protect the children from harm such as car accidents, falling into pits/trenches, discrimination, physical and sexual abuse, hurting other people or being hurt.²⁰⁸

Living standards

The provision of essential social services across Somalia has been very limited in the past three decades due to the protracted conflict, weak government institutions, and lack of human and financial capability.²⁰⁹ Climate-change induced disasters including recurring droughts and floods further negatively impacted both existing infrastructure and threaten progress in the last decades. In this vacuum, both humanitarian aid and private companies have become primary providers of services, which remain exceptionally limited for most communities.²¹⁰

The reality for most Somalis is that essential services remain out of reach for a variety of monetary and non-monetary reasons, which significantly impacts their physical and mental well-being.²¹¹ Continuous conflict since 1991 wreaked havoc on the health system, sanitation, and safe drinking water systems, creating fertile grounds for a rise in infectious disease.²¹² The result is that government services – like nutrition or health delivery capacity – remains underdeveloped. For example, Somalia has an inpatient bed density of 5.34 beds per 10,000 population, substantially below the target density set by the World Health Organization²¹³ of 25 beds per 10,000 population and the Sub-Saharan Africa regional average of 9 beds per 10,000 population.²¹⁴ Women and children have been most affected, considering Somalia has one of the highest fertility rates in the world, while maternal and child health services barely exist.²¹⁵ Nutrition services are similarly absent for many households in

need. The Somalia Health and Demography Survey from 2020 suggests that only 9 per cent of children aged 6-24 months receive a minimum acceptable diet, resulting in devastating long-term consequences. Stunting during childhood will result in a weakened immune system, impaired cognitive ability, and various other lifelong afflictions. These constraints and lack of services are multiplied among the rural and nomadic population and result in some of the worst health outcomes worldwide.²¹⁶

Rural communities tend to face the highest levels of deprivation of access to services. These communities tend to be characterized by low population density, mobility, and significant access challenges due to conflict and lack of infrastructure, which lead to limited access to services like education, water, and health.²¹⁷ nation-wide only 5 of 10 rural households have access to improved sanitation services or electricity, while only 80 per cent have access to safe water.²¹⁸ The discrepancies between urban and rural areas are stark. For example, only 2 per cent, 24 per cent, and 28 per cent of communities in rural areas in Hiraan, Lower Shabelle, and Middle Shabelle reported the presence of health facilities, compared to 38 per cent, 83 per cent and 71 per cent of communities in urban areas in the same districts.²¹⁹ More than in urban areas, insecurity plays a key role in hampering the delivery of services in rural areas with the regular temporary closure of already limited facilities and postponement of services – particularly in “last mile” villages where basic services and infrastructure are non-existent and humanitarian access is tenuous.²²⁰

Adequate shelter and housing remains one of the top priority needs, voiced by 50 per cent of host community households.²²¹ While urban areas tend to have higher-quality housing, urban residents face increasing challenges in accessing land and adequate shelter partially due to an influx of rural-urban IDPs towards cities.²²² That said, in contrast to the extremely worrisome situation of displaced persons for whom emergency shelters tend to become protracted housing realities, members of host communities generally use more durable materials: concrete (49 per cent) and galvanised corrugated iron (40 per cent), which both suggest that host community households feel

confident that they will not be evicted and that they can make longer-term investments for their home.²²³ South West State is an exception to this rule, with a significant portion of rural households living in temporary shelters provided by aid agencies.²²⁴ Rates of lack of proof of ownership remain high among host communities, particularly among the urban poor, some of whom reside in IDP sites together with displaced populations and face similar risks of eviction.

Education services are inadequate across Somalia, with only 52 per cent of schools classified as permanent structures and most schools at least 30 minutes walking distance for 1 in 3 households.²²⁵ Similar to other sectors, levels of education are significantly lower in rural areas than in urban areas: it is estimated that only 12 per cent of enrolled children in primary school are from rural areas, while the rural population is over 50 per cent of the national total.²²⁶ For example, in rural areas of Hiraan, Lower Shabelle and Middle Shabelle, most key informants reported people received no formal education (71 per cent, 67 per cent, 39 per cent). In contrast, in urban settlements of Hiraan, Lower Shabelle and Middle Shabelle, most people reportedly received secondary education (62 per cent, 55 per cent, 36 per cent).²²⁷ COVID-19 has exacerbated these dynamics, particularly affecting the education sector due to the imposed national lockdown.

Children with disabilities particularly struggle to access education in Somalia. There are inadequate resources for the schools and child protection facilities to install ramps for wheelchairs, transport services for those who struggle with mobility, and ‘disability-friendly’ learning resources and study spaces. There are also very few teachers and child protection staff who have had adequate training on how to incorporate children with disabilities into classroom learning and social services.

Vulnerable populations within the host communities, including women and girls, people over 60 years old, persons with disabilities, children in adversity, and people with minority clan affiliations face a range of barriers of access to services that are both status and location specific. These populations groups are less likely to be informed of available services or

incoming aid, face various forms of discrimination and harassment, as well as additional requests for bribes or favors by gatekeepers.

Coping mechanisms

In the absence of formal safety nets, households in Somalia tend to rely on self-insurance, including reliance on family, friends, clan networks, and humanitarian assistance in case of sudden crises.²²⁸ Only a marginal share of households has access to formal lines of credit or market mechanisms, adding to the overall vulnerability of most households.²²⁹ Instead, many communities pool together resources to strengthen their livelihoods and respond to shocks.²³⁰ For example, during the 2011 Somalia famine, households that had greater inter-clan social and economic interactions were less food insecure as they could access assistance within their clan networks.²³¹ As these forms of informal safety nets rely on extensive social networks and capital, marginalized or minority clan affiliated households tend to have more limited capacity to employ these forms of capital and face increased exposure to shocks.

Remittances are a major informal social safety net in Somalia, constituting an estimated 35 per cent of GDP²³², but remain available to only 10 per cent of the population, predominantly in urban areas. Those that do not receive remittances – particularly in rural areas – on average show an 18 per cent higher rate of poverty than households that have access to remittances.²³³ The global socio-economic impact of COVID-19 led to a temporary decline in remittances to Somalia in 2020-2021, which has since improved. That said, multiple analyses by the World Bank, the IOM, and FSNAU conclude informal remittances likely remain below pre-pandemic levels.²³⁴ Based on the World Bank's data, official remittance inflows rose year on year by an estimated 18 per cent in 2020 largely due to improvements in the recording of official flows, but it is likely that informal remittances have declined.²³⁵

With limited risk mitigation options available, the use of negative coping mechanisms to deal with drought, floods, conflict, or multi-shock scenarios is increasingly widespread in Somalia. Households use severe forms of coping strategies (crisis and emergency) when experiencing shocks as a result of which they lack food

SOMALIA

Photo: WHO



or the income to buy food. These include consumption based coping (e.g. reducing the amount, frequency and quality of food consumed) and livelihood based coping (e.g. consume seed stocks, sell productive assets, beg, withdraw children from school, etc.)²³⁶ In addition to relying on informal social safety structures like family support and remittances, many households attempt to diversify their income and food sources through the use of negative social or environmental coping mechanisms.²³⁷ For example, the drought in 2016-2017 saw an increase in charcoal gathering and burning, precarious domestic labour, and hunting and gathering. In rural areas, income diversification can involve a combination of options, at times all at once: production activities on their own farm, wage labour earned from others' farms or engagement in other non-farm work.²³⁸ Across both rural and urban areas, child labour is an income diversification strategy that is widely used and a major protection risk, with children being removed from school to beg or conduct temporary and often hazardous casual labour like the selling of firewood and charcoal to nearby towns, migration to towns to work as house help, and construction work.²³⁹ Similarly, child marriage is often conducted for economic benefit of a dowry, with an increase in child marriage cases reported during the COVID-19 pandemic.²⁴⁰ According to the latest government figures, 34 per cent of Somali girls are married before they reach 18, and 16 per cent before their 15th birthday.²⁴¹ The majority are girls with little or no formal education from low-income families who cannot afford to send their children to school.

In addition to these overarching coping strategies, recent studies have shown that many households in host communities employ severe coping strategies and widely rely on less preferred and less expensive food – on average around 2 days a week at the national level – as well as the expenditure of savings, and reduction of expenditures in order to survive.²⁴² The monetary prioritization of immediate life-saving needs like food and water are likely to have cascading effects on other sectoral needs. For example, if families use all their income for meeting basic food needs, this leaves little or no income to meet basic social services and reproductive health and maternal and newborn health needs, leading to increased malnutrition and morbidity

rates among pregnant and lactating women. In addition, displacement and temporary migration are likely to remain a key coping strategy for many families that are looking for food, safety, or work. Between January and August 2021 alone, around 573,000 people were displaced in Somalia.²⁴³ In terms of communal coping strategies, community and kinship support, such as livestock and crop zakaat, will likely remain limited in 2022 given that consecutive, below-average crop production seasons have also reduced the capacity of middle and better-off households to offer cash and in-kind gifts to the poor.²⁴⁴

In 2022, rural communities will likely use the most severe negative coping strategies as they face a potential third consecutive season of poor rainfall performance, where the below average 2020 Deyr triggered widespread drought in late 2020.²⁴⁵ If these projected conditions materialize, rural communities are likely to see high rates of displacement and the sale of farming land, breeding stock, and other productive assets. The latest FSNAU-FEWSNET Post-Gu Assessment has already highlighted that pasture and browse availability is below average in most parts of central and south Somalia in 2021, leading to abnormal livestock migration from Gedo to adjacent areas in Ethiopia and coastal areas from Nugaal and North Mudug to near the Ethiopian border.²⁴⁶

Physical and mental wellbeing

Excess mortality and morbidity in Somalia remain driven by malnutrition, disease outbreak like AWD/ cholera, measles and malaria, non-communicable and chronic diseases, as well as complications of pregnancy and violence. These factors are compounded by multi-dimensional poverty, a lack of governance structures, and the absence of – or insufficient - basic services across Somalia. Health and nutrition indicators in Somalia are of particular concern. Recent estimates suggest that the rates of global acute malnutrition are approximately 11 per cent, with IDPs and pastoralist communities.²⁴⁷ The drivers of acute malnutrition include high morbidity, low immunization, low vitamin-A supplementation, reduced access to milk, and food insecurity. Urgent treatment and nutrition support are required for

approximately 1.2 million children under the age of five years (total acute malnutrition burden), who will likely face acute malnutrition between August 2021 and July 2022, including 213 400 who are likely to be severely malnourished.²⁴⁸

Maternal mortality ratios in Somalia are among the highest in the world, as are levels of childhood stunting and under-five mortality rates. These figures are compounded by a lack of basic services for infants and pregnant and lactating women: only 11 per cent of mother receive postnatal care within 2 days of giving birth, 24 per cent of pregnant women attended at least 4 antenatal care visits, while only 1 in 3 deliveries is attended by a skilled health care professional.²⁴⁹ In addition, just 11 per cent of all children between the ages of one and two received all basic childhood vaccinations.²⁵⁰ As a result, women in Somalia have a one in 22 lifetime risk of maternal death, while under-5 mortality rates stand at 117 deaths per 1000 live births, and infant mortality stands at 74 out of 1000 infants.²⁵¹ Over 80 per cent of newborn deaths are due to preventable complications during birth or infections such as pneumonia, diarrhea, measles and neonatal disorders.²⁵²

The combined effects of poor and erratic rainfall distribution, flooding and conflict will also directly impact the food security of host communities, particularly in rural areas. Based on the results of the FEWSNET-FSNAU Post-Gu assessments conducted, nearly 3.5 million Somalis would be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) through at least December 2021, in the absence of humanitarian assistance.²⁵³ Rural populations will be particularly affected as they are experiencing multiple declines in food and income sources. In agropastoral livelihood zones, where the main shocks include erratically distributed rainfall and conflict, poor households have experienced substantial crop losses and low income from agricultural employment. With few alternative sources of food and income after current food stocks are depleted, they face moderate to large food consumption gaps through late 2021.²⁵⁴ In riverine livelihood zones along the Shabelle and Juba rivers, seasonal floods inundated farmland, destroyed crops,

and displaced local populations, leading to significant crop losses and the loss of income from agricultural employment. Consequently, a significant proportion of poor households in riverine areas will also face moderate to large food consumption gaps through late 2021.²⁵⁵

Under the COVID-19 Vaccines Global Access (COVAX) Facility and through its development partners, the country has received vaccines which the government is using to vaccinate its population. However, vaccine hesitancy, the weak and overstretched healthcare system, and poor distribution infrastructure are hampering the vaccine rollout; as of end-September 2021, less than 2 per cent of Somalis had been fully vaccinated. As a result, it is estimated that Somalia will struggle to achieve widescale vaccination before the end of 2023, leaving its people exposed to new, more virulent strains of the disease and raising the prospect that COVID-19 will become a permanent, endemic problem across the country.²⁵⁶

An increase in conflict and conflict-related displacement has particularly impacted boys and girls, who face increased family separation, explosive hazard threats, GBV, physical abuse, psychosocial distress, child labour, and widespread recruitment and use of children. UNSOM has noted heightened levels of conflict-related sexual violence, with verified cases of conflict-related sexual violence perpetrated against 400 girls, 12 women and 7 boys.²⁵⁷ The socio-economic deprivation and quarantine restrictions implemented during COVID-19 also had a direct impact on the physical and mental well-being of children and women in particular. A recent Child Protection and GBV survey indicated that 57 per cent of respondents reported an increase in physical and emotional violence against children at home as well as 36 per cent of households reporting an increase in sexual and gender-based violence.²⁵⁸

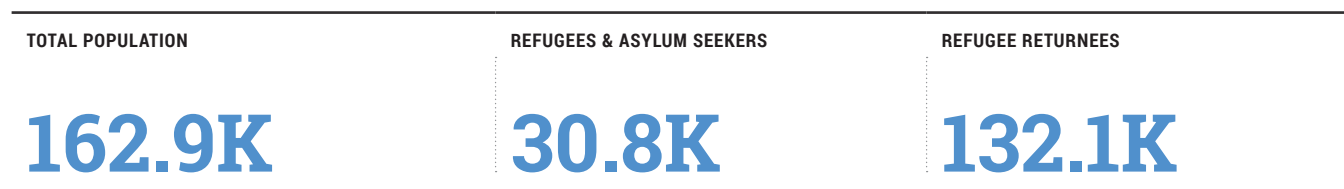
Somalia Early Warning-Early Action: Trends in Risk Factors, Jan 2016 - Sep 2021 (Indicators in Alarm Phase)





SOMALIA
Photos: WHO

Population group #3: Refugees, Asylum Seekers and Returnees



Intersectoral severity of needs and immediate drivers

Refugees and asylum seekers

According to UNHCR's projections, there will be 30,800 refugees and asylum seekers in 2022. The majority of these will be hosted in Somaliland, followed by Puntland and southern and central regions. It is estimated that some 58 per cent of refugees and asylum seekers will be from Yemen, 35 per cent from Ethiopia, 6 per cent from Syria, and 1 per cent from other countries.²⁵⁹

While the overall protection environment for refugees and asylum seekers in Somalia remains favourable, these groups are in dire need of humanitarian support, with many struggling to access the limited and, in some cases, non-existent essential basic services and resources necessary to meet their needs. Refugee and asylum-seeker households face multiple, complex humanitarian needs that are mutually compounding and need to be addressed in tandem. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty, conflict, and insecurity.

The COVID-19 pandemic continues to aggravate vulnerabilities among refugees, asylum seekers and host communities. Poverty and unemployment rates for refugees and asylum seekers were already high prior to the onset of the COVID-19 pandemic, and these persons face even greater challenges in earning a livelihood and covering their basic needs such as shelter or food and access to essential services. As most refugees and asylum seekers live in urban or peri-urban environments, often in densely populated areas or shelters, physical distancing and/or limiting outdoor

activities are extremely difficult to implement. Against such a backdrop and further compounded by the COVID-19 pandemic, protection risks, such as gender-based violence, child labour, abuse and exploitation, have increased and are expected to rise in 2022.

Refugee returnees

While conditions are still not conducive for safe and dignified returns to most parts of Somalia, UNHCR has continued to scale up its preparedness activities for voluntary return and reintegration. UNHCR projects that in 2022 there will be 132,117 refugee returnees in the country, with approximately 20,000 returning from refugee camps in Kenya and the remaining from Yemen, Libya, Djibouti and other countries in the region.²⁶⁰

As in past years, a large percentage of returnees will reside in IDP settlements/ sites with few returning to join family members in urban areas and places of origin. Refugee returnees are particularly vulnerable to the consequences of insecurity, conflict, drought, and floods, as well as COVID-19.

According to UNHCR's Post Return Monitoring (PRM) data, the majority (90 per cent) of returnees are satisfied with their decision to return. The three most frequently cited reasons are: to be reunited with family (53 per cent), ability to return and live-in place of origin (22 per cent), and improved security situation (10 per cent). The three most frequently cited reasons for not being satisfied with the decision to return (10 per cent of total returnees) are: separation from family (38 per cent), limited livelihood opportunities (17 per cent), and lack of assistance and support from authorities (12 per cent).²⁶¹ UNHCR will continue to monitor spontaneous

or self-organized returns with a view to ascertaining the voluntary and informed nature of returns. UNHCR will continue to strengthen cross-border engagement and collaboration with countries of asylum to detect trends and to learn which factors refugees consider most important for their ability to return and sustainably integrate in Somalia.

Returnees suffer from limited access to basic services in urban areas because the system is already overburdened due to a lack of funding to cover the needs of a rapidly growing urban population. Shelter, access to education and documentation are the overarching challenges refugee returnees are facing. The challenges are worsened by the adverse socio-economic impact of the COVID-19 pandemic, which has resulted in loss of income and sources of livelihoods.

Living standards

Refugees and asylum seekers

Findings of UNHCR's internal participatory assessment (2021) suggests that refugees and asylum seekers in Somalia need a variety of protection services and assistance. Key concerns include limited access to quality basic needs and essential services including education, health, basic and domestic items, shelter, and sanitary materials for women and girls of reproductive age. The problems have multiple causes: (1) limited access to the job market (formal and decent employment) and other livelihoods options, which undermines self-reliance efforts; (2) GBV and harmful practices as well as exclusion of minority groups; and (3) subsequent negative coping mechanisms which lead to a vicious cycle of poverty. The situation is particularly dire for persons with specific needs.²⁶²

Refugee returnees

According to UNHCR's PRM data, 66 per cent of returnee households reported that their sources of income are insufficient to meet the needs of the household,²⁶³ which often rely on day labour, business/self-employed, and humanitarian assistance. This is associated with the unavailability of jobs, employment opportunities being too far away, and lack of equipment needed for running a business. Furthermore, refugee returnees indicate that remittances or support from

other family members have been reduced since the onset of the COVID-19 pandemic.

Coping Mechanisms

Refugees and asylum seekers

Coping mechanisms and livelihoods opportunities for refugees and asylum seekers are limited and have been further aggravated by COVID-19. As indicated above, limited access to the job market and other livelihoods options undermines self-reliance efforts and this population group continues to rely on humanitarian aid.

Refugee returnees

Two-thirds (66 per cent) of returnee households report that their sources of income are insufficient to meet the needs of the household,²⁶⁴ which often rely on day labour, business/self-employed, and humanitarian assistance. Vulnerabilities have been exacerbated by reductions in international remittances for some and a decline in purchasing power.

Physical and Mental Wellbeing

Refugees and asylum seekers

The limited access to healthcare services is expected to continue in 2022. This particularly affects persons with specific needs, including those with chronic illness and physical disabilities. According to UNHCR's data, 3.2 per cent of the refugee and asylum seeker population have a serious medical condition and 1.7 per cent live with disabilities which require specialized medical care.²⁶⁵ Additionally, there are other categories of persons with specific needs, including older persons at risk, GBV survivors, as well as victims of torture who require specialized mental health and psycho-social support (MHPSS) services. The capacity of local primary healthcare facilities is inadequate to meet these needs.


Refugee returnees

The majority of refugee returnees face similar challenges to those of IDPs and refugees and asylum seekers in terms of access to livelihoods, education and healthcare facilities. This is primarily due to insufficient education facilities, healthcare services and high costs associated with accessing existing limited services.

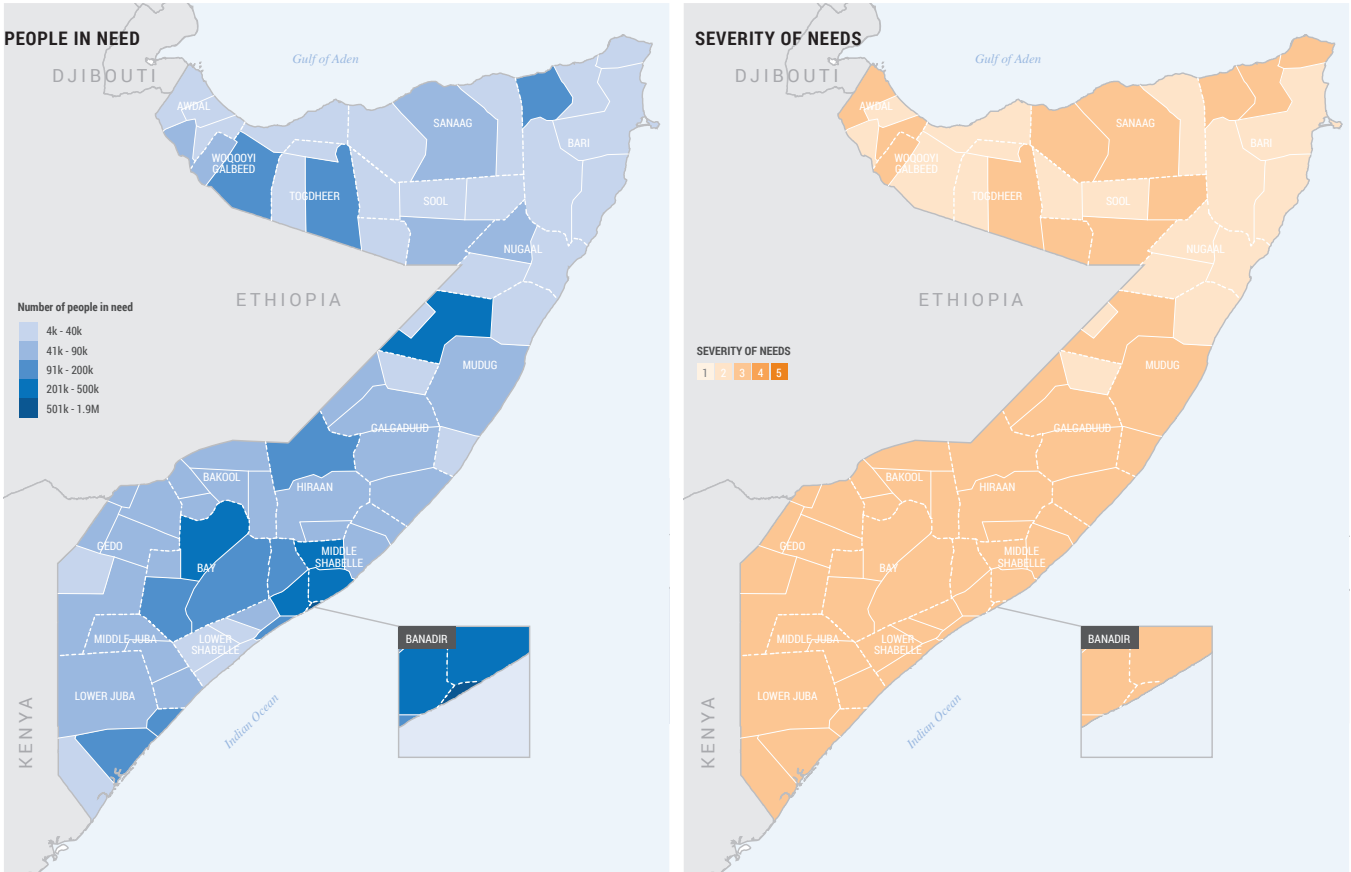
1.5

Number of People in Need

2022 figures

PEOPLE IN NEED	TREND (2018-2022)	WOMEN	CHILDREN	WITH DISABILITY
7.7M		16%	64%	15%

Severity of inter-sectoral needs and estimated number of people in need



PiN by severity phase and location

DISTRICT	TOTAL POPULATION	TOTAL PiN	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Adan Yabaal	85,950	69,414	0	13,189	56,225	0	0
Afgooye	472,223	320,985	0	102,715	218,270	0	0
Afmadow	233,519	89,298	0	55,365	33,933	0	0
Baardheere	172,267	81,130	0	42,999	38,131	0	0
Badhaadhe	71,363	31,147	0	17,442	13,705	0	0
Baidoa	620,749	492,722	0	103,472	389,250	4,927	0
Baki	55,939	14,355	0	10,623	3,732	0	0
Balcad	334,620	279,914	0	44,786	232,329	0	0
Banadir	2,683,312	1,884,910	0	565,473	1,319,437	0	0
Bandarbayla	42,436	4,949	0	4,355	594	0	0
Baraawe	54,775	31,483	0	13,538	17,945	0	0
Belet Weyne	287,761	218,532	0	52,448	166,084	0	0
Belet Xaawo	146,573	85,362	0	35,852	49,510	0	0
Berbera	160,710	4,601	386	4,095	138	0	0
Borama	365,171	56,455	0	47,987	8,468	0	0
Bossaso	671,363	204,856	0	141,351	61,457	0	0
Bu'aale	126,355	52,132	0	30,758	21,374	0	0
Bulo Burto	85,206	77,084	0	7,708	69,376	0	0
Burco	440,319	132,232	0	92,562	39,670	0	0
Burtinle	110,183	15,715	0	13,515	2,241	0	0
Buuhoodle	82,400	22,832	0	16,506	6,326	0	0
Buur Hakaba	172,803	126,279	0	33,998	92,281	0	0
Cabudwaaq	179,424	78,465	0	44,151	34,314	0	0
Cadaado	115,132	9,969	0	9,106	863	0	0
Cadale	70,925	46,556	0	15,996	30,541	0	0
Caluula	80,843	22,204	0	16,105	6,086	0	0
Caynabo	81,380	13,699	0	11,393	2,306	0	0
Ceel Afweyn	78,655	25,261	0	17,148	8,113	0	0
Ceel Barde	71,342	49,215	0	15,265	33,916	0	0
Ceel Buur	91,927	57,572	0	21,516	35,944	0	0
Ceel Dheer	89,040	54,253	0	21,196	32,977	0	0
Ceel Waaq	87,596	29,054	0	19,417	9,637	0	0
Ceerigaabo	150,060	64,146	0	36,726	27,420	0	0
Dhuusamarreeb	212,050	92,520	0	52,152	40,368	0	0
Diinsoor	147,032	116,676	0	24,088	92,304	0	0
Doolow	85,335	49,157	0	20,841	28,316	0	0
Eyl	143,834	22,311	0	18,850	3,461	0	0

DISTRICT	TOTAL POPULATION	TOTAL PiN	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Gaalkacyo	696,454	306,952	0	171,667	129,141	6,139	0
Galdogob	155,900	34,685	0	26,968	7,717	0	0
Garbahaarey	125,417	82,345	0	28,280	54,050	0	0
Garowe	280,557	46,233	0	38,614	7,619	0	0
Gebiley	179,405	55,233	0	38,229	17,004	0	0
Hargeysa	884,600	181,070	0	144,007	37,063	0	0
Hobyo	159,016	65,256	0	38,476	26,780	0	0
Iskushuban	50,902	8,170	0	6,859	1,311	0	0
Jalalaqsi	54,157	43,650	0	8,469	35,128	0	0
Jamaame	371,416	169,969	0	92,187	77,157	0	0
Jariiban	163,358	39,172	0	29,779	9,384	0	0
Jilib	142,930	62,396	0	35,157	27,239	0	0
Jowhar	365,900	293,633	0	57,994	235,386	0	0
Kismayo	303,700	179,388	0	73,428	104,768	1,794	0
Kurtunwaarey	64,467	36,984	0	15,767	21,185	0	0
Laas Caanood	223,473	75,360	0	49,947	25,413	0	0
Laasqoray	134,008	25,055	0	20,371	4,684	0	0
Lughaye	60,867	13,672	0	10,601	3,071	0	0
Luuq	119,516	51,943	0	29,368	22,575	0	0
Marka	247,081	130,185	0	61,592	68,536	0	0
Owdweyne	82,889	6,746	0	6,197	549	0	0
Qandala	54,490	15,761	0	11,202	4,548	0	0
Qansax Dheere	115,329	77,847	0	25,300	50,601	0	0
Qardho	142,557	11,387	0	10,477	910	0	0
Qoryooley	126,545	76,386	0	30,277	46,109	0	0
Rab Dhuure	75,638	44,092	0	18,389	25,700	0	0
Saakow	94,645	43,706	0	23,523	20,093	0	0
Sablaale	63,295	25,357	0	15,199	10,158	0	0
Sheikh	122,616	12,323	616	10,511	1,238	0	0
Taleex	78,537	24,688	0	16,927	7,761	0	0
Tayeeglow	139,718	93,585	0	30,900	62,679	0	0
Waajid	75,797	52,649	0	16,078	36,493	0	0
Wanla Weyn	319,547	181,387	0	78,425	102,904	0	0
Xarardheere	69,298	24,665	0	15,886	8,779	0	0
Xudun	81,097	11,229	0	9,674	1,555	0	0
Xudur	97,252	69,225	0	19,950	49,275	0	0
Zeylac	56,232	15,114	0	11,052	4,062	0	0
			Total PiN				
			7,710,998				

AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	IDPS	NON-IDPS
Adan Yabaal	57 43 	64 32 4 	15% 	0	85,950
Afgooye	57 43 	64 32 4 	15% 	66,200	406,023
Afmadow	57 43 	64 32 4 	15% 	2,600	230,919
Baardheere	57 43 	64 32 4 	15% 	18,400	153,867
Badhaadhe	57 43 	64 32 4 	15% 	2,000	69,363
Baidoa	57 43 	64 32 4 	15% 	454,200	166,549
Baki	57 43 	64 32 4 	15% 	2,700	53,239
Balcad	57 43 	64 32 4 	15% 	61,500	273,120
Banadir	57 43 	64 32 4 	15% 	904,000	1,779,312
Bandarbayla	57 43 	64 32 4 	15% 	2,000	40,436
Baraawe	57 43 	64 32 4 	15% 	4,400	50,375
Belet Weyne	57 43 	64 32 4 	15% 	80,100	207,661
Belet Xaawo	57 43 	64 32 4 	15% 	12,400	134,173
Berbera	57 43 	64 32 4 	15% 	25,800	134,910
Borama	57 43 	64 32 4 	15% 	12,600	352,571
Bossaso	57 43 	64 32 4 	15% 	132,200	539,163
Bu'aale	57 43 	64 32 4 	15% 	9,000	117,355
Bulo Burto	57 43 	64 32 4 	15% 	3,600	81,606
Burco	57 43 	64 32 4 	15% 	65,300	375,019
Burtinle	57 43 	64 32 4 	15% 	2,400	107,783
Buuhoodle	57 43 	64 32 4 	15% 	50,700	31,700
Buur Hakaba	57 43 	64 32 4 	15% 	0	172,803
Cabudwaaq	57 43 	64 32 4 	15% 	6,200	173,224
Cadaado	57 43 	64 32 4 	15% 	15,600	99,532
Cadale	57 43 	64 32 4 	15% 	1,500	69,425
Caluula	57 43 	64 32 4 	15% 	11,000	69,843

AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	IDPS	NON-IDPS
Caynabo	57 43 	64 32 4 	15% 	19,900	61,480
Ceel Afweyn	57 43 	64 32 4 	15% 	14,000	64,655
Ceel Barde	57 43 	64 32 4 	15% 	3,100	68,242
Ceel Buur	57 43 	64 32 4 	15% 	22,000	69,927
Ceel Dheer	57 43 	64 32 4 	15% 	16,000	73,040
Ceel Waaq	57 43 	64 32 4 	15% 	1,400	86,196
Ceerigaabo	57 43 	64 32 4 	15% 	27,100	122,960
Dhuusamarreeb	57 43 	64 32 4 	15% 	32,600	179,450
Diinsoor	57 43 	64 32 4 	15% 	7,400	139,632
Doolow	57 43 	64 32 4 	15% 	60,500	24,835
Eyl	57 43 	64 32 4 	15% 	22,000	121,834
Gaalkacyo	57 43 	64 32 4 	15% 	119,800	576,654
Galdogob	57 43 	64 32 4 	15% 	4,900	151,000
Garbahaarey	57 43 	64 32 4 	15% 	1,500	123,917
Garowe	57 43 	64 32 4 	15% 	24,600	255,957
Gebiley	57 43 	64 32 4 	15% 	4,300	175,105
Hargeysa	57 43 	64 32 4 	15% 	166,100	718,500
Hobyo	57 43 	64 32 4 	15% 	500	158,516
Iskushuban	57 43 	64 32 4 	15% 	100	50,802
Jalalaqsi	57 43 	64 32 4 	15% 	5,000	49,157
Jamaame	57 43 	64 32 4 	15% 	8,000	363,416
Jariiban	57 43 	64 32 4 	15% 	6,000	157,358
Jilib	57 43 	64 32 4 	15% 	17,000	125,930
Jowhar	57 43 	64 32 4 	15% 	23,600	342,300
Kismayo	57 43 	64 32 4 	15% 	64,100	239,600
Kurtunwaarey	57 43 	64 32 4 	15% 	5,000	59,467

AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	IDPS	NON-IDPS
Laas Caanood	57 43 	64 32 4 	15% 	129,700	93,773
Laasqoray	57 43 	64 32 4 	15% 	4,900	129,108
Lughaye	57 43 	64 32 4 	15% 	12,900	47,967
Luuq	57 43 	64 32 4 	15% 	25,700	93,816
Marka	57 43 	64 32 4 	15% 	7,100	239,981
Owdweyne	57 43 	64 32 4 	15% 	42,900	39,989
Qandala	57 43 	64 32 4 	15% 	9,000	45,490
Qansax Dheere	57 43 	64 32 4 	15% 	0	115,329
Qardho	57 43 	64 32 4 	15% 	8,000	134,557
Qoryooley	57 43 	64 32 4 	15% 	4,200	122,345
Rab Dhuure	57 43 	64 32 4 	15% 	2,000	73,638
Saakow	57 43 	64 32 4 	15% 	14,000	80,645
Sablaale	57 43 	64 32 4 	15% 	3,000	60,295
Sheikh	57 43 	64 32 4 	15% 	8,500	114,116
Taleex	57 43 	64 32 4 	15% 	17,000	61,537
Tayeeglow	57 43 	64 32 4 	15% 	1,000	138,718
Waajid	57 43 	64 32 4 	15% 	13,900	61,897
Wanla Weyn	57 43 	64 32 4 	15% 	6,500	313,047
Xarardheere	57 43 	64 32 4 	15% 	0	69,298
Xudun	57 43 	64 32 4 	15% 	8,800	72,297
Xudur	57 43 	64 32 4 	15% 	21,300	75,952
Zeylac	57 43 	64 32 4 	15% 	4,200	52,032

Part 2:

Risk Analysis and Monitoring of Situation and Needs

SOMALIA

Photo: OCHA










2.1 Risk Analysis

The 2022 HNO contains a risk analysis and most-likely scenario that were produced with local authorities and partners throughout the 2022 HNO Deep Dive Analysis Workshop and the State-Level Consultations. Building on the work of 2021, the 2022 HNO has taken an integrated approach to align the risk models used in both the Somalia 2022 Emergency Response and Preparedness Plan (ERP) and 2022

HNO-HRP, creating both an annual overview as well as seasonal projections of displaced and affected persons for drought and flood scenarios per State. These seasonal projections will be reviewed, and updated if needed, on a quarterly basis through the 2022 ERP process.

HNO-ERP Risk Severity Matrix 2022

	1. Negligible	2. Minor	3. Moderate	4. Stress	5. Critical
5. Very Likely		 COVID-19 health impact		 Conflict and violence / Jilaal and Hagaa drought	
4. Likely		 AWD Cholera / Forced evictions	 Gu/Deyr riverine and flash flooding		
3. Moderately Likely	 Desert locust				
2. Unlikely	 Cyclone	 Hagaa floods			
1. Very Unlikely					

Conflict and Insecurity

Conflict and insecurity are a chronic driver of humanitarian needs and displacement in Somalia. Key deadlines in the 2020/202 election process have been missed. Political tensions are already high in Somalia, and the elections risk exacerbating the country's polarized landscape, increasing instability

and insecurity. Predominantly fueled by political insecurity, conflict re-emerged as the main driver of displacement in 2021: out of 573,000 people displaced between January and August 2021, 72 per cent were displaced due to conflict and insecurity.²⁶⁶ In 2022, if the Federal Government and Member States cannot find a political solution to the election tensions,

this could reignite armed confrontations leading to significant displacement and increased needs. In addition, Al-Shabaab continue to pose a significant threat to security by launching regular direct and asymmetric attacks, especially in Mogadishu and in newly recovered areas. Civilian movement is nearly impossible as a result of regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, South West State and Puntland, as well as illegal taxation along main supply routes and at checkpoints. The reconfiguration of AMISOM and closure of Forward Operating Bases (FOBs) will certainly have an impact on people residing in those areas, potentially causing displacement, as well as impeding humanitarian access in the environs of the FOBs closed or handed over. Finally, clan conflict remains a major concern, particularly in Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions, where clan violence results in loss of lives and livelihoods and causes displacement. Conflict is expected to continue resulting in civilian deaths and injuries, IHL violations and human rights abuses. Overall, it is expected that up to 277,591 additional civilians will be displaced due to conflict in 2022.

Droughts

The already dire humanitarian situation in 2021 will likely be exacerbated by further drought conditions in 2022. Forecasts issued by IGAD/ICPAC in late August 2021 indicated a greater likelihood of below normal Deyr (Oct-Dec 2021) season rainfall in most parts of Somalia.²⁶⁷ The onset of the 2021 Deyr rains is also likely to be delayed by 1 to 3 weeks in most parts of Somalia, while warmer than average temperatures are likely between October and December over most parts of Somalia.²⁶⁸ Based on assumptions of increasing La Niña conditions, near average sea surface temperature and negative Indian Ocean Dipole (IOD) will likely persist through November 2021.²⁶⁹ There is also greater likelihood (54-66 per cent) of a below-average rainfall in March to April 2022 (start of Gu season rainfall in Somalia). The combined impact of consecutive seasons of below average to poor rainfall (2020 Deyr 2021 Gu and possibly 2021 Deyr and 2022 Gu) could develop into a major drought by early to mid-2022.²⁷⁰ Overall, based on a trend analysis of

recent years it is expected that up to 96,200 civilians will be displaced by drought in 2022.

Riverine and Flash Floods

Somalia experiences two types of flooding: river floods and flash floods that result from localized heavy rains. River floods occur along the Juba and Shabelle Rivers in southern Somalia, whereas flash floods are common along the intermittent streams in the northern part of the country.²⁷¹ In the recent past, the country has experienced an increasing severity and frequency of floods, which have repeatedly resulted in human casualties, displacement, and major economic damage.²⁷² The aftermath of flooding is known to significantly increase the risk of water-borne disease and malaria, putting the health of the most vulnerable people at risk. Whereas flash floods in Somalia result from localized rains, river flooding along the Juba and Shabelle Rivers are primarily due to drainage from catchment areas located in the Ethiopian highlands, which normally experience heavier and more frequent rainfall than what occurs in Somalia.²⁷³ The flooding is worsened by illegal openings on the river embankments made to create outlets for irrigation water during the dry season. Water coming out of the river through these openings during high river flows causes havoc to the adjacent land.²⁷⁴ In 2021, flash flooding was particularly felt in Jowhar and Belet Weyne districts. Based on a trend analysis of recent years, it is estimated that up to 450,168 additional civilians will be displaced by floods in 2022.

Evictions

Forced evictions remain among the most severe and prevalent protection threats in Somalia, representing both a cause and a multiplier of the displacement crisis.²⁷⁵ From 2017 to June 2021, it is estimated that 1,023,829 individuals have been evicted in Somalia, including 92,000 people from January to August 2021 alone.²⁷⁶ Forced evictions tend to revolve around a set of intertwined dynamics that include the reliance on verbal tenancy agreements; increasing land values; accelerated and unplanned urbanization; the commodification of IDP settlements; increase

in development-based land or property acquisitions; limited legal and policy frameworks around housing, land, and property (HLP) rights; and the rise in land disputes.²⁷⁷ The convergence of these dynamics in recent years has enabled a situation whereby forced evictions have thrived due to the absence of legal repercussions for those instigating them.²⁷⁸ These trends are expected to continue in 2022. Based on a trend analysis of the last 3 years, it is estimated that up to 186,000 people could be displaced by evictions in 2022.²⁷⁹

Disease Outbreaks

Due to the limitations of its healthcare system, Somalia will continue to be impacted by disease outbreaks in 2022. In addition to measles and potential malaria outbreaks, occurrences of cholera/AWD outbreaks will continue as ongoing conflict will prevent people from accessing adequate and safe water sources, displacing them to settlements with poor water and sanitation and impeding them from reaching health care centres. Continued drought conditions will also cause water to become scarce and pathogen accumulation in stagnant waters, with people and cattle pushed to use these contaminated waters, sharply increasing the risk of a cholera/AWD.²⁸⁰

The COVID-19 pandemic will continue to stretch the Somali public health system. As of 13 October 2021, more than 21,200 cases have been confirmed in Somalia with a case fatality rate of 5.6 per cent. Vaccine availability and accessibility remain limited while demand has proven low due to a prevalent distrust of vaccines among the population. This has resulted in a low vaccine coverage - below 2 per cent - by the end of September 2021. Due to the low level of vaccination, pre-existing vulnerabilities, and lack of healthcare services, COVID-19 is projected to remain a source of concern throughout 2022.

Desert Locusts

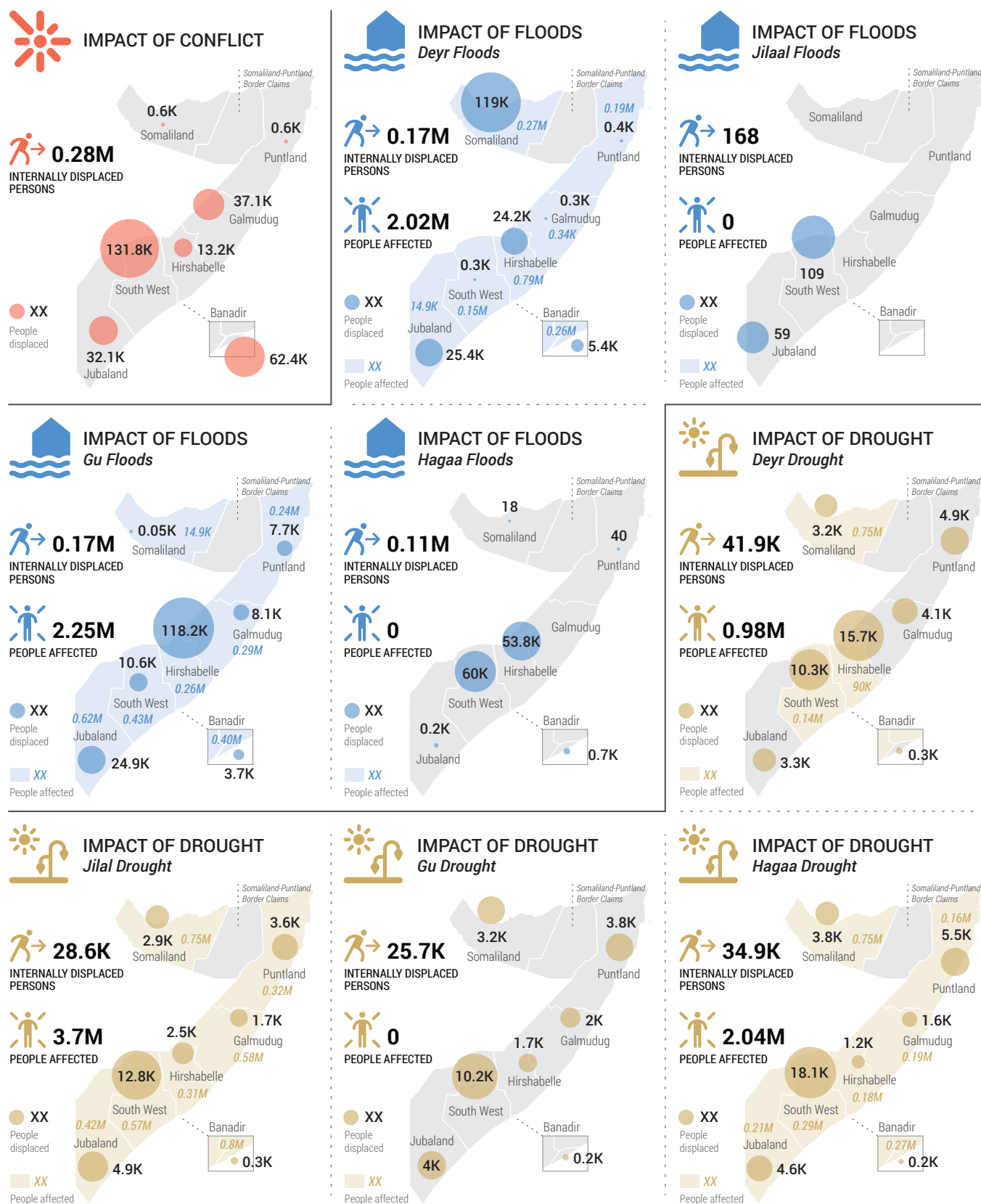
Desert locust swarms were a major risk throughout 2021, posing a particular risk to agriculture-based livelihoods in Somalia. With drought conditions expected in late 2021 and early 2022, as vegetation dries out, desert locust swarms are expected to move northwards within Ethiopia through the highlands of Tigray to reach the Red Sea coastal plains in Eritrea and eastwards to the Somali region in eastern Ethiopia and adjacent areas of northern Somalia to join remnant spring-bred swarms that are still present²⁸¹. In addition, any swarms that cannot be treated in the interior of Yemen are likely to move during October to the Red Sea coast of Yemen and perhaps across the Gulf of Aden to northern Somalia and eastern Ethiopia.²⁸² That said, the overall risk posed by desert locusts in 2022 is estimated to be lower than 2021, leading to a reduced risk severity rating within the Somali context.

Most Likely Scenario

SHOCKS	TEMPORAL SCOPE (When, for how long?)	GEOGRAPHICAL SCOPE (What regions will be affected?)	MAIN VULNERABLE GROUPS	MAIN IMPACT DESCRIPTION	IMPACT (Scale 1-5)	LIKELIHOOD (Scale 1-5)	PIN PROJECTED
Shock 1: Conflict and Insecurity	Not time bound. Electoral violence could emerge in the first quarter or half of the year, depending on political developments.	Lower Shabelle, Lower Juba, Middle Shabelle, Bay, Gedo, Hiraaan and Mudug regions, Banadir	Main groups: Rural non-IDPs, IDPs, refugees, asylum seekers, returnees. Cross-cutting groups: Women, children, PWDs, older persons, minorities.	Impact 1: Displacement from conflict Impact 2: Destruction of key food crops Impact 3: Destruction of property	Severe (4/5)	Very Likely (5/5)	277,591 new displacements are expected due to conflict and violence. This scenario is based on the extrapolation of trends observed between 2019 and 2021.
Shock 2: Drought	The combined impact of consecutive seasons of below average to poor rainfall (2020 Deyr 2021 Gu and possibly 2021 Deyr and 2022 Gu) could develop into a major drought by early to mid-2022. In general, the Jilaal (January-April) and Hagaa (July-October) seasons often exhibit drought conditions with varying degrees of intensity.	While it is difficult to predict, central and southern pastoral areas are currently experiencing below average rainfall during the Deyr season. Drier than usual conditions are expected over southern and northwestern parts of Somalia	Main groups: Agro-pastoralists, pastoralists, IDPs, refugees, asylum seekers, returnees, urban and rural poor. Cross-cutting groups: Women, children, PWDs, older persons, minorities. While drought may affect pastoralists and farmers directly, the repercussions of below average rainfall can be devastating to the entire country.	Impact 1: Decreased drinking water Impact 2: Food insecurity Impact 3: Drought-based displacement Impact 4: Livelihood disruption	Severe (4/5)	Very Likely (5/5)	- 2.8M people in IPC3, - 0.6M people in IPC4 - 96,200 new displacement due to drought.
Shock 3: Riverine and Flash Floods	Gu rainy season (April – June 2022) and to a lesser degree Deyr rainy season (October – December 2022)	The Juba and Shabelle River valleys, Hargeysa, Somaliland are prone to seasonal flooding due to topography and precipitation patterns	Main groups: Pastoralists, agro-pastoralists, IDPs, refugees, asylum seekers, returnees; urban and rural poor. Cross-cutting groups: Women, children, PWDs, older persons, minorities.	Impact 1: Displacement from flooding Impact 2: Destruction of main food crops Impact 3: Destruction of property Impact 4: Livelihood disruption Impact 5: Outbreak of disease-Acute Watery Diarrhea (AWD) and cholera cases)	Moderate (3/5)	Likely (4/5)	450168 people are likely to be displaced by floods in 2022.

SHOCKS	TEMPORAL SCOPE (When, for how long?)	GEOGRAPHICAL SCOPE (What regions will be affected?)	MAIN VULNERABLE GROUPS	MAIN IMPACT DESCRIPTION	IMPACT (Scale 1-5)	LIKELIHOOD (Scale 1-5)	PIN PROJECTED
Shock 4: Evictions	Not time bound.	IDP Sites, mostly in Banadir and Bay regions, in particular Kahda, Daynile, Baidoa and Kismayo districts.	Main groups: IDPs, refugee returnees, refugees, asylum seekers. Women and children. Cross-cutting groups: Women, children, PWDs, older persons, minorities.	Impact 1: Multiple displacement Impact 2: Loss of assets Impact 3: Loss of livelihoods Impact 4: Loss of shelter	Minor (2/5)	Likely (4/5)	150,000 people estimated to be evicted, based on baseline eviction data
Shock 5: Disease Outbreaks (incl. COVID-19)	Not time bound.	Countrywide, particularly in rural areas as well as IDP sites.	Main groups: Urban poor, rural poor, IDP households, refugees, asylum seekers, returnees Cross-cutting groups: Older persons and those with pre-existing conditions, women (in particular PLW) and children, PWDs.	Impact 1: Increased morbidity and mortality Impact 2: Loss of livelihoods Impact 3: Reduced purchasing power	Minor (2/5)	Likely (4/5)	<ul style="list-style-type: none"> • AWD/Cholera • 20 per cent of Somalia's population will be affected directly and indirectly by COVID19
Shock 6: Locusts	The effects of the locusts predominantly follow periods of heavy rainfall and flooding. Depending on the intensity of the Deyr rain and Gu season it is expected locust numbers could potentially increase.	Puntland, Galmudug and Somaliland regions	Main groups: Pastoralists, agro-pastoralist, farmers. Cross-cutting groups: Women, children, PWDs, older persons, minorities.	Impact 1: Crop destruction Impact 2: Food insecurity and market disruption Impact 3: loss of livelihoods/ disposable income (decrease)	Negligible (2/5)	Moderately Likely (3/5)	

ERP-HNO Risk Projections 2022: Conflict, Drought, and Flooding





SOMALIA

Photo: UN photo/Tobin Jones

2.2 Monitoring of Situation and Needs

The most likely scenario identifies the main risks that are expected to impact humanitarian needs in Somalia over the course of next year. It is therefore critical to monitor the evolution of the needs as the shocks materialize. Though they can always be improved, the Somalia humanitarian operation has well established and efficient monitoring tools to measure changes in the humanitarian context, including cluster level monitoring systems that inform the wider humanitarian community on the trends and alert levels. These mechanisms monitor the evolution of the humanitarian situation in Somalia, assessing broadly how needs evolve among the two

main categories of people in need, namely IDPs and non-IDP rural and urban vulnerable populations. They provide an overall indication of the trends and are useful in triggering further detailed assessments to look at specific population subgroups who are likely to be most affected.

The key indicators selected to monitor the evolution of the needs are linked to the impact that various shocks such as drought, disease outbreak and conflict will have on people in terms of food insecurity outcomes, excess morbidity and mortality, and displacement.

The Inter-cluster Coordination Group has agreed to periodically monitor these indicators, recognizing that the frequency of the data collection needs to consider the specificity of each indicator data collection timeframe (i.e., seasonality).

Monitoring Indicators

#	THEMATIC RISK AREAS	INDICATORS	SECTORS	SOURCE
x01	Climate shocks (incl. Floods, Locusts, Drought)	<ul style="list-style-type: none"> • IPC Seasonal Assessment Results • Monthly number of indicators in Alarm Phase from the FSNAU Early Warning-Early Action Dashboard 	Food Security	<ul style="list-style-type: none"> - IPC - FSNAU Early Warning-Early Action Dashboard
x02	Conflict/Insecurity	<ul style="list-style-type: none"> • % of population in sites (DSA/Site Verification) • % of security incidents and fatalities (ACLED) • % of KI reporting occurrence of death or injury as a result of conflict in the last month in their settlement (SPMS) • % of KI reporting occurrence of conflict or violence as a result of distribution of humanitarian assistance in the last month in their settlement (SPMS) 	CCCM Protection UNHCR/NRC	<ul style="list-style-type: none"> - Protection & Return Monitoring Network (PRMN) - Detailed Site Assessment - CCCM Site Verification - ACLED - Somalia Protection Monitoring System (SPMS)
x03	Evictions	<ul style="list-style-type: none"> • % of IDP population living in sites with a high or extreme risk of eviction • Number of reported evictions 		<ul style="list-style-type: none"> - Site Verifications - Detailed Site Assessment - CCCM Eviction Risk Data - NRC Eviction Information Portal - Eviction Risk Map - Eviction Severity scoring matrix
x04	Health Outbreaks (including COVID-19)	<ul style="list-style-type: none"> • Case Fatality Ratio (CFR) for Cholera and COVID-19 • Number of cases or incidence rates for: (cholera, measles, polio, COVID-19) • Percentage of children under 1-year old who have received measles vaccination 	Health	<ul style="list-style-type: none"> - Partner surveys - HeRAMS

Part 3:

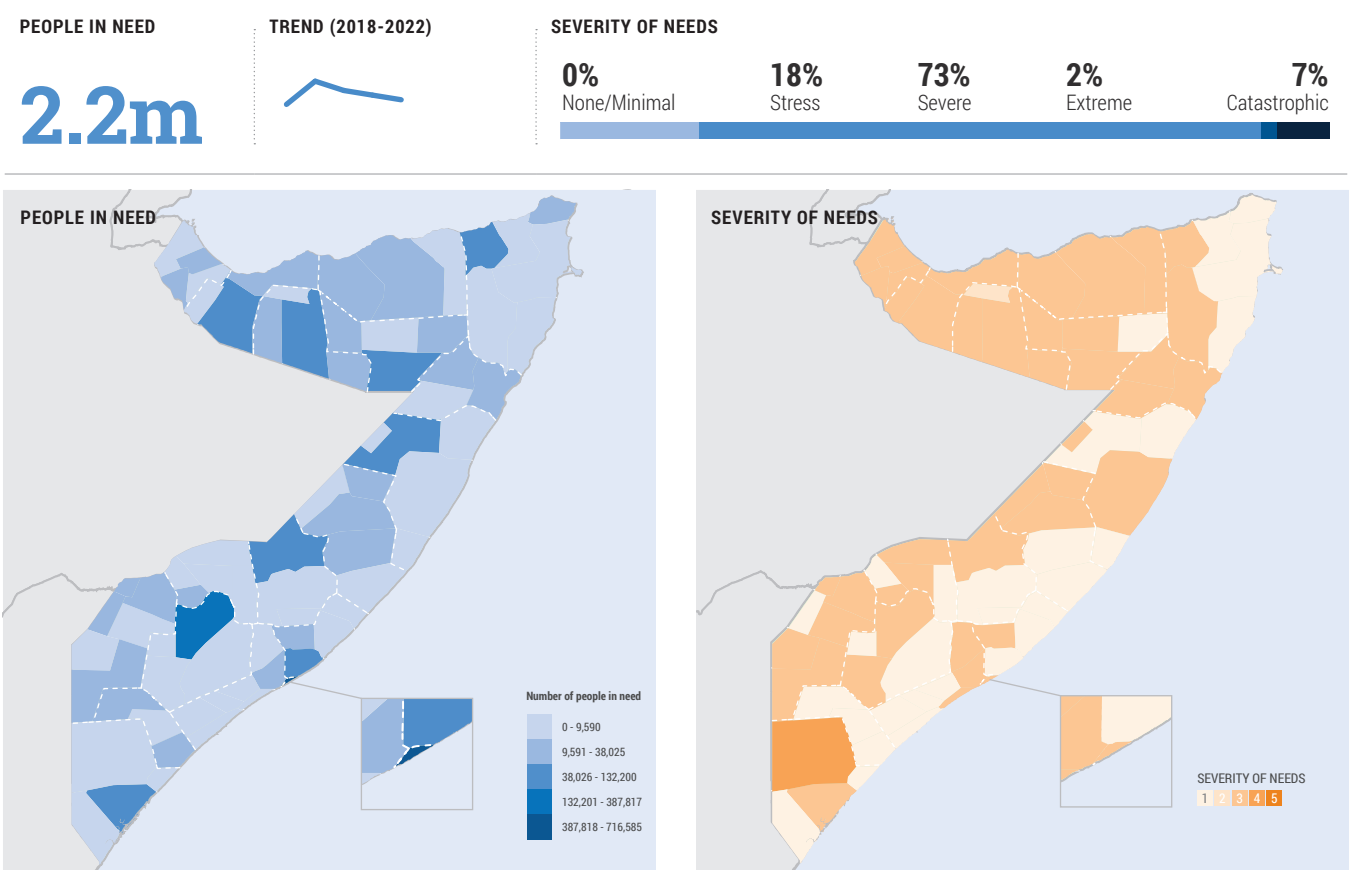
Sectoral Analysis

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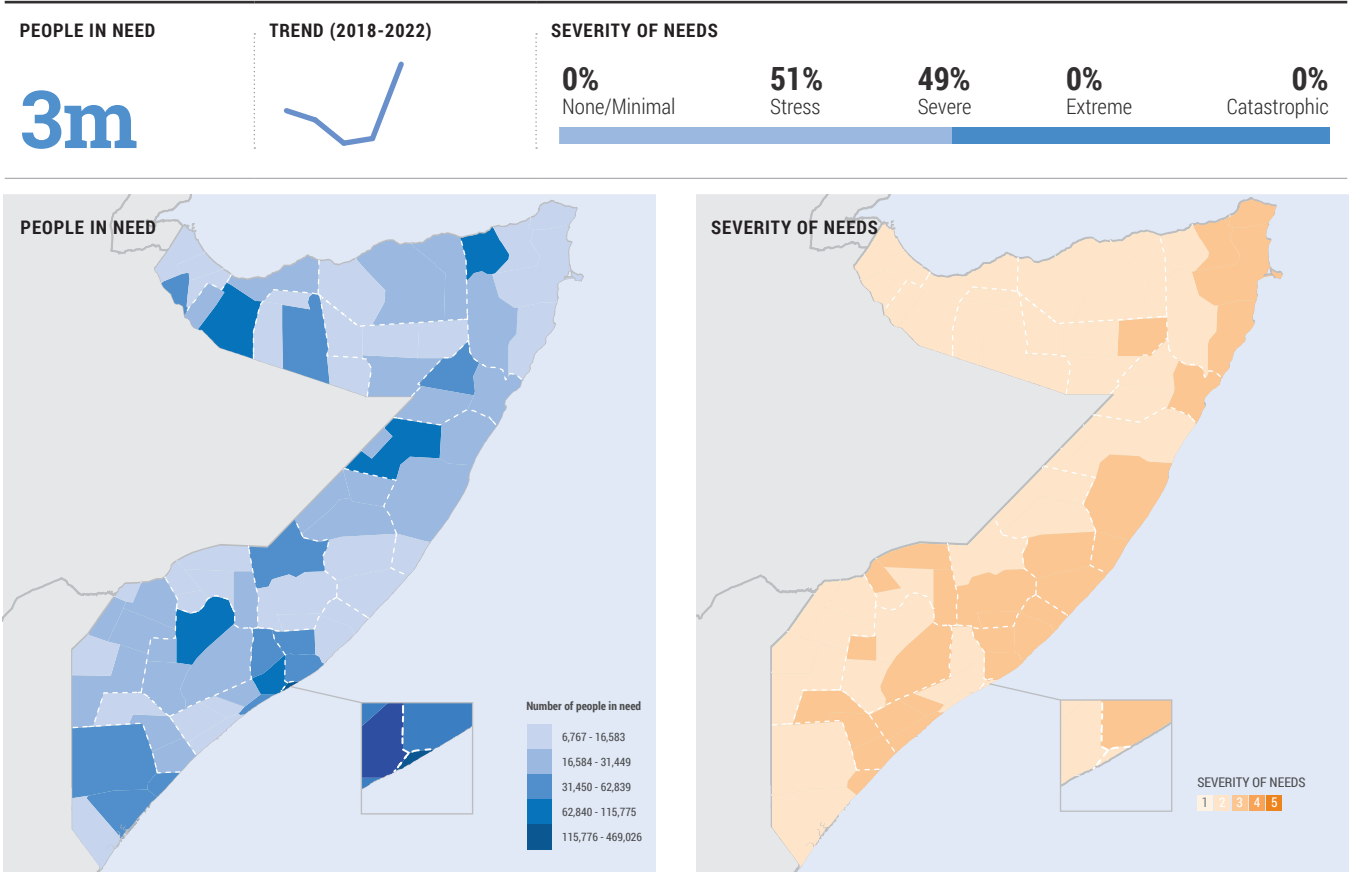
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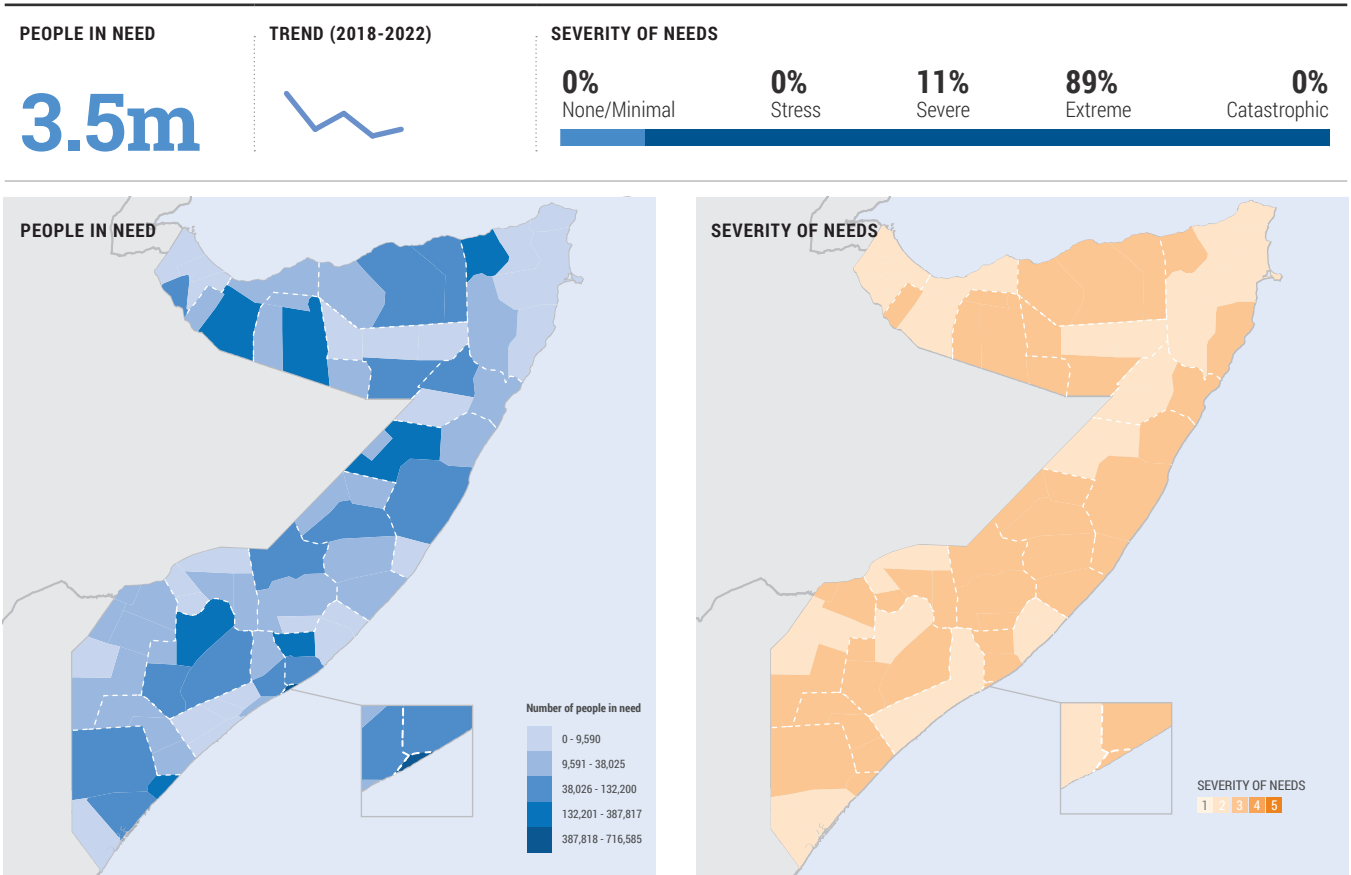
3.1 Camp Coordination and Camp Management



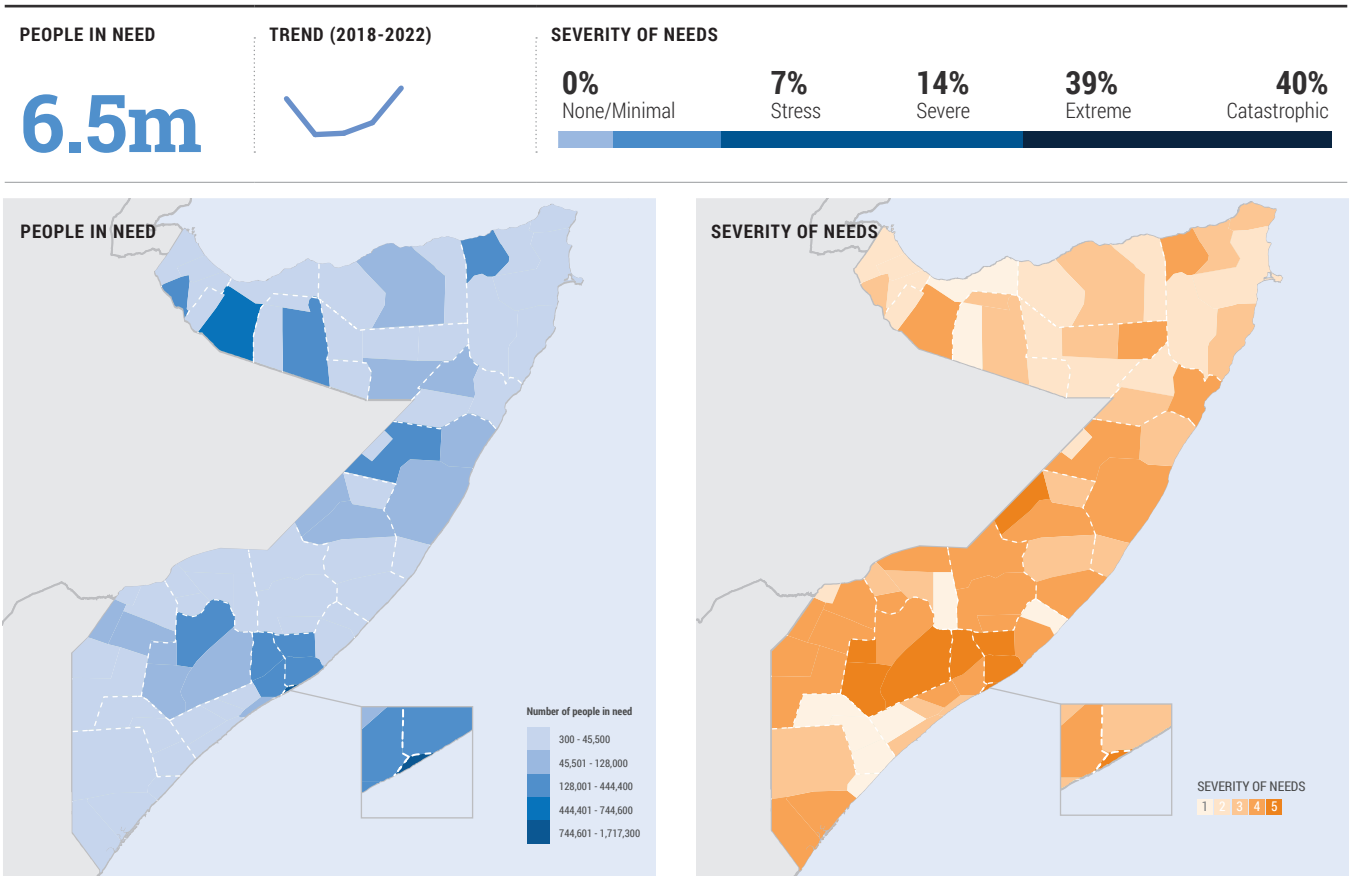
3.2 Education



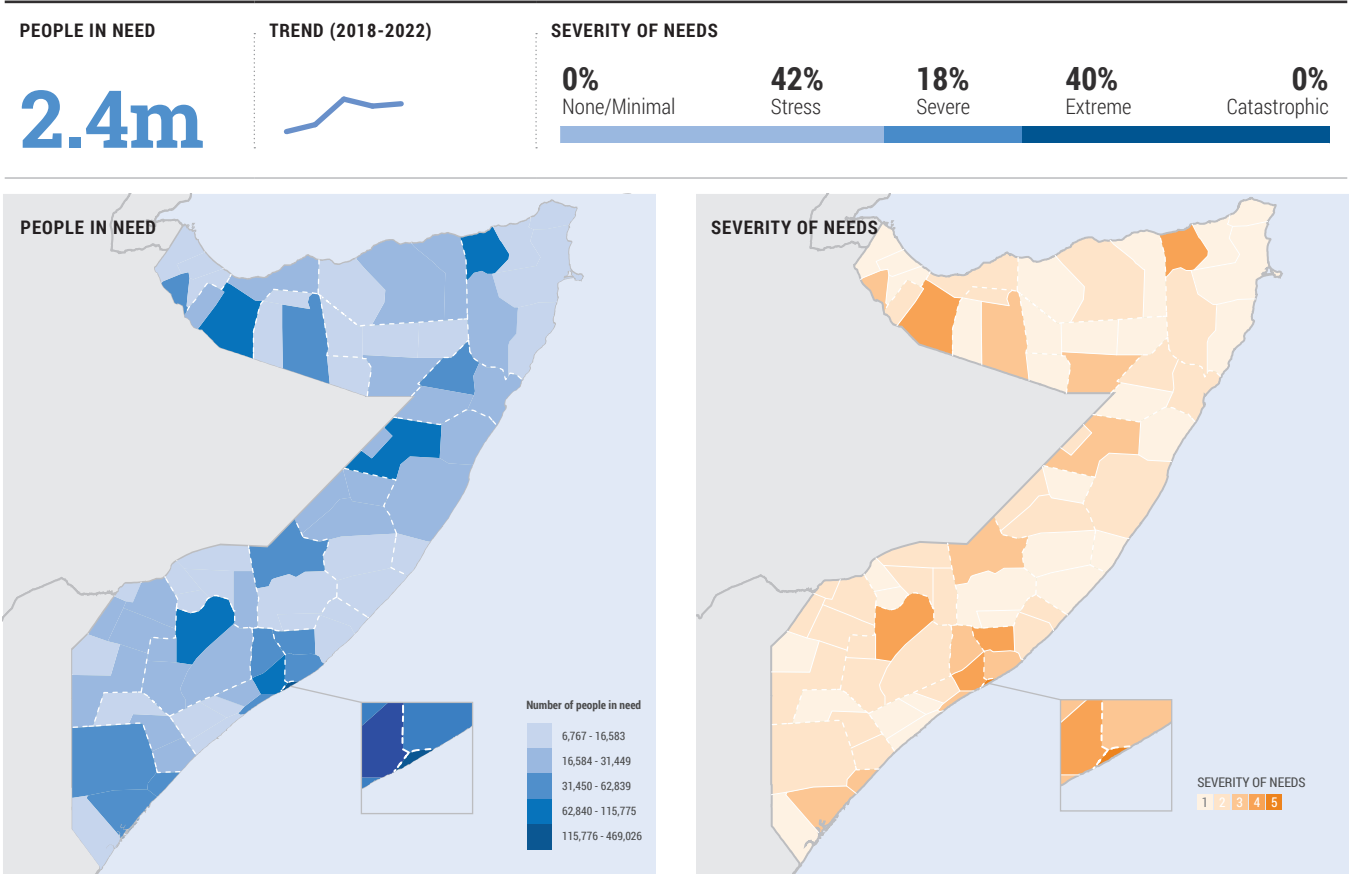
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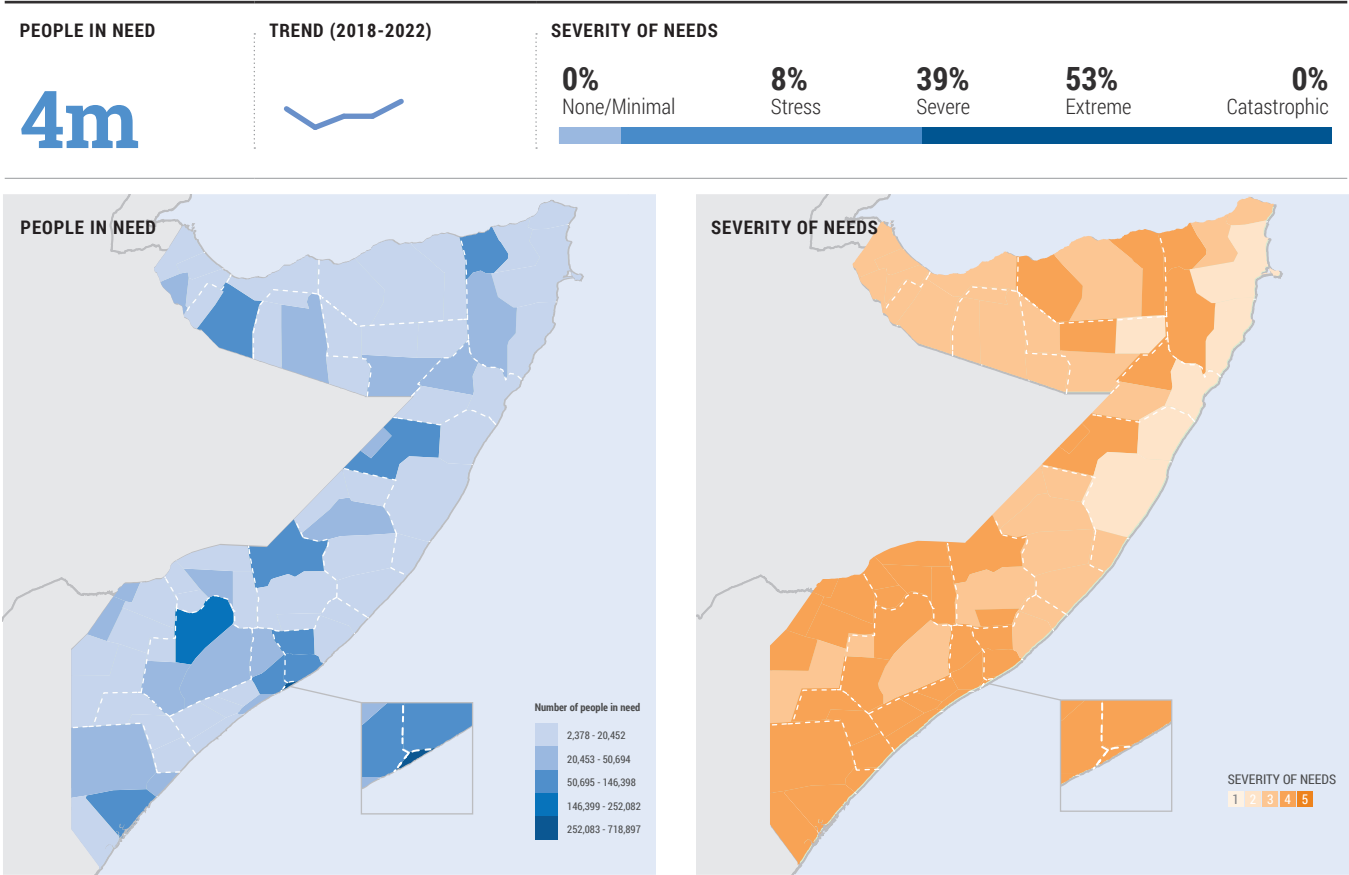
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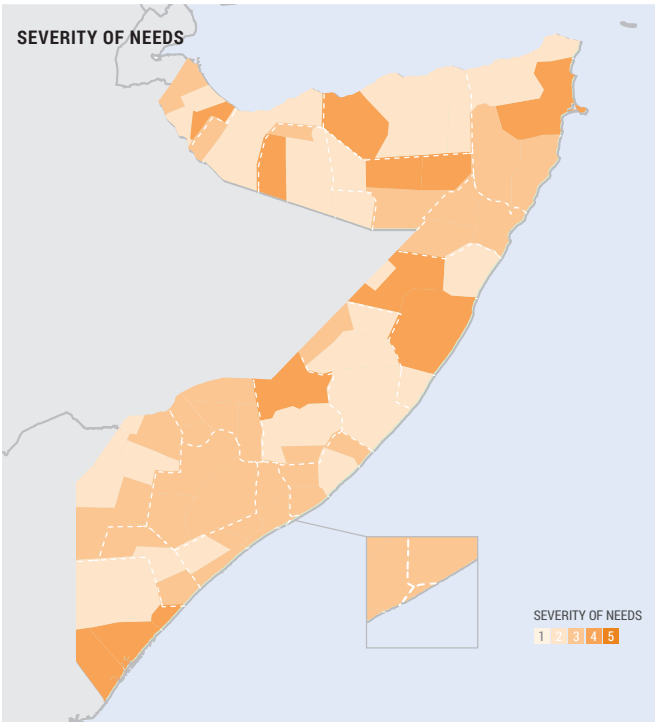
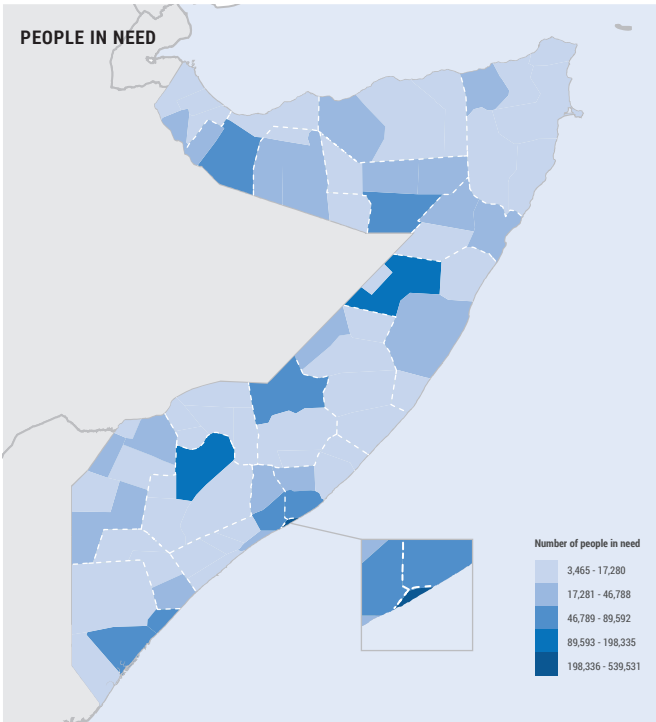
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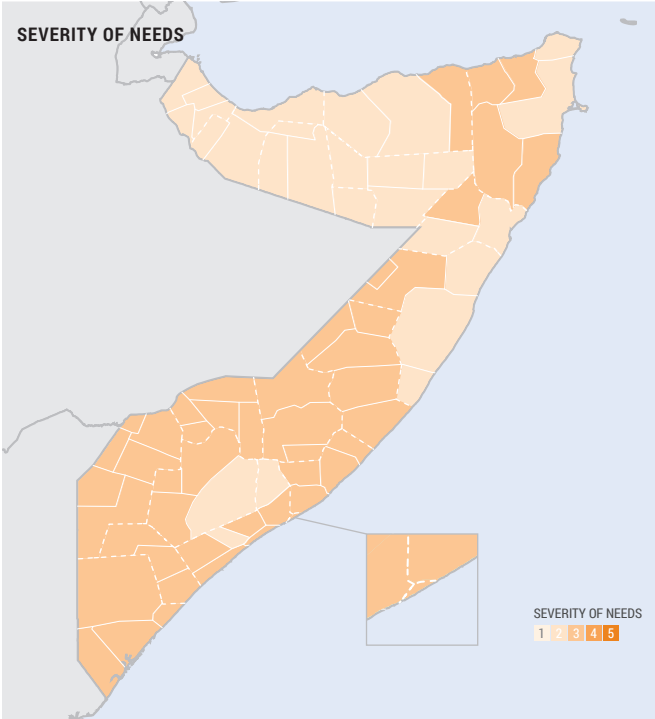
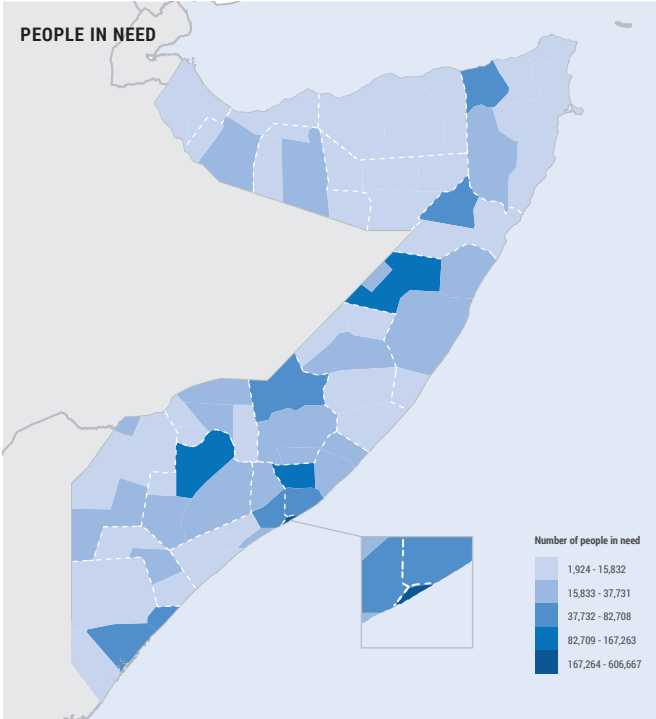
3.6 Protection



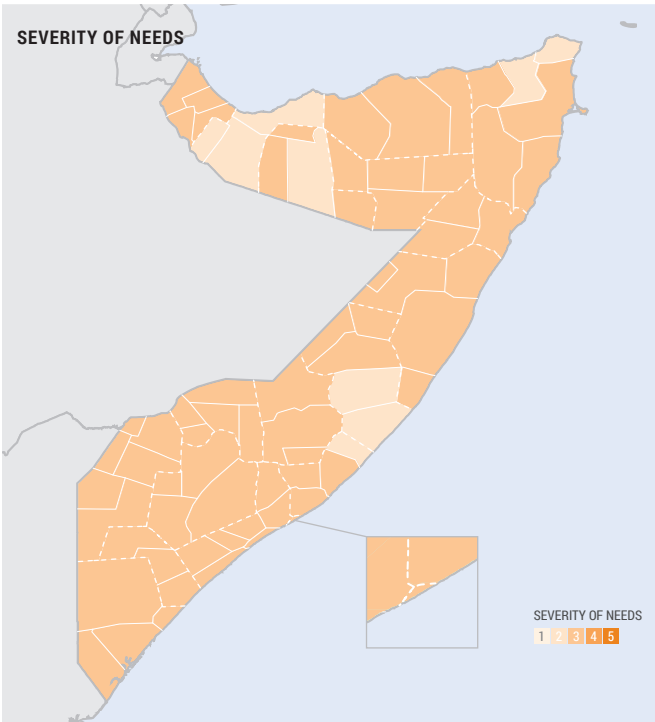
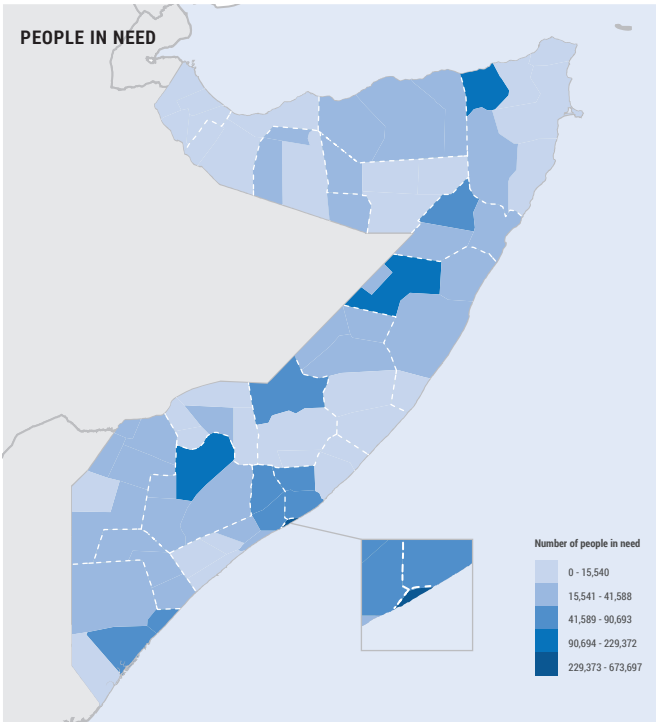
3.6.1: Child Protection



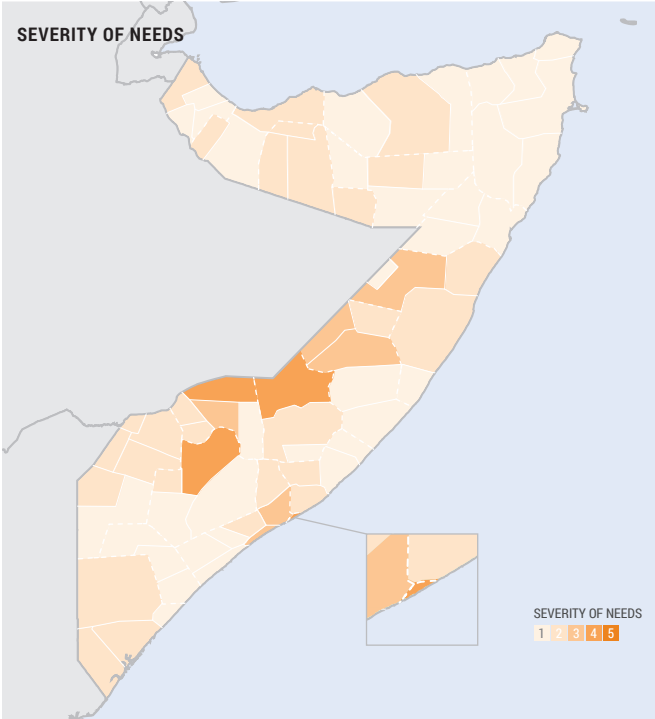
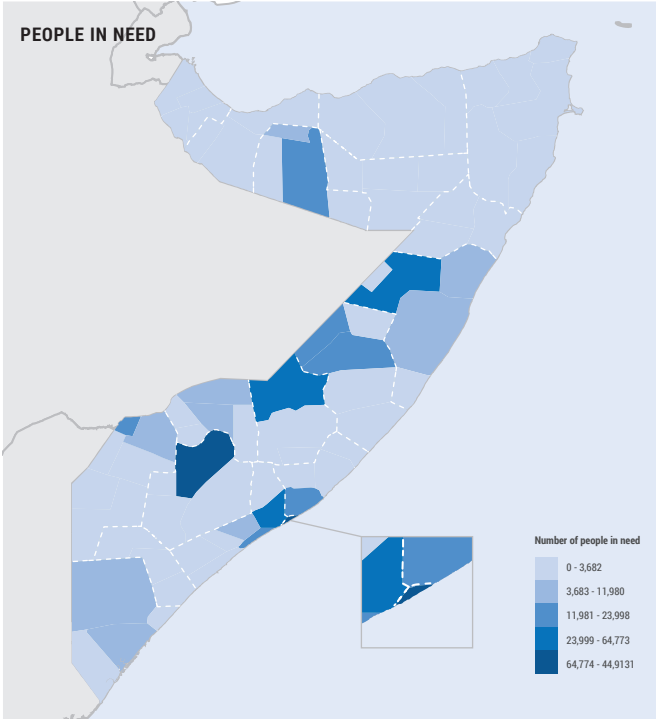
3.6.2: Gender-Based Violence



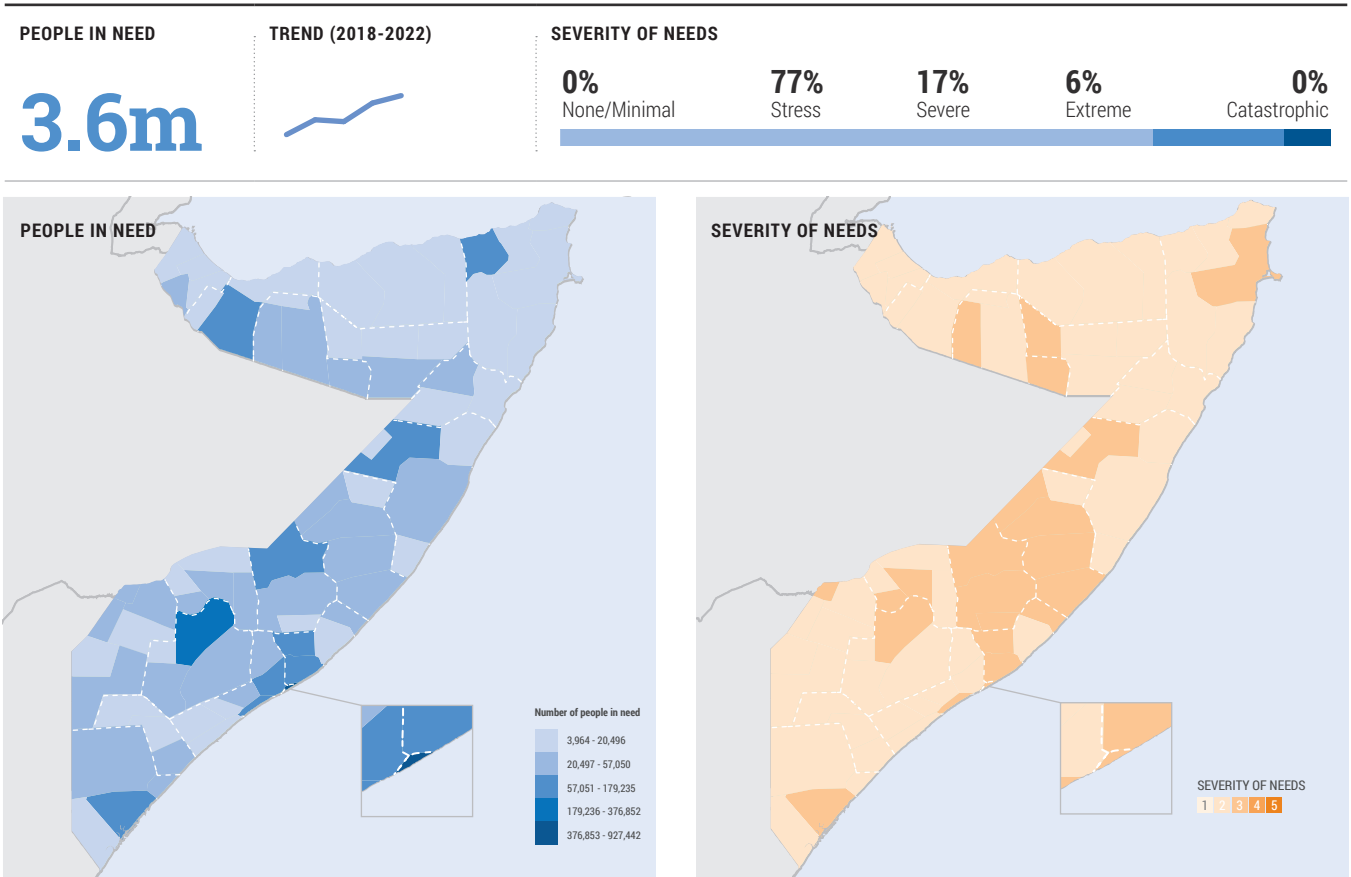
3.6.3: Housing Land and Property



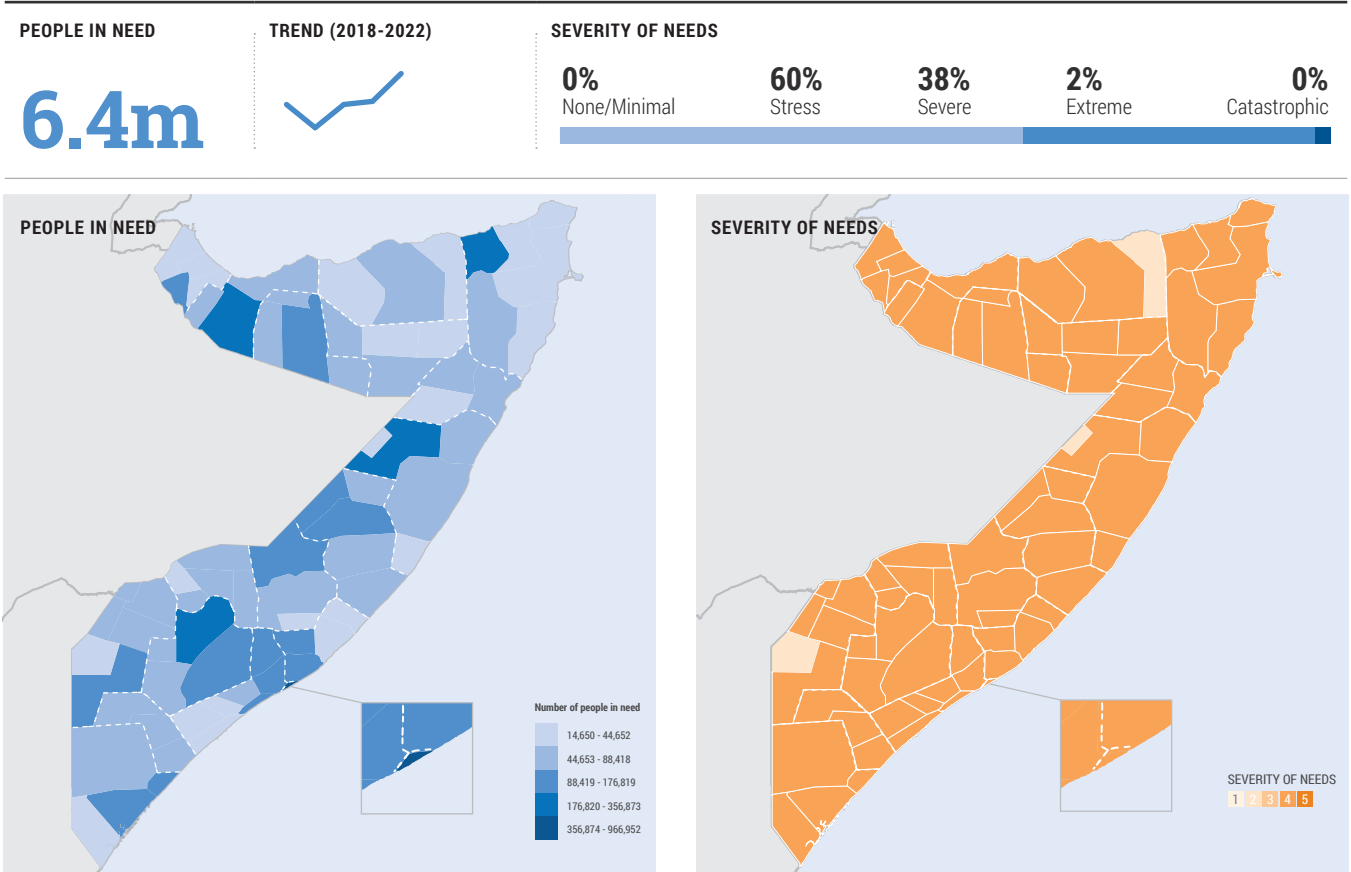
3.6.4: Explosive Hazards



3.7 Shelter



3.8 Water, Sanitation & Hygiene



3.1

Camp Coordination and Camp Management



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
2.2m	-	2.2m	-	19.3k

CHILDREN (<18)	WOMEN (18 – 59)	MINORITY CLANS	PLWD	ELDERLY (>60)
1.5m	340.6k	427.2k	336.2k	94.8k

Overview of the Affected Population

Conflict, drought, COVID-19, and flooding are some of the main shocks that drive displacement and largely affect at least 2.9 million internally displaced persons in Somalia. The majority of displaced people have self-settled in over 2,400 sub-standard and unplanned IDP sites in urban, semi-urban and rural areas across the country.²⁸³

People displaced to these sites are living in precarious conditions with the majority not having their basic needs met due to inconsistent service provision or exclusion from accessing humanitarian support. According to the detailed site assessment finding and site verification assessments conducted by the CCCM cluster, more than 85 per cent of sites are informal settlements settled on private land with the majority of sites located in urban areas.²⁸⁴ The lack of access to land coupled with a weak land tenure system, multiplicity of land ownership, land disputes, weak judicial systems to seek redress, and a lack of proper national land policy further exacerbates the vulnerability of IDPs.²⁸⁵ This has led to frequent incidents of forceful evictions pushing IDPs into worsened situations requiring both emergency and prolonged assistance. IDP returns are extremely limited as many displaced families have lost livelihoods and are reliant on humanitarian services.²⁸⁶

CCCM Cluster monthly service monitoring and complaint feedback mechanism (CFM) trend analysis indicate

similar service gaps and issues raised.²⁸⁷ Most IDP sites recorded needs mostly in Food Security and Livelihood (FSL) support, Shelter and WASH assistance, but not excluding other sectors such as health and education which also show considerable service and assistance needs.²⁸⁸ While as the service monitoring cuts across IDP sites and highlights the needs of all IDP populations, CCCM cluster reports indicate that the majority of those most acutely affected are vulnerable groups; women, elderly, refugee returnees, minority groups and people living with disability (PLWD), putting further stress on that demography of displaced families and limiting their ability to cope.

CCCM operations in Somalia seek to address identified frontline humanitarian needs for IDPs by establishing camp coordination structures at the site-level that improve living conditions and protection of IDPs and ensure equitable access to services and assistance for all members of community. These aims are achieved through administering activities that look to address current humanitarian needs in IDP sites and fill gaps in operationalizing durable solutions for IDP communities residing in IDP sites.

Analysis of Humanitarian Needs

The IDP population of Somalia continues to demonstrate characteristics that make the group more vulnerable than individuals living in urban or rural host communities. Factors that range from plighted

living conditions in settlements, inclusion challenges, or overall disenfranchisement in accessing essential services continue to remain prevalent for IDPs creating further difficulty in actualizing material changes for these communities. Amongst the populations that have the most acute needs in IDP sites, PLWDs, individuals from minority clans, women, and youth face extensive barriers in accessing humanitarian services preventing a dignified living conditions for such demographics.

The constant threat of eviction in IDP sites destabilizes the ability for long-term community development preventing viable durable solutions to occur, particular in conflict locations such as Jubaland, Galmudug and South West State. As of August 2021, 92,042 individuals have been evicted from their settlements stemming from a total of 2,304 incidences of forceful eviction perpetrated by landowners.²⁸⁹ Over 56 per cent of all evictions occurred within the Kahda and Daynile districts in Banadir which accommodate some 1,808 IDP sites or 848,760 IDPs.²⁹⁰ Furthermore, 11 per cent of households in IDP settlements (17 per cent of Banadir IDPs) believe that they are currently at risk of being evicted from their shelters.²⁹¹ Inaccessibility to land tenure security continues to function as a primary obstacle preventing IDPs from establishing permanent settlements.

Living conditions in IDP sites across Somalia are exemplified by settlement overcrowding with poor quality of built infrastructure and dire sanitary conditions. Over 40 per cent of IDP sites are currently not able to accommodate increases of population size to the established settlement.²⁹² Inadequate settlement design in IDP sites disproportionately affect women and girls through the inability to safely access all services with 46 per cent of vulnerable groups perceiving themselves as not safe living within their respective IDP site.²⁹³ Such conditions are exacerbated in inaccessible IDP settlements where 75 per cent of IDPs cited that they do not feel safe leaving their shelters at night.²⁹⁴ Inaccessible IDP sites tend to be in coastal areas where greater access constraints are reported. Persons living with disabilities face tremendous barriers in accessing services with 35 per cent of IDP sites citing that PLWDs face severe impediments in accessing humanitarian services.²⁹⁵ Such barriers to access are aggravated by shocks such as COVID-19 where PLWDs believe

that their already limited connection to services has been broken.²⁹⁶ Furthermore, girls and boys face steep hurdles in accessing education services as 41 per cent of IDP sites features routes to schools that are not perceived as being safe. Due to the quantity of IDP sites within Somalia and the challenges in having adequate services available in all sites, IDP populations are forced to travel large distances for accessing essential services such as water.²⁹⁷

Equitable access to humanitarian aid for IDPs is disproportionately lower than Somalis living in host communities with 36 per cent of households residing in IDP sites stating that they do not face barriers in accessing services versus 41 per cent of host community populations. The total number of IDP sites within Somalia creates enormous challenges for service providers to deliver humanitarian aid to the most affected communities. However, various community dynamics and flawed approaches to delivering assistance at the site-level generate vast inequalities in what members of the community receive critical humanitarian support. This is manifested in host communities receiving a large percentage of humanitarian aid with 91 per cent of host communities not receiving aid in the last 30 days in contrast to 88 per cent of IDPs. While there continues to be a systemic lack of available data on minority groups in Somalia IDP sites, at least 11 per cent of sites reported impediments to access support activities because of their clan affiliation.²⁹⁸ Furthermore, due to leadership structures in society that generally sideline the voices of members of the youth communities, 32 per cent of IDP sites feature youth populations that face impediments in accessing services.²⁹⁹ The precarious nature of IDP sites dissuade such populations in being able to access places to play as only 30 per cent of sites have access to child friendly spaces or places for children to safely play.³⁰⁰

Concurrent shocks across Somalia stretch the already limited resources available and ultimately exacerbate sectoral needs in IDP sites. Conflict hotspot locations such as Jubaland, Galmudug and South West State continue to see exorbitant increases in new IDP arrivals in districts and settlements that are already seeing living conditions that fall below acceptable standards. The newly displaced tend to be comprised

of vulnerable groups with 70 per cent of new arrivals being women and children. An estimated 30 per cent of conflict-related displaced households experience family separation or the presence of unaccompanied children. Additionally, 45 per cent of the population is forced to reside in overcrowded, established IDP sites meaning that such individuals have weaker access to safety nets like secure housing which displaced person living in host community may have.³⁰¹ Likewise, perennial environmental shocks such as drought and floods perpetuate displacement in Somalia. Districts in Hirshabelle, South West State, Jubaland and Banadir continue to face acute flooding during the Deyr and Gu seasons leading to secondary displacement or severe infrastructure damage in established IDP sites. In total, 35 per cent of all assessed IDP sites face flooding damage during the last 12 months with 25 per cent reporting more than one shelter becoming destroyed during rainy seasons.³⁰² New displacement due to conflict or environmental factors has extended the requirement for emergency humanitarian assistance with needs outpacing the funds available to response to such crises.

Inclusive community participation remains a challenge in IDP sites due to various predatory relationships between gatekeepers and members of the IDP community. A total of 36 per cent of IDP sites in Somalia reported that decision-making abilities were rendered by a gatekeeper who effectively controls the IDP site. Gatekeepers in Somalia IDP sites have a pernicious relationship with the IDP community diverting humanitarian aid and ostensibly creating an economy out of the plight of displaced individuals. In sites where a space exists for communities to make their own decisions on issues that affect the general site community, certain population groups remain excluded from participating in these forums. Youth IDPs are unable to participate in a meaningful way that fosters empowerment with youth largely not consulted for site-level decisions.³⁰³ At a broader glance, only 37 per cent of IDP households believe that they can influence site-level decisions corroborating the requirement for more inclusive and participatory decision-making forums within IDP sites.³⁰⁴

SOMALIA

Photo: UN



3.2 Education



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
3m	2.4m	667.9k	11.6k	65.8k

GIRLS	OUT OF SCHOOL CHILDREN	CHILDREN WITH DISABILITIES	REFUGEE SCHOOL-AGE
1.4m	4.2m	463k	11.6k

Overview of the Affected Population

Despite ongoing efforts to strengthen government institutions, the Ministry of Education continues to have limited capacity and outreach to deliver basic education services for IDPs, children living in areas with ongoing conflict and other challenging circumstances. This results in 3 million crisis affected children (1,389,125) in need of education assistance during 2022.³⁰⁵ Out of the approximately 6 million school aged children in Somalia, only an estimated 1.8 million (45 per cent girls) children are enrolled in schools. UNFPA PESS estimates that 17 per cent of IDP children access education while primary and secondary has gross enrolments of 30 per cent and 26 per cent respectively. An estimated 4.2 million school aged children are out of school with the majority of these being in south and central Regions of Somalia.

The increase of children in need of education assistance in 2022 is attributed to the increased population, COVID-19 pandemic, economic deterioration, ongoing environmental shocks and conflict. The ongoing political rift between the Somali government leaders might have a profound negative impact on ongoing efforts to stabilize the country. Of the people displaced this year, an estimated 214,000 (40 per cent) are school-aged children.³⁰⁶ Concurrent shocks such as drought and floods adversely affect children's learning. An estimated 408,000 (45 per cent girls) school-going children are affected by the

ongoing drought conditions in the country, which are expected to continue to March 2022.³⁰⁷ Similarly, the Gu floods in May 2021 closed 12 schools in Jowhar, affecting more than 6,000 learners.

The impact of COVID-19 on household resources has led to a reduction of children's participation and retention in school, as demonstrated by the increased percentage of families who identified worsening financial constraints in 2021 as the most significant barrier to supporting their children's schooling.³⁰⁸ It is assumed that schools will continue to struggle in the current academic year with meeting requirements for a COVID-19-preventive environment – be this in relation to having access to water and sanitation facilities or the ability to implement disinfection protocols and safe distancing.

The crisis in Somalia exposes children to various threats. Without the protective environment that schools provide, children are at increased risk of recruitment into armed groups, sexual violence, abduction, child labor and early marriage. The Report of the Secretary-General on Children and Armed Conflict 2021 states that in 2020, some 1,716 children (including 61 girls) in Somalia were recruited and/or used by non-state armed groups, 406 children (including 400 girls) reported sexual violence and 1,430 children (including 82 girls) were abducted.³⁰⁹ In addition, 825 boys and 262 girls were killed and

maimed with most child casualties resulting from crossfire, targeted killings, aerial bombardments, improvised explosive devices and suicide attacks.³¹⁰ Jubaland has the highest number of verified incidents of grave violation against children, with 469 (133 girls) followed by South West State 345 (56 girls) and Hirshabelle 296 (66 girls).³¹¹ In this context education plays a crucial role in mitigating the protection risks that children are exposed to.

Analysis of Humanitarian Needs

For 2022, it is estimated that 3 million school aged children – 45 per cent of which are girls – need sustained equitable access to quality education in a protective learning environment. Out of these children, 2,419,059 are from non-displaced families and 667,891 are from displaced families.³¹² Despite the low caseload of IDPs, children living in IDP camps are particularly vulnerable to protection risks due to limited provision of services and poor living conditions. This is confirmed by Detailed Site Assessment (DSA) 2021 site assessment which indicates low education service provision in IDP camps.³¹³ This is the result of a lack of government support, and inadequate and short-term funding to support affected IDP school-aged children. By applying the global 15 per cent for calculating children with disabilities, it is estimated that 463,042 of the 3 million children in need of education are school aged children living with disabilities. Children with disabilities are significantly affected and face challenges to access an inclusive learning environment. Recent reports identified prevalent negative attitudes towards children with disabilities by teachers and parents, and structural challenges that hinder these children to access an inclusive learning environment.³¹⁴

The districts with the highest proportion of school-aged children in need of humanitarian assistance are in southern and central regions of Somalia.³¹⁵ These districts are experiencing high levels of instability with continued conflict leading to displacement as well as access constraints exacerbating existing vulnerabilities.

While out of school children are particularly vulnerable and exposed to risks, there is also a need to ensure that schools and school environments are safe. In 2020, 54 attacks on education facilities were reported with incidents including killing, abduction and threats against teachers, destruction, and looting.³¹⁶ From January to June 2021, the Country Taskforce on Monitoring and Reporting verified and documented 17 attacks on schools. These indicate schools remain vulnerable to attacks.

Emergencies have had a significant impact upon children's education over the years in Somalia. The education sector analysis³¹⁷ 2021 highlighted the impact of emergencies on education as the enrolment gains made in recent years saw a setback. To retain children in school, there is need for mitigative activities such as provision of safe water, food and teacher incentives are in place to respond to children affected by emerging shocks such as drought. In addition, distance learning, including no- and low-tech learning solutions, are needed in such situations where the temporary or long-term closure of schools is inevitable. Girls are mostly affected as they face socio-cultural norms which severely restrict their mobility; combined with safety concerns and supply-related challenges (such as a lack of trained female teachers or gender-segregated latrines), these barriers limit their access to education. The low quality of education, including the low enrolment rate, low retention rate, low transition rate, high number of unqualified and untrained teachers, and poor education infrastructure have been exacerbated by an overall dysfunctional and weak education system resulting from the crisis³¹⁸. Education needs in Somalia are tremendous. Addressing these needs and ensuring all children are enrolled in a safe and protective learning environment with a good quality of teaching requires a long-term systemic effort.

Child Protection in schools remains weak, despite rolling out of the 2019 Education-Child Protection Response Framework in 2019 which aims to strengthen the child protection in schools. The safety audit 2020³¹⁹ underscores the poor and unprotective learning environment in IDPs schools. 85 per cent of

the assessed schools do not have disability friendly learning facilities, 77 per cent of the assessed GBV/CP focal points in the schools are untrained on PSS and GBV. In addition, 41 per cent of key informants interviewed believe routes to and from the schools are not safe for children.

The crisis in Somalia is one of the factors that has significantly contributed to social norms and values that have reinforced gender inequality and greatly contributed to the vulnerability of children, particularly girls in Somalia. Girls consistently face greater challenges to accessing education. While the gender parity for enrolment at primary school level is 0.91 (1 is equal enrolment) it drops to 0.83 at the secondary level.³²⁰ There might be many reasons why fewer girls are attending secondary education compared to boys including cultural practices such as early marriage, but a significant factor might also be that girls reach puberty at this age. At this age,

girls become increasingly vulnerable and requires appropriate facilities for proper menstrual hygiene management. The safety audit report 2020 confirms the unavailability of sanitary kits in the schools with only 15 per cent of girls interviewed indicating that they had sanitary supplies in their schools.

Many families stated that education cost is a significant barrier to access education.³²¹ With the reported increase of prices of education materials and difficulties of restocking by the vendors in most parts of the country.³²² With such conditions, families find it difficult to overcome economic barriers to education hence negatively impact education opportunities for girls and boys, denying them access to quality education. More effort is needed to increase access to quality education for most vulnerable and marginalized children.

SOMALIA

Photo: UNICEF



3.3 Food Security



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
3.5m	2.3m	1.2m	30.8k	132.1k

WITH DISABILITIES	URBAN	RURAL	ELDERLY
520.5k	1m	1.3m	173.5k

Overview of the Affected Population

FSNAU and FEWS NET Post-Gu Assessment in September 2021 projected that nearly 3.5 million Somalis would be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) through at least December 2021, in the absence of humanitarian assistance.³²³ That includes 1.1 million internally displaced persons who will face moderate to large food consumption gaps through late 2021.³²⁴

Out of the total 3.5 million people in need of urgent food assistance, 640,000 people face significant food consumption gaps.³²⁵ In addition, 3.7 million people are classified in IPC phase 2 (Stressed), engaging in negative coping strategies to meet their food and non-food needs, bringing the total number of Somalis experiencing acute food insecurity to 7.2 million by late 2021.³²⁶

Rural populations in particular are experiencing multiple declines in food and income sources. The 2021 Gu harvest in southern Somalia is 60 per cent lower than the long-term average for 1995-2020. It is the third lowest Gu harvest since 2010. The lower production in 2021 Gu mainly reflects the impact of the poor rainfall, ongoing civil insecurity, river floods, shortage of farm inputs and pests.³²⁷ In pastoral and agropastoral livelihood zones, although heavy rains between late April and mid-May partially replenished pasture and water resources, these resources are

inadequate to support normal livestock production until the start of Deyr season rainfall in October. Furthermore, floods caused further population displacement and damaged crops and farmland in riverine areas of Hiraan, Shabelle, and Juba regions.³²⁸

A majority of the estimated 2.9 million IDPs across Somalia are poor with limited livelihood assets, few income earning opportunities, low communal support, and rely heavily on external humanitarian assistance. As a result, one-third of internally displaced persons (in both rural and urban settlements) face moderate to large food consumption gaps through late 2021.³²⁹

The COVID-19 pandemic and related containment measures seem to affect the urban poor population more than rural poor population. As a result, the urban poor face moderate to large food consumption gaps, partly due to a slowdown in economic activities in urban areas and the rising costs of food and other essential non-food items.

Analysis of Humanitarian Needs

While continued political instability, population's displacements, ongoing armed conflict, and long-standing environmental stress have rendered many of the country's estimated 15.7 million people acutely food insecure, 2022 presents the potential for drought to be one of the primary drivers of food insecurity

in Somalia. Without sustained humanitarian food assistance, 3.5 million people across Somalia are expected to face Crisis (IPC Phase 3) or Emergency (IPC Phase 4) outcomes by the end of 2021.³³⁰

In the Greater Horn of Africa region, La Niña is usually associated with drought conditions. A delayed start, early end, and erratic rainfall distribution characterized the 2021 Gu rainfall season. As a result, cumulative rainfall was below the 40-year average across much of the country, especially in central and southern Somalia. Forecasted La Niña conditions are associated with an elevated likelihood of consecutive below-average rainfall seasons, and Somalia faces a high risk that drought conditions will develop by early 2022.

Cyclical climate shocks and ongoing conflict are challenging traditional rural livelihoods and causing growing number of urban poor and internally displaced people in Somalia. Displacements due to armed conflict and political tensions, drought, and lack of livelihoods are expected to continue in 2022, further exacerbating food insecurity in many areas. It is important to note that this multitude of crises affects women, girls, men and boys differently. Key to note is that women are likely to be forced to take on, or seek opportunities to provide food and water, which will increase their work burden. Young people are likely to be discouraged from investing in activities that are directly affected by drought, such as agriculture production. Male-headed households are likely to have better food security outcomes compared to female-headed households due to mostly their relatively better access to labor and income sources. Protection concerns are likely to increase for all groups, mostly manifesting as negative coping strategies, especially for young women and men from extremely poor households as household food security situation deteriorates³³¹.

In agropastoral livelihood zones, where the main shocks include erratically distributed rainfall and conflict, poor households have experienced substantial crop losses and low income from agricultural employment. With few alternative

sources of food and income after current food stocks are depleted, they face moderate to large food consumption gaps through late 2021.³³²

In riverine livelihood zones along the Shabelle and Juba rivers, seasonal floods inundated farmland, destroyed crops, and displaced local populations, leading to significant crop losses and the loss of income from agricultural employment. Consequently, a substantial proportion of poor households in riverine areas will also face moderate to large food consumption gaps in the coming months.³³³

In pastoral areas, large-scale livestock migration was reported from rain-deficit areas to areas that received relatively better rainfall. There are reports of atypical livestock migration from Gedo to Juba regions and neighbouring Ethiopia, as well as from coastal regions of Nugaal and Northern Mudug to Hawd pastoral areas.³³⁴ In many pastoral livelihood zones, poor households will face moderate to large food consumption gaps through late 2021 due to below average or poor milk availability, a limited number of saleable animals, and increased indebtedness related to increased expenditures on food and water.³³⁵

Some key factors leading to further vulnerability have been identified through feedback from affected people, which indicates that a significant number of people lack critical information on available assistance and the existing community feedback mechanisms. This has led to systematic discrimination and exclusion especially of communities with minority affiliations and other marginalized groups. This is compounded by a lack of consultation and participation in decision making processes including targeting. The decision-power on who gets assistance is more often with the local leadership pushing the marginalized to the brink of starvation.

In urban settings, consequences of COVID-19 are likely to further exacerbate food consumption gaps, poverty levels, and protection concerns; particularly among vulnerable groups like Internally Displaced Persons, women headed households, girls, elderly and minority communities and persons with disabilities.

3.4 Health



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
6.5m	5.3m	1.2m	30.8k	132.1k

PERSONS LIVING WITH DISABILITIES	CHILDREN<5	PREGNANT AND LACTATING WOMEN	ELDERLY	PEOPLE AT RISK OF COVID19 (MEDIUM ATTACK RATE)
983.5k	917.9k	393.4k	131.1k	3.1m

Overview of the Affected Population

The population of Somalia consistently experience some of the worst health outcome indicators in the world, the average life expectancy is estimated to be 51.5 years.³³⁶ Somalia is among the countries with the highest rankings in infant and child mortality rates of, respectively, 76.6 and 121.5 per 1,000 live births.³³⁷ The maternal mortality rate (692 deaths per 100,000 live births) and the fertility rate (average of 6.9 children per woman) are also among the highest in the world, 79 per cent of all births are home delivered without skilled assistance.³³⁸ Overall, 99 per cent of Somali women have undergone female genital mutilation, 64 per cent of these having suffered the Pharaonic type. Overall, only 11 per cent of children aged 12-23 months are fully vaccinated, around 19 per cent of children in urban areas have received all basic vaccinations, while this is the case for less than 1 per cent of children in nomadic areas³³⁹.

The inadequate comprehensive and reliable epidemiological and disease information from all districts makes it difficult to ascertain the extent of gaps in service provision and burden of disease across the country and effectively plan for response among actors. To estimate the health needs indicators, a combination of health status, health resources, and contextual factors were considered.

The health status indicators include the coverage of DPT3 and Penta3 vaccinations among children less than 1 year old and the coverage of measles vaccination among children less than 5 years old. The health resources are measured by the presence of functional health facilities per population. For the contextual factors, the overall severe and global malnutrition and the IPC phase were used. For each indicator thresholds were established from severity 1 to 5. During the final analysis, health status was weighted at 40 per cent, health resources at 25 per cent and contextual factors at 3 per cent.

Based on this methodology, it is estimated that over 6.56 million Somali people require lifesaving essential healthcare in 2022. Excess mortality in Somalia is driven primarily by malnutrition, disease outbreaks (e.g., COVID-19, AWD/cholera, measles, malaria) and violence; as well as non-communicable disease including complications of pregnancy and chronic disease. These are compounded by displacement due to conflict and natural disasters and lack of preventative and curative healthcare. Since the onset of COVID-19 in March 2020 until the 4 of October 2021, a total of 19,980 cases were confirmed in Somalia with a case fatality rate of 5.6 per cent. Vaccine availability is limited, and the vaccine coverage is below 2 per cent by the end of September 2021³⁴⁰.

People most affected by absence of health care services live in inaccessible districts under control of non-state armed groups. There are no known functional health facilities or services in those districts and health needs remain unaddressed. Key informants in 48 per cent of hard-to-reach settlements assessed reported having no access of any kind of health services³⁴¹. Health services for host communities are scarcer in rural areas than in urban settlements³⁴². Young children, girls and women of reproductive age and persons with a disability are most at risk of dying because of a lack of access to health services.

Analysis of Humanitarian Needs

Decades of conflict induced violence and climate change induced environmental disasters like drought and floods continuously threaten the fragile livelihoods of Somali families and increase vulnerability to exposure of disease and disability. The COVID-19 pandemic has further eroded coping mechanisms and increased demand to the already stretched and under resourced health system. Since the start of the COVID-19 pandemic women and girls experience heightened levels of conflict-related sexual violence³⁴³ while health service availability for survivors remains limited. Lifesaving physical trauma care services are scarce, and the available mental health and psychosocial support services do not keep up with the substantially increasing need³⁴⁴. Availability and access to appropriate health care for persons living with a disability, estimated to be at least 15 per cent of the population, remain dramatically insufficient.

In 2022, overall health needs are likely to remain insufficiently addressed. Health services have eroded to bare minimum levels in many locations as health partners face severe funding gaps. Health service delivery in Somalia remains dependent on humanitarian partners who finance and deliver a large proportion of health care to the population. In the absence of sufficient funding there is a danger of erosion of minimum standards of care of primary health care services.

Most districts (31/37) of Banadir, Jubaland, Hirshabelle and South West states reach an overall severity level of 5 (less than 80 per cent) for the vaccination coverage of both DTP3 and measles, this includes 8 inaccessible districts with no vaccination services. Overall, only a total of 31 per cent of all districts in Somalia, mostly located in Somaliland and Puntland states (15/27) reach the required coverage of 95 per cent or more.

Overall, only 19 per cent of districts in Somalia have sufficient health facilities, with at least one facility per 12,000 persons. Health facilities are assumed to be non-functional in 8 inaccessible districts in Jubaland, South West and Hirshabelle states, with an estimated total population size of more than 1 million people. The available health facilities per district are determined by using data reported in the newly rolled out HeRAMS tool³⁴⁵, to adjust for incomplete data a correction factor linking HeRAMS data to the SARA survey³⁴⁶ was applied. The highest severity score of 5 was attributed to those districts where one health facility provides services to 25,000 persons or more. The health facilities in Banadir, the district with the highest population of about 2.7 million, attend an average of about 39,000 people per facility. For the population living in rural districts, the distance to functional health facilities limits access to services. This element was not captured in the indicators used, but logically those with limited resources might not be able to pay or arrange for transport to a health facility.

The absence and scarcity of health services to cover health needs has a more severe impact on persons living with disabilities, young children, pregnant and lactating women, and older persons. Besides the availability of health structures with services, access and acceptability might not be ensured for these vulnerable persons. For example, physical access barriers can be faced by persons with a physical disability, while a male health professional may not be allowed to treat a woman or vice-versa.

Secondary health care, including CeMONC services to deal with complicated births are scarce and usually only available in urban centers. Referral possibilities are often constraint by logistical and security reasons.

An estimated 20 per cent of the people in need are at risk of COVID-19, especially those living with a chronic disease and living in crowded locations with poor water and sanitation conditions. With the very low vaccination coverage the risk of an extensive COVID-19 outbreak in Somalia continues to be very high.

The inadequate comprehensive and reliable epidemiological and disease information from all districts makes it difficult to ascertain the extent of gaps in service provision and burden of disease across the country and effectively plan for response among actors.

Cholera is endemic and seasonal spikes have been identified during rainy seasons, along riverbanks and in locations with high number of IDPs and where access to clean water and sanitation are limited. A total of 4,134 cases AWD/cholera cumulative cases including 31 deaths were reported from 4th January to 7th August 2021³⁴⁷. Oral cholera vaccination (OCV) in hot spot districts to protect vulnerable population against cholera has not been implemented in 2020 and 2021 as public health response efforts focused on COVID-19.

As expected with the low measles vaccination coverage rates measles outbreaks continue to occur, with various alerts from Banadir in 2021. There is an urgent need to increase routine vaccination and implement campaigns to ensure vaccination coverage of those children never vaccinated.

A significant proportion of young girls are subjected to early marriage and childbirth, sometimes because of a pregnancy caused by rape. More than one-third of girls marry before age of 18, and 76 per cent of girls undergo FGM between the ages of 10-14 years.³⁴⁸ The likelihood of childbirth complications is high for young girls while services to deal with complications are scarce. Secondary health care, including CeMONC services to deal with complicated births, are scarce and usually only available in urban centers. Referral possibilities are often constrained by logistical and security reasons.

With the scarcity of funding, partners have not been able to step up and develop more complete packages of health service delivery. To address specific health care needs, including care for sexual violence survivors, mental health services, surgical and trauma care services, resources (materials, drugs, specialized staff, training) are needed.

In the absence of sufficient funding there is a danger of erosion of minimum standards of care of primary health care services.

Nexus opportunities exist with the roll out of the Essential Package of Health Services (EPHS) supported by development partners and the World Bank. Also, the Federal Ministry of Health is developing regulatory frameworks for medical staff, medicines and medical equipment that will support the implementation of quality services by partners.

3.5 Logistics



**The Logistics Cluster's end-user is the humanitarian community; as such, it does not assess the level of needs based on affected populations, but on the demand for logistics, coordination and information management support by humanitarian partners responding to those in need.*

Overview of the Affected Population

The humanitarian community remains susceptible to supply chain-related disruptions in Somalia due to the still fragile logistics capacity in-country which includes physical access constraints, limited transport options by sea, air and road and widespread bottlenecks that impact the timeliness, cost-effectiveness, and agility of humanitarian assistance. As such, humanitarian organizations continue to rely on the Logistics Cluster for support on accessing critical common services, consolidating relevant logistics information, and creating coordinated efforts to enable response operations and mitigate the impact of disruptions.

Considering the support nature of logistics and the unpredictable level of demand arising from multiple shocks, the population in need of all cluster responses are affected by logistics constraints and may be impacted by unaddressed logistics challenges.

The logistics impact is particularly acute in areas where access is only possible by air and where other modes of transport are seriously impaired during the year due to recurrent access constraints (e. g., flood-related blocked roads) that further limit the options to transport aid workers and vital supplies to meet beneficiaries needs.

Analysis of Humanitarian Needs

The operating environment in Somalia remains one of the most hazardous in the world. Regular and sustained access to the most affected areas

represents a challenge due to conflict, insecurity, and deteriorating infrastructure. Severe access constraints have a direct impact on the ability of the humanitarian community to deliver humanitarian relief efficiently and effectively to populations in need.

Access via road did not observe any major improvement in recent years with 90 per cent of the national road network³⁴⁹ requiring rehabilitation and critical routes facing extensive physical access challenges related to weather and security. Moreover, the overland transport from Kenya remains closed since April 2019 due to the closure of the Mandera border and the current overland route through Ethiopia is strained due to unrest in the country. The overall transport market has been worsening in reliability and high costs as a result of these challenges.

Around one third (33.78 per cent)³⁵⁰ of districts in Somalia had their access severity classified as either inaccessible or presenting acute access challenges. Furthermore, several districts that present moderate access constraints have seasonal logistics infrastructure and are only accessible by air during extensive periods of the year such as Belet Weyne and Jowhar where the humanitarian community becomes heavily dependent on the Logistics Cluster support to access common services and to facilitate information-sharing and coordination.

Before the civil war, Somalia had 15 operational ports and facilities. In recent years, only 4 ports³⁵¹ – Mogadishu, Bossaso, Berbera and Kismayo – have been repaired and/or upgraded and are operational, serving the increasing demand for international trade. Even though access by sea is the most viable option for prepositioning high volumes of humanitarian supplies, the port availability limits its full potential and the global container shortage prices are starting to reflect in related costs. The insecurity along the Somali coastline also limits the commercial shipping

offering in the region, particularly in the north where the WFP Time Charter Vessel is one of the few available options to the humanitarian community. Moreover, the limited inter-district transport network further impedes sea transport to be fully utilized as high demand points may not be directly connected to a seaport.

Therefore, while sea and road remain available delivery modalities to be maximized, they are limited, and air transport is often the only resource available to enable the rapid delivery of urgent humanitarian supplies to vulnerable populations affected by COVID-19, heavy rainfall and flooding and forced displacement.

The large geographical spread of potential humanitarian demand points and the recurrent concentration of stocks in main hubs such as Mogadishu further increase the requirement of the use of air transport to reach the final destination; thus, this modality is identified as a critical gap. Currently, a few reliable air transport operators are available in Somalia and are operated by WFP to reach airstrips/airports around the country. Though air transport is a viable option to overcome the lack of stable road infrastructure, insecurity and limited sea options, the cost of air operations is extremely high and the technical capacity to operate are often impeding for humanitarian organizations.

Humanitarian organizations continue to rely on WFP's Humanitarian Air Service (UNHAS) to access hard-to-reach areas and deep field locations. With significant airport infrastructure gaps and no country-wide safe and reliable air services, UNHAS is one of the few travel options for humanitarian personnel to reach their beneficiaries. UNHAS Somalia has been transporting an average of 22,000³⁵² passengers annually (pre-COVID-19). The operation also provides coverage for dedicated flights on request to support the humanitarian community including dedicated flights for OCHA-led joint critical needs assessment missions. UNHAS remains agile and adaptable even during evolving political tensions between Kenya and Somalia which have resulted in the periodic halting of commercial flights. With the COVID-19 pandemic

situation prevailing, the need for the humanitarian community to access their beneficiaries in an efficient and timely manner has not only remained high but has been heightened.

Additionally, customs clearance delays in Mogadishu further hinder the arrival of relief items into Somalia due to extreme mechanisms put in place to support counterterrorism and counter-corruption efforts. In some cases, additional customs clearance approvals must also be secured to move humanitarian commodities from one state to another which adds to the complexity and to the time required to make cargo available for activities. Storage capacity – including temperature-controlled – is also limited due to available infrastructure and security, especially relevant in the context of COVID-19.

The challenges with logistics infrastructure and supply chain disruptions have persisted in 2021 and are anticipated to continue in 2022. The Logistics Cluster will continue to facilitate access to common services and support organizations in accessing information management and coordination to fill the logistics gap acting as a key enabler of the humanitarian response in Somalia.

3.6 Nutrition



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
2.4m	1.9m	454.9k	5k	16.2k

CHILDREN<5	MAM CHILDREN	SAM CHILDREN	PLWS TREATMENT
1.9m	986.4k	295.5k	245.9k

CHILDREN 6 TO 23 MONTHS PREVENTION	PLW PREVENTION
629.6k	283.3k

Overview of the Affected Population

Acute malnutrition is a major public health problem in Somalia and disproportionately affects children under the age of 5, as well as Pregnant and Lactating Women (PLWs). Malnutrition is the result of years of conflict and violence, disease outbreaks, drought, locust infestation, recurrent flooding and population displacements. In addition, other factors such as high morbidity, low immunization, low vitamin-A supplementation, reduced access to milk, food insecurity, low access to health services, poor access to water and sanitation, poor maternal nutrition, and high disease burden contribute to malnutrition rates. Poor feeding practices for infants and young children are also strongly linked with undernutrition.

According to the latest findings of 2021 post Gu results of FSNAU, the median prevalence of Global Acute Malnutrition (GAM) at the national level has remained at a serious level of 11.1 per cent weight-for-height z-score.³⁵³ Based on this analysis and the latest population figures, the cluster estimates that in 2022 around 1.2 million children, under the age of 5 years, will be at risk of acute malnutrition and will therefore

need emergency nutrition services urgently. Out of this, 295,515 children under the age of 5 are likely to be severely malnourished and around 986,000 children will be moderately acute malnourished (MAM).³⁵⁴

In addition to this, around 245,909 PLWs will be at risk of acute malnutrition. A total of 463,204 pregnant and lactating women are estimated to be in need of either preventive or curative emergency nutrition assistance. In this regard, it is estimated that around 629,567 children between 6 to 23 months and 283,305 PLWs will be at greater risk as well.

The total number of IDPs that need nutrition services will be around 0.3 million including women and children. IDPs face numerous challenges in accessing nutrition services and as per the recent estimates the GAM rates in IDPs of Mogadishu and Gaalkacyo are 16.5 per cent and 17.6 per cent respectively.³⁵⁵

Hence, combined the total people in need for both curative and preventive services for nutrition in 2022 will be 2.37 million including IDPs and non-IDPs.

In terms of inequities, there are population groups that bear the brunt of malnutrition disproportionately. These disparities could be gender and disabilities related, financial and belonging to minorities clans and being an IDP. Women and IDPs can face barriers while accessing nutrition services and nutrition cluster is this regard works closely with CCCM cluster partners to ensure equitable access to the vulnerable groups.

Analysis of Humanitarian Needs

Among the various underlying factors, food insecurity remains a major driver of malnutrition in Somalia. Based on the latest projections by FSNAU, from October to December 2021, food insecurity is expected to further deteriorate among poor rural, urban, and displaced populations due to the impacts of anticipated, below-average 2021 Deyr season rainfall, continued insecurity and other food security related risk factors, including rising food prices and cost of living, declining availability of milk for both consumption and sale, and a likely reduction in agricultural employment opportunities during the forthcoming Deyr season. It is therefore estimated that around 3.5 million people across Somalia are expected to face Crisis (IPC Phase 3) or worse outcomes between October and December 2021.

Poor access to clean drinking water and sanitation facilities leads to diseases like Acute Watery Diarrhea (AWD) that predisposes children to detrimental effects of malnutrition. According to the WHO-UNICEF Joint Monitoring Programme (JMP) 2020, access to basic water supply in Somalia is only 56 per cent, 37 per cent in rural and 79 per cent in urban areas. Field reports and SWALIM data³⁵⁶ also suggest that 40 per cent of existing water sources are non-functional. Moreover, JMCNA 2021 noted that 31 percent of households do not have access to basic sanitation facilities.

According to the 2020 Micronutrient Survey, the rate of exclusive breastfeeding in children less than 6 months is only 20 per cent. In addition, COVID-19 continues to be another major challenge as it has affected the nutrition service delivery modalities. Malnutrition both in childhood and pregnancy has adverse consequences for immediate child survival and the long-term wellbeing

of children and mothers. The nutritional status of children under 5 years of age continues to deteriorate in most parts of Somalia thereby increasing their vulnerabilities and predisposing them to morbidity and mortality.

The above factors compounded by the poor health service delivery system, high prevalence of AWDs, poverty and reduced purchasing power further predispose the Somali children to all forms of malnutrition including micronutrient deficiencies and therefore require preventive services. According to the 2019/20 micronutrient survey, around 40.2 per cent of non-pregnant women and 47 per cent of pregnant women are anemic and similarly around 43 per cent children below 5 years are anemic.

Geographically, some areas have seen deterioration in terms of malnutrition situation like northwest agropastoral and Hargeysa urban and Hawd pastoral in Togdheer and following some of the key hot spot areas that require attention: riverine population on both Shabelle, North Gedo and Juba riverine, pastoral population in Juba, Belet Weyne urban, pastoral population in El Berde district and Hawd. COVID-19 continues to be a major barrier to nutrition services both from the demand side and for the supply side aspect.

In order to mitigate and prevent the spread of the disease, nutrition cluster, along with partners, had agreed to adopt modified service delivery guidelines. However, the admission data and the information received from the field showed that due to these revised guidelines some children are missed out. The Nutrition Cluster data shows that there was an 11 per cent reduction in the number of admissions of acute malnutrition children as compared to 2020. Missing or interrupting nutrition treatment has detrimental consequences for the health of children and women. Unless the full course of treatment is complete, patients regress back to an even worse state of malnutrition, especially with insufficient food intake opportunities at home.

Negative coping mechanisms for malnutrition include sharing of nutrition commodities among the siblings and may therefore hinder timely recovery. Given the nature or recurring emergencies and poverty in Somalia combined with the impact of COVID-19, many households will continue to lose their purchasing power, that will contribute to increase in malnutrition.

Urgent and timely emergency nutrition actions are therefore required to address the foreseeable nutrition situation and to save precious lives of children and mothers at risk of morbidity and mortality resulting from malnutrition.

SOMALIA
Photo: UN



3.7 Protection



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
4m	1.9m	2.1m	30.8k	132.1k
CHILDREN	WOMEN	MEN	OLDER PERSONS	PERSONS WITH DISABILITIES
1.7m	445.8k	448.5k	109k	405k

General Protection

PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
2.7m	1.5m	1.2m	30.8k	132.1k

Overview of the Affected Population

In Somalia, the societal landscape is diverse and dynamic, with numerous social groups, clans and ethnic groups. The divisions between social groups, coupled with competition over scarce resources, fuel conflict as well as systemic discrimination and marginalization of groups across the country. Exclusion from receiving humanitarian assistance due to status, abilities or clan affiliation is a core protection concern. Overall, IDPs, persons with disabilities, older persons (60 years and above), person with minority clan affiliations and minority ethnic groups are the most affected in terms of exclusion from receiving assistance. Furthermore, the occurrence of multiple vulnerabilities associated with age, gender, abilities, clan and ethnic affiliations reduces the coping capacity of a household. The vulnerability of the household is then compounded by weak social and community-based protection systems available in Somalia and therefore protection risks and needs of the most vulnerable continue to increase over time.

JMCNA data highlight a lack of trust in a service provider, previous negative experiences, and harassment as major barriers to accessing women and girls' medical and mental health services. In addition, the JMCNA data indicates equivalent response rates from the host community in terms of discrimination and harassment.³⁵⁷ About 62 per cent out of the total population of IDPs and non-IDPs reported main safety and security concerns from different harms, physical threats, and discrimination in the area they are living, of which 35 per cent are suffering from physical harassment or violence (7 per cent), verbal harassment (8 per cent), sexual harassment or violence (7 per cent), being exploited (5 per cent), being recruited by armed groups (4 per cent) and being forcibly married at a young age (4 per cent).³⁵⁸

Analysis of Humanitarian Needs

The 2022 HNO PiN for the General Protection is 2.7 million, of whom 63 per cent are children, and 49 per cent are women and girls. Out of the total

people in need, 1.2 million (46 per cent) are in IDP camps/settlements, 1.5 million (54 per cent) are non-IDPs, 30,800 are refugees and 132,117 are refugee returnees, in 74 districts. The number of people in need for general protection has increased by 26 per cent in comparison to the HNO 2021 PiN. The increase is primarily attributed to the increase in population by 26 per cent as well as increase in IDP population by 300,000 individuals.

Over a quarter (26 per cent) of the people in need are located in Banadir because the area is densely populated with 2.7 million people, of which 904,000 are IDPs. The second and third districts with the highest people in need are Baidoa and Gaalkacyo, with almost 15 per cent of the people in these two districts.

More than half (39) out of 74 of the total districts and also 10 regions, including Banadir, Bakool, Bay, Gedo, Hiraaan, Lower Juba, Lower Shabelle, Middle Juba, Middle Shabelle, and Sanaag have the most acute protection needs with 'emergency level' needs at severity score 4. While 29 districts, accounting for 39 per cent of the total district in Somalia, have 'crises level' needs of severity score 3.

Conflict, Displacement and Protection of Civilians

For IDPs, conflict and violence, slow and sudden-onset disasters, food insecurity and evictions have all played a significant part in driving displacement in Somalia. Existing vulnerabilities and the loss of their social networks makes it difficult for IDPs to navigate new environments, access basic services or manage the psychological pressures they face due to isolation and separation from family. It is important to note that IDPs are not a homogenous group.

Therefore, experiences will vary from one group to another due to age, gender, abilities, clan affiliation, previous type of livelihood, etc.

From January to August of 2021, the Protection Return Monitoring Network (PRMN) reported conflict as the main driver of displacement, with over 413,000 displacements countrywide. Conflict and insecurity prevail in certain parts of the country, particularly in

south and central Somalia, and results in particular protection challenges including: physical attacks and threat to life, arbitrary arrest and detention, kidnapping, sexual assault, child recruitment, amongst others. This situation is exacerbated by the limited availability of basic services, weakened governance, negative social norms, and persistent marginalization.³⁵⁹

Protection of Civilians remains an important humanitarian issue across the country and deserves more consideration in humanitarian decision making and planning exercises. From 1 August 2020 to 22 August 2021, the Armed Conflict Location and Event Data Project (ACLED) recorded a total of 5,292 different events including: violence against civilians, battles/armed clash, explosions/remote violence, protests, riots, and strategic developments, of which led to 6,972 casualties across the country.³⁶⁰

Exclusion from Humanitarian Assistance

Lack of access to essential services is a core protection concern for IDPs. In Somalia power dynamics are important to consider as gatekeepers and community leaders are most likely to hail from dominant clans. The Somalia Protection Monitoring System (SPMS) indicated through 58 per cent of Key Informants interviewed that access to assistance was denied primarily due to social background (i.e., clan or ethnic affiliation) of an individual or group. Additionally, beneficiaries may be forced by community leaders and gatekeepers to share a portion of the assistance they receive or pay money to be included in the beneficiaries. In most extreme circumstances, sexual favors will be traded for assistance.³⁶¹

The PRMN recorded 15,980 IDPs who moved due to lack of humanitarian assistance from their place of origin (6,914 in Somaliland, 5,332 in South Central, and 3,734 in Puntland). There are also IDPs who do not have access to assistance in hard-to-reach areas.

The JMCNA data indicates a high percentage of the overall population (62 per cent) reporting barriers in accessing humanitarian aid, facing different

barriers including lack of information (40 per cent), physically unable to access points of aid distribution (8 per cent), and insecurity on route to points of aid distribution (5 per cent). Furthermore, 4 per cent of the population faced exclusion by camp managers/gatekeepers and insecurity at the site of assistance delivery.³⁶²

Lack of Access to Justice

According to the Somalia Protection Monitoring System (SPMS), access to justice is the second most prevalent protection concern reported, with IDPs, women, adolescent girls, clan and ethnic minorities as the most likely to be negatively affected. In June 2021, 31 per cent of key informants reported access to justice was denied due to social background (i.e., clan or ethnic affiliations) and 38 per cent reported access to justice was not possible because the area had no formal courts set-up. Physical abuse, rape and divorce cases were reported to not receive access to effective remedy/redress and one of the obstacles to this was intimidation of the affected groups or individuals. Based on the SPMS findings, the community does reach out to local authorities for support, but the response is slow due to the lack of formal courts in the area or access denied due to social background.³⁶³

The JMCNA data corroborates this at the national level, with nearly half (49 per cent) of the total population reporting denial of access to justice or fair compensation. A total of 12 per cent reported no formal access to justice or compensation in their location; 26 per cent reported they were able to access traditional/informal justice mechanisms; 11 per cent reported no access to traditional or informal justice mechanisms but access to formal justice or compensation mechanisms in their location; and 12 per cent experienced no formal access to justice or compensation in their locations.

In place of the weak or limited access to formal justice, the Xeer system, a traditional justice mechanism, has functioned as an efficient tool for resolving familiar disputes and regulation of inter and intra-clan affairs. However, the use of a traditional justice system, albeit accessible and

affordable, comes at a cost particularly in relation to gender equality and human rights. Seeking justice is especially challenging for women, clan and ethnic minorities, IDPs and persons with disabilities because they are not represented in these decision-making fora. Overall, due to the lack of fair and equitable justice mechanisms available, the most vulnerable Somali citizens struggle to have their grievances justly resolved as they often face discriminatory practices, are not well informed about their rights, and have few functional institutions to meet their justice needs. As a result, human rights violations continue with little to no retribution or consequences for the perpetrators.

Lack of Mental Health Services

Mental health services in Somalia are insufficient in terms of availability, quality and geographical coverage. It is estimated that the prevalence of mental health conditions in Somalia is higher than in other low-income and war-torn countries. There are many determinants that explain the high rate: overall insecurity caused by displacement, exposure to violence and conflict, poverty, unemployment and substance abuse.

The conflict and instability in Somalia, climate shocks and the COVID-19 pandemic have delivered a triple shock to the country, substantially increasing the need for mental health and psychosocial support. According to the WHO Policy Brief on Mental Health in Somalia, mental health services are almost non-existent with just 0.5 psychiatric beds/100,000 population compared to 6.4 beds/100,000 in the WHO Eastern Mediterranean Region and 24 beds/100,000 globally³⁶⁴. Furthermore, with the exception of a few understaffed and poorly resourced psychiatric hospitals, Somalia has no community-based mental health services.

3.7.1

AoR 1: Child Protection



CHILDREN IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
2.3m	1.3m	1.1m	20.3k	87.2k

CHILDREN < 13 YEARS		ADOLESCENT (13-17)		CHILDREN WITH DISABILITIES
GIRLS	BOYS	GIRLS	BOYS	
519.5k	562.8k	199.5k	216.1k	235.9k

Up to 66 per cent of the population in need of protection services in Somalia are children who continue to be exposed to protection threats of recruitment, family separation, abuse, neglect, abduction, exploitation, and violence. Hence, 2.3 million children, including 10 per cent of children with disabilities,³⁶⁵ are in need of immediate child protection services. Compared to the 2021 analysis, the estimated number of people in need increased by 25 per cent in 2022. According to the JMCNA 2021 it is estimated that 607,546 children are in extreme need (26 per cent per cent), 1,449,144 in severe need (61 per cent) and 302,440 in stress (13 per cent), and require humanitarian child protection assistance.³⁶⁶

Girls and boys of all ages still face violence in all areas of their lives: at home, at school, and in the community. Child returnees, refugees and those from displaced communities or conflict-affected areas are particularly vulnerable to abuse, exploitation, and other risks. Recurrent climatic shocks and an upsurge in violence have significantly increased the vulnerabilities and reduced the protective environment for children and their parents in the country, coupled with the devastating impact of the COVID-19 pandemic.

Adolescents (10-19 years) account for 27 per cent of the total Somali population, and 81 per cent of the total population of Somalia are below 35 years³⁶⁷. Not only do adolescents face the worst forms of abuse, such as rape and murder, but they are also

often coerced into difficult circumstances, which are detrimental to their own physical and mental well-being or forced to adopt maladaptive coping mechanisms to overcome structural deprivations. The average age of children recruited and used by armed forces and groups is 13.5 years, Somalia has high rates of child marriage and FGM.

Analysis of Humanitarian Needs

Many Somali children grow up in communities where Female Genital Mutilation (FGM), child marriage, sexual assault, violence in the home, and child labour are commonplace. These risks are heightened within the context of forced and protracted displacement, ongoing conflict, and limited access to safe services. In 2020, 54 per cent of 2,364 IDP sites reported that severe protection incidents occurred in the three months prior to data collection,³⁶⁸ indicating the general levels of insecurity and instability children are experiencing regularly.

Somalia is among the countries recording the highest number of grave violations against children in the world.³⁶⁹ Abduction, sexual violence, and recruitment and use of children are particularly alarming. Between August 2016 to June 2021, the Somalia Country Task Force on Monitoring and Reporting (CTFMR) verified 21,560 violations against 18,079 children (3,291 girls; 14,788 boys).³⁷⁰ While national and state level initiatives exist to prevent and end recruitment,

killing, and maiming of children, this year, recruitment appears to be increasing. In 2021, 1,797 grave violations affecting 1,392 children (330 girls; 1,062 boys) have been documented, with 631 children (97 per cent boys aged 11-17) recruited and used by parties to the conflict in the first half of 2021 alone. This represents a 15 per cent increase compared to the same period in 2020.

Adolescent girls are particularly at risk of child marriage, sexual violence, and other forms of gender-based violence. According to CTFMR, there is an increase in reported sexual assault against girls by parties to the conflict, rising from an average of 23 reported cases per month in 2020 to 27 cases monthly in 2021 during the same period. The highest cases of rape and sexual violence were reported in conflict and IDP communities in Bakool, Middle Juba, Gedo, Bay, Middle Shabelle and Hiraan. Despite a 2012 constitutional amendment outlawing child marriage, Somalia continues to have the highest rate of child marriage, more than one-third of girls marry before age of 18, and 76 per cent of girls undergo FGM between the ages of 10-14 years.³⁷¹ Key informants within the June 2021 SPMS report child marriage as one of the most prevalent protections concerns across the country, highlighting specific concerns related to marriages forced by armed groups and in the geographical areas of South-Central Somalia and Puntland. Additionally, child marriage, pregnancy, and FGM, in some instances, were reported as significant reasons for girls not attending school.³⁷² While in school, the report found harassment of girls by teachers is a commonly reported type of abuse in school.³⁷³

Somali children are also under pressure to become economically productive at an early age. It is estimated that half of all children between the ages 5 and 14 from central and southern Somalia are subjected to child labour. Even in the more stable regions of Puntland and Somaliland, a quarter of the child population are employed,³⁷⁴ which negatively affects their right to health and education. Child labour is reported at 55.5 per cent of both camp and urban communities, with the most common forms being recruitment by armed forces, begging in extreme

heat, selling goods in the market, and working as “house help,” with the latter largely affecting girls who migrate to towns for this work.³⁷⁵

Family separation is an ongoing concern, with the 2021 SPMS indicating family separation as the third-highest protection concern reported across South Central. Twenty-two per cent of key informants involved in the SPMS also reported incidents of family separation. The number of unaccompanied and separated children (UASC) continues to rise, with more than 11,235 (5,802 girls; 5,230 boys) UASC documented from January to August 2021, a 24 per cent increase when compared to last year during the same period. Some separations have resulted due to the conflict, migration, or the pandemic, including death of a child’s caregiver. The majority of registered UASC remain active for case management, psychosocial support, and family tracing and reunification. Separation from one’s primary caregivers exposes children to greater risks of exploitation, abuse, neglect, and psychosocial distress.

Children with disabilities are among the most vulnerable, marginalized groups within Somali society because of the attitudinal, environmental, and institutional barriers they face.³⁷⁶ A recent rapid assessment³⁷⁷ found 62 per cent of caregivers reporting that communities view children with disabilities as not being able to contribute to the family; 33.7 per cent reported communities view children with disabilities as signs of bad luck, with community members believing that children with disabilities bring drought and poverty to both the family and entire community. Additionally, 28 per cent of caregivers stated they must chain children with disabilities to protect them from harm, such as accidents, discrimination, physical and sexual abuse, hurting other people, or being hurt. This practice means they are unable to play and interact freely with other children or attend school.

Nearly every aspect of children’s lives, including their mental health and healthy social support systems, has been disrupted by COVID-19 and risk mitigation measures, ongoing armed conflict and insecurity,

and climatic shocks. At least 40 per cent of child protection incidents reported to caseworkers in 2021 were related to mental health, physical abuse, and neglect.³⁷⁸ In Somalia, it is estimated that the prevalence of mental health illness is much higher than global estimates, with 1 in every 3 people affected by mental illness.³⁷⁹

According to the JMCNA 2021, access to child protection services is significantly low, with over 75 per cent of households in both host and IDP communities indicating there are no mental health and psychosocial support (MHPSS) services for girls and boys. Similarly, over 70-75 per cent of surveyed HHs in HC and IDP sites indicated there are no group activities and safe spaces for children. The 2021 education report also found that child protection, MHPSS, and health services, including at school and accessible through referrals, were available in only 12-16 per cent of schools visited, with little difference between rural and urban schools. While significant

progress has been made in delivering general psychosocial support to children in need, scaling-up more structured, focused psychosocial support for those most severely affected is urgently required.

Additional caseworkers are also necessary to ensure the provision of quality case management services for 76,075 (48 per cent girls; 52 per cent boys)³⁸⁰ children (across Somalia) who have experienced abuse, neglect, and violence and sought assistance. The number of children in need is likely much higher as these types of cases are frequently underreported due to societal norms and limited trained staff, including police.³⁸¹ Currently, Somali caseworkers handle caseloads 3 or 4 times higher than minimum standards.³⁸² Thus, there is an urgent need to improve the quality of child protection services for girls and boys at risk and increase case management capacity to provide individualized support for children based on their specific needs.

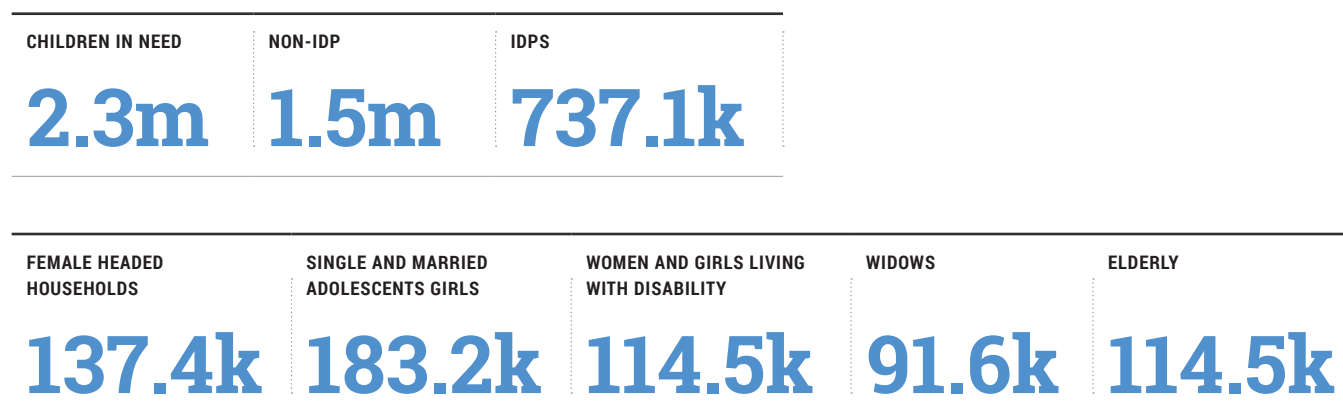
SOMALIA

Photo: UN



3.7.2

AoR 2: Gender-Based Violence



Women/adolescent girls, widows, divorcees, persons with disabilities, older women, divorced women, and women minority clans³⁸³ face heightened risks of GBV with increased displacements multiple displacements and forced evictions due to flooding, droughts, and armed conflicts. Intimate Partner Violence, rapes, forced abortion and revenge killings;³⁸⁴ sexual exploitation, harassment and abuse are rife due to poor living conditions; destruction of homes, water points, latrines, street lights, farmlands, livelihoods, and schools; family separation for children and open defecation. Lack of community and male protection due to male migration; segregation of toilets, travel to markets and service sites; poor lighting of IDP camps represent major GBV risks for women and adolescent girls.

Food insecure families experienced a greater risk of intimate partner violence because of the increasing tensions around sharing family resources. Also, women and girls living in minority settlements are more likely to feel unsafe walking around their neighborhoods due to organized gangs and exclusion from community leaderships, consultations and service provision.³⁸⁵

Women and adolescent girls make up a majority of displaced persons due to flooding and ongoing insecurity and conflict. In Mahaday and Jowhar districts of Middle Shabelle region, a total of 66,000 individuals have been totally displaced from their dwellings, out of which 45 per cent are women and girls, while 28 per cent are children³⁸⁶. A recent May 2021 joint assessment of the GBV and Child Protection Clusters

on the Bardaale/Baidoa displacement found increased incidences of sexual exploitation (37 per cent); sexual harassment and abuse (33 per cent); intimate partner violence (54 per cent); child marriages (64 per cent) and FGM (57 per cent).

Adult married women, adolescent girls, widows, divorced women, female headed households, pregnant and lactating women, women and girls living with disabilities are subject to various forms of violence and discrimination emanating from social status and gendered social norms. Female heads of households, divorced women and women living with disabilities are particularly disadvantaged due to lack of male protection and provision, difficulty to report/escape violence or access services. Women and girls from minority clans also report feeling of exclusion and targeting for humanitarian assistance and are unable to assert their right to own land³⁸⁷

Men and boys are also targeted for rape, forceful recruitment and kidnapping and psychological abuse and trauma. Loss of livelihoods and food insecurity due to multiple displacements forced young boys to step into the roles of provision thereby increasing levels of school dropouts. Men's declining ability to provide for their families adds to low self-esteem and the use of intimate partner violence to reclaim some of the historically privileged position of household head.

Analysis of Humanitarian Needs

As the numbers of women and adolescent girls in need continues to increase, the capacity to reach the growing population in need is in variance with both human and financial support required to ensure better coverage and access of vulnerable women and adolescent girls, boys, and men (including GBV survivors to critical lifesaving services). JMCNA 2021 findings indicate that 11 per cent of female respondents report that it takes them more than 31 minutes to fetch water and return: 14 per cent and 16 per cent respectively experience drinking and cooking water shortages while 25 per cent report shortage of water for personal hygiene. GBVIMS report of 2021 indicate 62 per cent of reported GBV incidents were physical assault, 11 per cent rape, 10 per cent sexual assault, 8 per cent denial of resources, 6 per cent psychological/emotional abuse, and the remaining 4 per cent percent forced and early marriage.³⁸⁸

Women and girls living in IDP Camps are more prone to sexual violence and abuse than those living in host communities with a better housing infrastructure and service sites and markets. The JMCNA 2021 informs that 13 per cent of households were concerned that

girls in host communities and 17 per cent in IDP camps were exposed to sexual violence and harassment, while 16 per cent (host community) and 18 per cent (IDP) households were concerned that girls were to be forcibly married. In addition, it was indicated that 29 per cent of respondents lacked proper bathing facilities, 26 per cent poor lighting, and 14 per cent privacy in shelter; 31 per cent lacked lockable latrines; 93 per cent use common latrines that are far or not in close proximity.

Given the widespread food insecurity in Somalia, there may be a possibility of vulnerable women and adolescent girls exchanging sex for food. Reliance on cash support is providing a buffer for poor families but may also contribute to rising intimate partner violence with divergent priorities for families on where to invest the cash support. With girls dropping out of school to support the household economy; the risk of early marriage/forced marriage and female genital mutilation perpetuates as families strive to survive by ensuring social and economic security by cutting their girls. Safety concerns of adolescent for adolescent boys and men continue to worsen with severe food insecurity and prevailing armed and communal conflicts. They are subject to kidnap, forceful recruitment by armed groups,

SOMALIA

Photo: UNICEF



rape and sexual abuse as they migrate to find work to contribute to family incomes.

Flooding and conflict contributed to increasing displaced population of women, adolescent girls, and children in Hiraan region; Gedo, South West, Burtinle, Middle Shabelle, Sool and Sanaag regions. For Jowhar in particular - Out of the 3,593 individuals that were displaced by the Shabelle river floods, 2,795 individuals of the displaced (77 per cent) are female, children and girls.³⁸⁹ In Berdale district, 70 per cent of the displaced populations are women and children.³⁹⁰

GBV service provision remains low as compared to the needs and geographical landscape response. Limited specialized services such as rape treatment for rape survivors, case management, psycho-social support and higher levels of mental health care for traumatized women and girls are major hindrances to expanding provision of timely, confidential and quality GBV services. Limited GBV specialized service provider continues to impact both quality and reach of services. Services most affected include legal support (with the closure of courts) and community awareness campaigns (due to need for social distancing), psychosocial support services, GBV Shelters and child friendly spaces.

Cash and voucher assistance provides a buffer for vulnerable poor women and girls to meet their basic needs for food, medical and basic needs for protection of dignity. While demand for cash through direct and the integrated GBV case management is growing; the lack of proper targeting, inadequacy of reach, and lack of sensitization of immediate family relatives on the use of cash are a major source of concern for increasing IPV. Humanitarian workers need to deliberately ensure the inclusion of PLWDs and girls and women from minority clans/groups in cash interventions.

The absence of a strong legal framework for the protection of women and adolescent girls discourages survivors from reporting GBV cases and seeking justice. Related issues include the application of obsolete laws; lack of capacity of security personnel to apply a survivor centered approach to manage GBV survivors; mismanagement of forensic evidence; undue reliance of the justice system on evidence of rape to prosecute;

interference of community/family-based mediation; survivor shaming/stigmatization and limited support for legal services. States such as Puntland with a sexual offences' legislation need strong enforcement mechanisms and accelerated justice process to build confidence women and girls to seek justice and reparation.

Vulnerable women and girls in IDP camps and host communities express the need for dignity protection and material support (such as dignity and hygiene kits, solar lanterns, torches, mats and mattresses) to meet both basic and protection needs. The need for GBV Shelters for vulnerable women and girls (including GBV survivors) is a prominent concern as they are trapped violent relationships due to lack of secure temporary shelter.

Weak or lack of capacity for coordination of GBV prevention, response and mitigation services continues to be a major gap for GBV AoR Somalia. Lack of presence and capacity of local actors are major barriers to localization of GBV services especially in rural areas. Importantly, the limited number of female-led NGOs with capacity to implement GBV focused activities. Coordination is also hampered by inadequate availability of valid sex, age and gender disaggregated data to inform targeting and focus.

Referrals for service mobilization – Service mobilization remains low due to sustained operations of women and girls' safe spaces and GBV one-stop centers. With increasing population in needs and paucity of resources that these spaces remain open and accessible; vulnerable women and girls and GBV survivors are prevented from access services that enable them to heal from the trauma.³⁹¹

Protection from Sexual Exploitation and Abuse (PSEA) and strengthened community feedback mechanisms. Humanitarian actors must integrate comprehensive strategies to prevent Sexual Exploitation and Abuse while delivering humanitarian services to the communities. Such risks can come directly from aid workers or community leaders engaged. Humanitarian actors need to allow community to hold them accountable and provide feedback mechanisms that are safe and accessible to all persons.

3.7.3

AoR 3: Housing Land and Property



CHILDREN IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
2.7m	1.6m	1.1m	6.4k	109.6k

CHILDREN	WOMEN	MEN	OLDER PERSONS	PERSONS WITH DISABILITIES
1.7m	444.6k	441.6k	100.4k	401.4

A significant level of displacement in Somalia is correlated with land tenure issues and forced evictions across the country. By the end of August 2021, 92,042 persons had been evicted across Somalia³⁹². According to the Eviction Information Portal³⁹³, there has been a rising trend of evictions in 2021, peaking in June with 18,278 people evicted. Most cases reported were forced evictions with a minority of cases (only 8) being lawful. Evictions are still dominated by landowners needing their land though the motives are unclear, followed by development of the land. Banadir continues to be the epicenter of forced evictions with 77,487 cases. As such, internally displaced people (IDPs) in both urban and peri-urban areas face the constant risk of secondary displacement due to forced evictions. The use of informal tenancy arrangements is common and is one of the factors leading to forced evictions.³⁹⁴ These informal agreements create a precarious situation for thousands of IDPs, who are at constant risk of eviction due to land tenure insecurity.

The HNO 2022 People in Need (PiN) for the Housing Land and Property (HLP) AoR is 2,676,114 million, of whom 63 per cent are children, 17 per cent are women and girls, 17 per cent are men, 4 per cent are older persons and 15 per cent are persons with disability. Out of the total PiN, 1,107,270 million (41 per cent) are in IDP camps and settlements, 1,568,844 million (59 per cent) are non-IDPs. The number of PiN for the HLP AoR increased by 5 per cent in 2022 compared to the HNO 2021.

The most severe and acute needs remain concentrated in areas affected by conflict and locations hosting large numbers of IDPs and returnees. The majority of the PiN are located in Banadir, Bay, and Lower Juba, Mudug and Bari regions. The majority of these people reside in the districts of Kaxda, Daynile, Baidoa, Kismayo and Kahda. 88 per cent of the total districts with PiN of HLP specific assistance in Somalia, have 'crises level' needs of severity score 3, and this includes both IDPs and Non-IDPs. According to HLP AoR reports³⁹⁵, these groups are often discriminated against based on their displacement status, age, gender, and ethnicity. They do not have equal or equitable access to basic and social services and face numerous challenges accessing humanitarian assistance. IDPs are more vulnerable to protection threats both from the incident that triggered displacement in their place of origin and the lack of access to basic services in their current location.

HLP issues continue to affect children, women and girls, PWD, minority clans and older persons. In Somalia women and girls face difficult challenges due to inequality and social norms which exclude them from opportunities and decision-making platforms. Somalia ranks fourth lowest for gender equality globally, maternal, and infant mortality rates are some of the highest in the world, and early marriage is prevalent³⁹⁶. And yet seeking justice is especially challenging for women, clan and ethnic minorities, IDPs and persons with disabilities.

Analysis of Humanitarian Needs

The reasons for eviction are predominantly landowners needing their land, but the motive remains unclear and ownership disputes are still widespread. In fact, disputes on ownership are still the most common problem faced by both IDP and host community household in terms of HLP (17 per cent for both population group³⁹⁷) and the vast majority of households do not have formal land tenure documents to prove their occupancy arrangement (80 per cent of IDP, 73 per cent of HC). Further still, the arbitrary increase of rent or failure to pay rent are cited as some of the main reasons for evictions in Somalia.³⁹⁸ And yet, displacement is in itself a traumatic event for households from both a material (loss of land and goods) and a psychological perspective (isolation and separation from family).

There is limited access to justice for people in need. IDPs in Somalia do have a range of HLP rights under the mix of statutory, customary, and Islamic regimes used in Somalia. Despite these protections³⁹⁹ IDPs who seek to vindicate their rights are further stymied by the somewhat ad-hoc nature of Somalia's legal institutions. Those reporting HLP specific cases face several obstacles within both formal and informal justice systems. A wide range of policy and legal frameworks govern the conduct of humanitarian action in Somalia. However, implementation of these policies remains varied due to fragmentation and frequent changes in government institutions and coordination architecture. In several states, justice, law and order sector structures have either been destroyed, or, are not functioning due to the conflict. In some cases, the informal structures and mechanisms have substituted the role of authorities particularly in dispensing law and order and justice. Moreover, returns in several locations remain unsustainable due to ongoing insecurity and lack of support and resources.

Additionally, several obstacles prevent women from claiming, exercising, and adjudicating them. Many stem from chronic poverty, and the male dominated traditions and cultures that underpin Somali society. For example, the right to inheritance

and the rules governing the process in the Qur'an are very specific.⁴⁰⁰ However, the majority of women in Somalia are unable to access their inheritance.⁴⁰¹ Research shows that in relation to matters of inheritance and divorce in particular, elders and others with decision-making power often "forget" the Islamic teachings, relying instead on "custom." Given this and the inaccessibility of statutory courts, referral to the Elders continues to be the primary way in which Somalis seek to solve problems. And all elders, all men, have the right to speak in an open council (shir.) which can be called for at every level of segmentation, as required. Shir are called to discuss relations between groups and to settle disputes, but tend to exclude women.⁴⁰² Although these traditional institutions do not enjoy the resources of a state, their decisions – whether reached under a tree in the pastoral areas or in a modern house in urban centres – can carry the power of a government, unfortunately, women are often excluded.⁴⁰³ Additionally, despite having the right to speak for themselves in certain courts, several studies⁴⁰⁴ suggest that although they might participate as a witness,⁴⁰⁵ some courts, would still require them to have a male relative there to speak for her.

This analysis highlights an important lacuna in protecting HLP rights of displaced populations in Somalia. Land ownership and control is therefore central to addressing land conflict and related disputes, and the protection of IDPs from HLP violations such as land grabbing, encroachment and forced evictions. Recognising the need to support HLP rights of IDPs, advocacy strategies and institutional arrangements need to be supported to promote and increase access to land for people in need.

3.7.4

AoR 4: Explosive Hazards



CHILDREN IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
1.1m	602.3k	486.5k	2.1k	17.7k

CHILDREN	WOMEN	MEN	OLDER PERSONS	PERSONS WITH DISABILITIES
687.4k	180.9k	179.7k	40.9k	163.3k

Overview of the Affected Population

Children account for majority of the victims of explosive ordnance (EO) accidents. Over the last 12 months (October 2020 – September 2021), 13 mine/Explosive Remnants of War (ERW)-related accidents have occurred, affecting 47 individuals. Of the casualties, children represent more than 91 per cent. More than 50 per cent of all EO accidents recorded occurred when children came across explosive ordnance and began to play with the objects. With low levels of awareness regarding the threat posed by explosive remnants of war, children tend to be disproportionately affected, given their curiosity and tendency to tamper with the unknown devices whilst playing. Additionally, school-going children are vulnerable and regularly exposed to the dangers of explosive hazards due to their frequent movements while attending school, playing and performing other duties such as herding livestock and fetching water. Among the communities, nomadic families and IDPs are more vulnerable to accidents caused by explosive remnants of war. They frequently traverse vast tracts of potentially contaminated land in search of pastures, or while seeking suitable settlements.

The 2022 HNO People in Need (PiN) for the Explosive Hazard (EH) AoR is 1.09 million, of whom 63 per cent are children, 16.6 per cent are women and girls, 16.5 per cent are men, 4 per cent are older persons and 15 per cent are persons with disability. About 486,510 of the total 1.09 million PiN, representing (45 per cent) are from the IDP population in Somalia. The number of

PiN for the EH AoR increased by 17 per cent in 2022 compared to the HNO 2021.

Highly affected areas include regions and districts along the Somali-Ethiopian border in (Somaliland, Puntland, Galmudug, Hirshabelle and South West states) where the majority of minefields in the country are located. In addition, urban centers and main supply routes are highly affected due to increasing IED attacks. The explosive remnants of war scattered in all regions of Somalia continue to threaten the lives of the civilian population mainly children and nomadic families. About 33 per cent of the total PiN are estimated to be extremely affected, while 5 per cent are severely affected.

Analysis of Humanitarian Needs

With respect to Explosive Ordnance accidents, Galmudug and Hirshabelle states have both recorded the highest number of accidents, each with 35 per cent of all accidents. Similarly, the highest concentration of landmine findings over the last 12 months has been Dhabad District, in Galmudug. This area, and by extension, the two FMS, have also witnessed several concurrent Explosive Ordnance accidents. These rural locations and others along the border with Ethiopia, have experienced a persisting threat as a result of the history of minelaying, dating since the cross-border conflict.

Improvised Explosive Device (IED) incidents, on the other hand, have been consistently recorded in

higher numbers in South-West State, mainly along the key supply routes in Lower Shabelle. The region has been theatre to a protracted security operation against locations believed to be the strongholds of anti-government elements, resulting in an increase and sustained pattern of IED incidents. A major negative impact of the threat posed by IEDs, is that civilians record the highest number of casualties, often being more vulnerable to the impact of large explosions that may be targeting security forces or installations. Whilst the IEDs are mainly targeted at security forces, they are indiscriminate in nature, with respect to the population group most affected. Only two major categories can therefore be derived: security forces vs. civilians. More than 1,800 IED incidents were recorded across Somalia, within the last 36 months, claiming more than 3,800 casualties. This represents an average of 44 IED incidents per month, where on average, up to 50 per cent of all casualties were civilians. Civilians experience the impact of IEDs as collateral damage, not being the primary or intended target. Urban areas like Banadir and Bay regions have also recorded relatively higher IED incidents, being hubs for their respective governments, and where anti-government elements make regular attempts to attack government installations and security forces. Given the persisting threat of IEDs along main supply routes, it follows that communities living in areas with high numbers of IED incidents (currently leading is Lower Shabelle) and areas currently under the control of anti-government elements, have reduced access to humanitarian assistance, as partners experience significant potential and active security threats. Populations living in remote rural locations are generally inaccessible and excluded from various forms of protection and humanitarian assistance, including that of Mine Action partners. Areas with persistent inter-clan conflicts and with known historical minefields have reported higher numbers of explosive hazard threats. Likewise, areas with security operations have reported significantly higher numbers of IED incidents. These have primarily affected the civilian population, exposing them to secondary protection concerns; wearing their resilience, making them susceptible to shocks and also reducing their access to the required humanitarian assistance when partners are unable to reach them.

Coping mechanisms in the context of explosive hazards often involve moving away from areas with known hazards, especially following EO accidents. Many rural communities have abandoned lush grazing lands and productive agricultural lands as a result of explosive hazard contamination, given their limited to no knowledge on ways of removing or managing the explosive hazard threat. In other areas, communities engage in hazardous activities that further expose them to the explosive threat, by attempting to remove and relocate the explosive ordnance. Communities living in hard-to-reach areas are also more likely to experience the lack of awareness, accompanied by higher levels of poverty. This situation often results in tampering with, and attempts to remove explosive ordnance from contaminated areas, for commercial benefit. These explosive items can also potentially land in the wrong hands and their explosive fillings used to manufacture IEDs, further complicating the security concerns. The explosives are sometimes used to prospect for water, or excavation of rocks, in areas with water shortages and quarry operations. These instances have been known to cause EO accidents and exacerbate the current protection needs.

3.8 Shelter



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
3.6m	1.8m	2.7m	30.8k	112.5k

NEWLY DISPLACED POPULATION	EVICTEES
573k	92k

Overview of the Affected Population

According to the JMCNA 2021, shelter is one of the top three priority need of more than half of the entire population and of 58 percent of IDPs⁴⁰⁶. An estimated 3.7 million people need shelter and NFI assistance mainly due to poor shelter conditions, overcrowding and lack of space, poverty, and lack of security of tenure. Those in need of shelter and NFI assistance include displaced and non-displaced populations. However, IDPs, refugee returnees, refugees and asylum seekers are particularly affected as they do not have financial capacity to build adequate shelters. The second main issue is that they usually do not own the land they occupy and therefore are not allowed to build any permanent structure. Only 24 per cent of households living in IDP sites own their land/shelter⁴⁰⁷, consequently, they have to leave in temporary structures that do not provide good protection against the elements and that are difficult to maintain.

Conflict, drought, flooding, evictions and cyclones are the key drivers of displacement, which in turn exacerbates humanitarian shelter and NFI needs. Natural disasters are one of the main causes of displacement and therefore accelerate migration from rural to urban and peri-urban centers that started decades ago. Urbanization is rarely organized through urban planning and multiyear plans. As a result, according to the Detailed Site Assessment 2021, a total of 593,058 IDPs are estimated to

reside in high-risk IDP sites. These informal and largely unplanned IDP settlements tend to involve particularly hazardous living conditions. A lack of tenure agreements and housing options for IDPs from minority and marginalized groups leaves them without alternative residence options. Among these population, 42 per cent of the main income-earner of the household are women⁴⁰⁸.

There is also a need to ensure that refugees, asylum seekers and refugee returnees have sufficient access to basic and domestic items and provision of shelter assistance. Overall, 30,800 refugees and asylum seekers and 90,583 refugee returnees need shelter and NFI support in 2022. UNHCR post return monitoring data suggests that a high proportion of refugee returnees live in housing they do not own, are squatting or have no documentation; this leads to protection concerns, including housing insecurity and risk of eviction.

Finally, women and girls living in sub-standard and overcrowded shelters are particularly vulnerable. They tend not to feel safe in makeshift shelters which do not offer privacy and sufficient protection from weather elements and increase the risk of gender-based violence. Over a quarter, 27 per cent, of IDPs reported that their bathing facilities are not safe as their main shelter concern⁴⁰⁹. In addition, marginalized groups and people with special needs also require

additional support and should be prioritized as resources are limited.

Analysis of Humanitarian Needs

The scale of shelter and NFI needs in 2022 is expected to increase in comparison to the needs in 2021, mainly driven by extensive flooding that damaged shelters and caused the loss of NFIs, displacement due to conflict, drought and forced eviction, and the inability of households to repair and construct shelters or buy basic non-food items due to limited financial resources. The main reported enclosure issues were leakage during rains (50 per cent), lack of insulation (32 per cent), lack of bathing facilities (30 per cent) by both IDPs and host communities⁴¹⁰. The shelter situation of IDPs is particularly concerning. Only 1 per cent of IDPs did not report any shelter issue⁴¹¹. Due to the adverse economic situation, demand for basic NFI remains very high. The priority NFI needs reported by the population are blankets (56 per cent), sleeping mats (53 per cent), mosquito nets (49 per cent), solar lamps (46 per cent) and kitchen utensils (44 per cent)⁴¹². In addition, plastic sheeting, which is mainly used to cover makeshift shelters, is one of the top 3 priority NFI needs for 57 per cent of IDPs⁴¹³.

The shelter needs mainly depends on the duration and cause of displacement. For instance, those affected by floods and who can return once the water level recedes would only need emergency shelter kits or plastic sheeting if they have access to local materials to build temporary shelters. Those affected by conflict usually do not have the capacity to carry with them any NFI. They usually need both emergency shelter and NFI. In contrast, the large majority of IDPs are in a protracted situation. According to the JMCNA 2021, IDPs have been displaced on average for more than 7 years, and therefore need access to land, durable shelters, jobs and access to services. However, due to lack of funding, Shelter Cluster members were rarely able to provide durable shelter assistance and could only focus on life-saving response. Between January and July 2021, 124,569 people were assisted with emergency shelter assistance while only 4,378 people benefitted from transitional shelters and 1,560 from durable shelters⁴¹⁴.

Most IDPs live in IDP sites that are overcrowded and not planned, leading to an increased risk of fire outbreak, spread of diseases including COVID-19, GBV incidences and flooding due to poor drainage systems. There are over 2,400 IDP sites in Somalia, of which 85 per cent are built on private land⁴¹⁵. A total of 237 IDP sites, hosting 593,058 individuals⁴¹⁶, have been identified as high-risk sites for transmission of COVID-19, based on analysis of the shelter types, distance between shelters and availability of potable water and health facilities

According to the CCCM Cluster, 1.8 million of IDPs (62 per cent of IDPs) are at high risk of eviction. The general lack of land tenure agreements makes IDPs vulnerable to eviction. According to the Eviction Information Portal, in 2021 (from January to August), an estimated 92,042 people have been evicted, mostly in Banadir region, where about 85 per cent of all evictions occur⁴¹⁷. Eviction not only means the loss of a home or a shelter but also involves the loss of physical protection, livelihood assets, disruption of social support networks and coping strategies, and potential physical violence during the eviction process. Evictions predominantly affect poor and marginalized people such as women-headed households and households from minority clans. Landlords are often unwilling to rent to poor people or members of clans other than their own, which further aggravates the situation.

As a result, the shelter and NFI needs of IDPs are higher than that of host communities mainly due to their displacement status, lack of long-term security of tenure which does not allow the construction of any permanent structure and limited employment opportunities. Those who move to an IDP site often require immediate emergency shelter and non-food items. Overall, according to the JMCNA, 66 per cent of households in IDP sites live in makeshift shelters (buuls) which offer limited privacy and protection from weather conditions⁴¹⁸. The bul is often made from used cardboard, clothes, plastic sheets and wooden sticks that do not provide privacy or protection against weather elements. Women and girls report not feeling safe in such shelters.

IDPs often reside for protracted periods in these sites due to lack of financial resources. Even if they have the means, IDPs normally do not build more durable shelters, mainly due to lack of land tenure and the threat of eviction. As such, many shelters need to be repaired, especially the roof and wall materials. Therefore, access to land ownership is the main barriers to adequate shelter and durable solution for those who want to resettle. Hence access to land ownership remain one of the primary needs for most of IDPs and is a starting point for resettlement and durable solutions. IDPs and resident living in disaster prone areas need access to land in safe locations close to job opportunities and basic services such as water, education, market and health.

IDPs living in these protracted situations need durable solutions as many aims to settle in their area of displacement with no intent to return to their areas of origin predominantly due to insecurity or a lack of employment opportunities. Only 16 per cent of IDPs intend to return to their area of origin⁴¹⁹. That said, the provision of durable shelters with long-term security of tenure remains a challenge, mainly due to lack of funding and the unavailability of suitable land. However, more municipalities provide land for IDPs and property titles as they understand that landownership is the foundation for durable solutions and integration. Provision of basic services are also crucial and therefore, strong coordination with development actors and other clusters such as WASH and CCCM is needed.

Shelter and NFI needs are also very important in hard-to-reach areas where conflict is affecting the shelter situation. In June 2021, REACH conducted an assessment with key informants in Central and Southern regions of Somalia, which host an estimated 1.4 million of IDPs. Key informants from 43 per cent of assessed settlements reported that shelters were destroyed or seriously damaged in the month prior to data collection⁴²⁰. IDPs where not able to rebuild and no reconstruction assistance was provided due to insecurity and lack of financial capacity of both affected population and humanitarian actors.

As the economic hardship is one of the barriers to access adequate housing, the shelter response should improve the local economy and labor market. Cash based in interventions are recommended whenever possible. The Joint Market Monitoring Initiative (JMMI) that includes the shelter sector shows that most of the required construction materials and non-food items were available in the assessed locations and consequently that a cash response is usually relevant. The findings of the market monitoring help partners make an informed decision on what response modality to employ and provide an estimate of the cost of the kits for planning purposes. The most reported barriers by vendors assessed in the JMMI included poor quality roads, low purchasing power, roads affected by flooding and the risk of conflict during transportation⁴²¹.

3.9

Water, Sanitation and Hygiene



PEOPLE IN NEED	NON-IDP	IDPS	REFUGEES & ASYLUM SEEKERS	REFUGEES RETURNEES
6.4m	4.8m	1.6m	30.8k	132.1k

CHILDREN	WOMEN	PEOPLE WITH DISABILITIES	ELDERLY
4.1m	1m	965.7k	254.5k

Overview of the Affected Population

An estimated 6.4 million⁴²² people, 40 per cent of the Somali population need emergency life-saving WASH assistance of which 3.5 million will need safe drinking water, 5.1 million sanitation services, and 6.4 million hygiene supplies. 16 per cent of these are females, children for 64 per cent and the elderly for 4 per cent. This presents an increase of 39 per cent from 2021, in which 4.6 million were estimated to be in need of WASH services across Somalia. This increase is due to adjusted population figures of Somalia⁴²³, in combination with continuous failed rainy seasons which are expected to further strain existing limited WASH services, especially in rural areas⁴²⁴.

The population in need of WASH services in 2022 includes approximately 1,619,415 IDPs and 4,818,944 vulnerable host communities. Estimated that 6,058,603 people (38 per cent) in the Severe category” lack access to safe water and proper sanitation services and are highly vulnerable to AWD and cholera and around 379,757 people (2 percent) are in “extreme condition as they access water directly from rivers and surface bonds, practice open defecation and lack access to soap and other essential hygiene materials and are susceptible to communicable diseases⁴²⁵.

It is also estimated that 965,754 (15 per cent) of persons with disabilities and 254,465 (4 per cent) of elderly persons face the risk of exclusion from

assistance due to the barriers they face when accessing WASH services. A recent assessment confirmed that 40 per cent of females and 75 per cent of males⁴²⁶ with disability never collected water for their households due to distance and in-accessibility of water points and rely on neighbors and children to collect water for them.

According to the severity of WASH need, displaced people in drought and floods hotspot districts are disproportionately affected by drought. About 72 per cent⁴²⁷ of IDP sites don't access enough water (15L/p/d) for drinking and domestic use. As a result, they resort to negative coping mechanisms which are detrimental for women and girls. The majority of affected people take more than 30 mins to reach the nearest water sources which are overcrowded creating access barriers. Limited access to WASH services is also linked to malnutrition among children. About 68 per cent⁴²⁸ of AWD/cholera cases reported between June/May 2021 were <5 children from flood-prone districts whose population depends on unprotected water sources, these districts have also high GAM prevalence rates of >15 per cent.

Analysis of Humanitarian Needs

The high humanitarian WASH needs in Somalia are driven by seasonal floods, severe drought conditions, acute water diarrhea/ cholera outbreaks and

protracted crises, exacerbated by COVID-19 outbreak. Drought and protracted conflicts are the main drivers of WASH needs in Somalia leading to displacement and communal conflict over water points. From February to May 2021, 50 of the 74 districts in Somalia faced severe water shortages and water prices increased by 66 per cent⁴²⁹ in Gedo, Galgadud, Mudug, Puntland, and Somaliland communities in drought hotspot districts rely on temporary water trucking and unprotected shallow wells that dry up in the dry seasons. In addition, flash floods contribute to the severity of needs among riverine communities, in middle, lower Shabelle, and Hiraa regions seasonal floods damaged 82 per cent of water and sanitation infrastructure triggering spikes in AWD/cholera cases.⁴³⁰ The resulting lack of adequate WASH services to the population is a main cause of spread of Acute Diarrheal Diseases (ADD), leading to malnutrition and contributing to the existing stunting rate of 25.3 per cent in children below 5 years of age.

Access to basic water supply in Somalia is only 56 per cent, 37 per cent in rural and 79 per cent in urban areas⁴³¹. Over one third (39 per cent) of vulnerable people in Somalia do not have access to sustained, improved and safe water source for drinking and other domestic uses, while 25 per cent still walk for more than 15 minutes to collect water from a nearest water source⁴³². Due to these constraints, 1 in 5 Somalis do not have enough water per day to cover their basic needs for both for drinking and domestic use. Field reports and SWALIM data⁴³³ also suggest that around 40 per cent of existing water sources⁴³⁴ are non-functional. The main reasons for the malfunctioning of water supply systems are weak water supply management models, high operational and maintenance costs, lack of supply chain of spare parts and technical limitation of service providers. Because of malfunctioning of water supply systems or complete lack of improved water sources, there are about around 1.3 million people in 24 hotspot locations including many IDP sites across Somalia who are still hugely depending on water trucking. Some of these locations are mainly located far from riverine areas where groundwater availability is scarce. Consequently, majority of vulnerable

population in these priority locations survive on less than 7.5-15 Lit/per/day⁴³⁵.

Groundwater provides 80 per cent of the domestic supply, but the groundwater table is deep, 100 to 300 meters and high salinity in especially Somaliland, and Puntland and makes water quality poor. The only perennial surface water resources in Somalia are the Shabelle and Juba Rivers. Water prices especially during drought period in hot spot locations can go up by more than US\$8 per barrel, which leads to people accessing water from unprotected sources and mass migration to areas received good rains which sometimes cause conflicts on limited resources (water and pasture) available.

Access to improved sanitation facilities in Somalia is very low. JMCNA 2021 noted that 57 percent of households do not have access to improved sanitation facilities. About 42 per cent of the latrines in Somalia are improved⁴³⁶ and 25 per cent are un-improved and poses a risk to public health. Additionally, 23 per cent of people across Somalia still defecate in the open, 49 per cent of which are in rural and 1 per cent in urban. There are 1,507 IDP sites which still have less than 1 latrine per 50 individuals as per WASH Cluster minimum standards⁴³⁷ this includes 63 percent of IDP sites in Gaalkacyo, 79 percent of sites in Garowe and 69 per cent of sites in Belet Weyne districts. Most households in Somalia do not have their own latrine, as a result people adopted some negative coping mechanisms for sanitation including sharing a latrine with one or more households (37 per cent), open defecation (22 per cent) and using other unhygienic facilities (52 per cent)⁴³⁸.

Cholera is endemic in Somalia with seasonal spikes reported mainly during raining seasons in districts along riverbanks and in locations with high number of IDPs where access to clean water and sanitation are limited. A total of 4,756 AWD/cholera cumulative cases including 57 deaths were reported from 31st August 2020 to 30th August 2021⁴³⁹. When water is scarce, 31 per cent of people use water from unprotected sources such as wells and springs, 7 per cent use water from open surface water for drinking

(or improvised sources for domestic use (17 per cent); as well as reduce domestic water consumption (12 per cent) and drinking water consumption (9 per cent) as key negative coping mechanism⁴⁴⁰. Use of untreated water, among other risk factors exacerbates the cholera situation in Somalia every year.

Majority of the households across Somalia especially women and girls to walk long distances and/or fetch water. This exposes to protection risks including GBV while collecting water from too distant water sources or using unimproved overcrowded sanitation facilities which lack safety and protection features limiting women and girls' access at night. The WASH safety index shows that protection issues when accessing or using WASH services are a concern for 2 per cent of boys or girls at household level. It also highlights that only 38 per cent of households reported access

to latrines with walls and locks on doors, while only 17 per cent reported having access to latrines with internal sources of light. Lack of locks and less solid structures do not allow privacy and increase risks of GBV, especially for women and girls⁴⁴¹.

According to the Joint Market Monitoring Initiative 2020 (JMMI⁴⁴²), the impact of the triple threat⁴⁴³ is affecting the supply and quantity of WASH commodities sold in markets. In rural areas, replenishment of WASH items is slow, compounded by the quality of the poor roads. Critical WASH goods at risk of stock depletion in the open markets are chlorine tablets, soap bars, drinking water, and menstrual hygiene management.

SOMALIA

Photo: UNICEF



Part 4

Annexes

SOMALIA
Photo: WHO



4.1

Data Sources

Number of assessments

NO. OF ASSESSMENTS

255

PARTNERS

285

	CCCM	Education	Food security	Health	Nutrition	Protection	Shelter/NFIs	WASH	Total
Awdal	1	1	2	8	2	3	2	2	21
Bakool	2	1	2	9	2	4	1	1	22
Banadir	2	1	3	6	1	3	1	1	18
Bari	1	1	2	7	2	1	1	1	16
Bay	4	1	2	4	2	1	1	2	17
Galgaduud	2	1	2	3	2	1	2	1	14
Gedo	2	1	4	4	2	1	1	2	17
Hiraan	1	1	1	5	1	2	1	0	12
Lower Juba	3	1	1	2	1	3	1	0	12
Lower Shabelle	0	1	1	1	1	5	1	3	13
Middle Juba	1	0	0	0	0	1	0	0	2
Middle Shabelle	0	1	4	1	1	1	1	3	12
Mudug	1	1	3	1	3	1	1	1	12
Nugaal	1	1	1	7	1	1	3	1	16
Sanaag	1	1	1	1	3	1	1	3	12
Sool	2	1	1	1	3	2	1	1	12
Togdheer	1	1	1	3	2	3	1	1	13
Woqooyi Galbeed	1	1	1	4	1	3	1	2	14

4.2 Methodology

SOMALIA
Photo: WHO



Indicator and Severity Threshold

The final list of indicators selected for the Humanitarian Needs Overview (HNO) PiN are: selection

#	INDICATORS
x01	2021 Gu Season IPC Acute Food Insecurity and IPC Acute Malnutrition (IPC 3&4)
x02	Prevalence of Global Acute Malnutrition (cGAM) in children under-5 based on MUAC and WHZ
x03	% of HHs by most common barriers to humanitarian aid
x04	% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living
x05	% of HHs with access to medical, legal and social services for women and girls
x06	% of households reporting the presence of children engaged in child labor outside of the home in the past 30 days
x07	% of households reporting HLP disputes and insecure land tenure
x08	% of HHs having adequate living space
x09	% of HHs living in sub-standard shelter
x10	% of HHs by type of primary source of drinking water
x11	% of HHs using a sanitation facility - by type of sanitation facility used
x12	% of HHs reporting having enough water for drinking, cooking, bathing and washing
x13	% of school-aged children attending school regularly (at least 4 days a week) in the 2020-2021 school year while schools were open, per age and sex group.
x14	# of functioning health facilities per population

Indicators were selected through an iterative consultative process with all the clusters via the Information Management and Assessment Working Group (IMAWG)/Inter-Cluster Coordination Group (ICCG) coordination platforms.

Most of the selected indicators were taken from the Joint Intersectoral Analysis Framework (JIAF) Indicator Reference Table⁴⁴⁴. The JIAF indicators were developed at the global level with review and endorsement by all global cluster coordinators.

As much as possible, indicators selected as core indicators for Cluster PiN estimates were also used for the HNO PiN estimate (to better align the indicators selected for the HNO and Cluster PiN, and to try and

ensure that no Cluster PiN was higher than the inter-sectoral HNO PiN).

Severity thresholds for each indicator were set according to the scoring criteria contained in the JIAF severity class table. The IPC indicator was selected as a critical indicator.

Household- and area-based indicator reconciliation

In order to estimate the PiN, all household-level and area-level indicators were appended into one consolidated dataset.⁴⁴⁵ All household-level indicators were drawn from the same assessment (JMCNA), while area-level indicators, like the IPC, were able to then be incorporated at the same administrative level as households. This means that all households in the same admin area

received the same area-level score for the area-level indicator (IPC, GAM, HCF/10K persons).

Aggregation of indicators into humanitarian condition severity scores

As per this data scenario, each household was assigned a severity score for each of the afore-listed indicators. The severity scores for each household were then listed in descending order. Subsequently, for each household, the average of half of the highest severity scores were calculated. For example, if 15 indicators were used, the average of the highest scoring 7 indicators was calculated to develop an aggregated severity score for that household, ranging between 1-5.

Critical indicator score vs humanitarian conditions score

The resulting average score was compared against the severity score of the critical indicator (IPC) for a given household. A household was attributed the severity score of the critical indicator – the IPC – only if it was higher than the average severity score. In case the resulting value sat between two severity classes, the household severity score was rounded upwards.

Severity scores for districts with no or limited data coverage

For districts which had no or limited data coverage, the severity scores for all households in adjacent districts within each severity class were aggregated and divided by the total population of the adjacent districts to arrive at an estimation. The weighted average of the adjacent districts was taken to account for differences in the district populations and proportions of households within each severity class.

Development of PiN figures

To estimate the PiN for each district, the proportion of households for each severity class was applied to the baseline population group (IDP/Non-IDP). The number of individuals in severity classes 3-5 were considered in need.

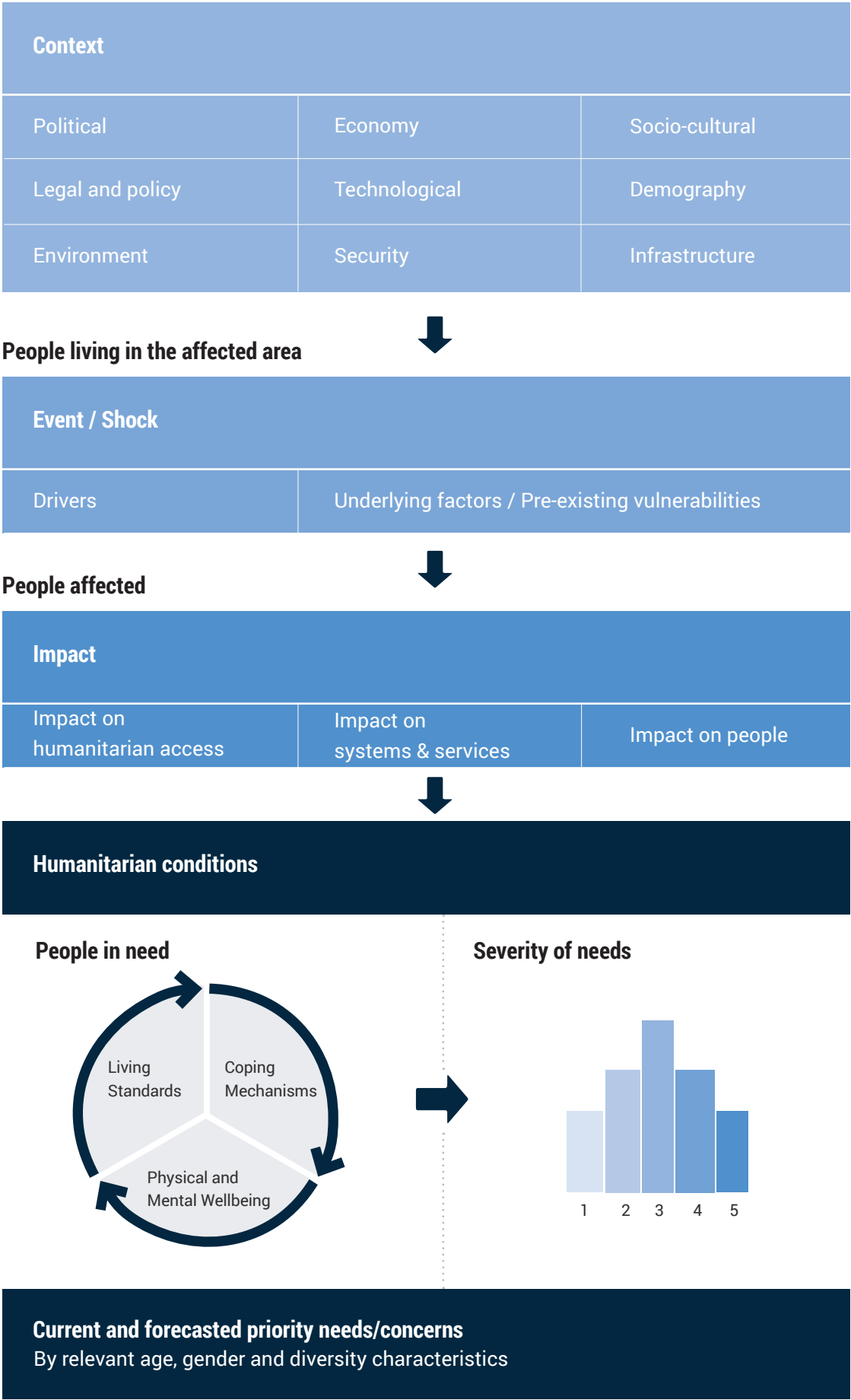
To estimate the PiN for higher levels of aggregation (regional, state, and national levels, or combined for both population groups), the resulting absolute numbers were added.

Development of PiN severity score per district

To estimate the severity phase of the district, the proportion of the population within each severity class was added – moving backwards from severity phase 5 to 1 – until 25 per cent of the district population was reached. The corresponding severity class which covered at least 25 per cent of the district population was attributed as the severity phase for the district.

N.B.: The JMCNA household-level survey did not use probability sampling methods due to the restrictions posed by COVID-19, and therefore it is not possible to interpret the results as statistically representative, nor is it possible to precisely quantify the levels of uncertainty (margins of error or confidence intervals).

The Joint Intersectoral Analysis Framework (JIAF)



The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	Saving Lives and Livelihoods
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

4.3

Information Gaps and Limitations

Information gaps in data collection include limited up-to-date and reliable information at the settlement level, limited accessibility in some districts due to insecurity, a bias towards assessing accessible settlements located in urban areas, and challenges in obtaining reliable data with respect to protection concerns.

The 2021 JMCNA rely on non-probability quota sampling to establish minimum sample sizes for each district and population group of interest. Non-probability sampling is a “sampling strategy in which a sample from a larger population is chosen purposefully, either based on (1) on pre-defined selection criteria or (2) on a snowball approach to build a network of participants from one entry point in the population of interest”. It is important to note that “although not generalizable with a known level of statistical precision, non-probability sampling can still generate indicative findings with some level of representation if participant selection is done well. Sample sizes for non-probability sampling are based on what is feasible and what should be the minimum to meet the research objectives with quality standards.”

The decision to use non-probability sampling procedures for household level interviews – and thus eschew random sampling methods such as random digit dialing is mainly driven by 1) the lack of comprehensive phone number lists (and the desire to avoid using beneficiary lists as it would reduce the population of interest to a sub-set of those receiving humanitarian aid and thus further bias results), and 2) the reluctance of individuals to answer unknown numbers due to security concerns. Thus, the JMCNA once again employed non-probability household quota sampling, relying on phone lists collected through previous rounds of the JMCNA 2018, 2019 and 2020.

As aforementioned, such an approach means that results will not be representative with a known level of statistical precision, rather, they are indicative findings of the population of interest.

The target sample quotas for the 2021 JMCNA are calculated as though randomly sampled, at 95/10, in order to obtain a feasible and executable sample frame. The sample frame itself will be constructed through respondent contact information collected through the JMCNA 2018, 2019 and 2020, and a snowballing strategy will be used to collect the required targets if the initial sample frame proves insufficient. In order to counter for potential loss of survey due to data quality concerns a buffer of 15 per cent has been included to the target quotas for each population group. The additional use of phone lists from the 2019 JMCNA round is expected to serve as a buffer for non-responses.

It is important to also note the limits to the proposed method of sampling. The use of non-probability sampling implies that margins or error and confidence intervals cannot be calculated for the data, and that the data should be treated as indicative rather than statistically representative. Household quota sampling may also be prone to human-induced bias with regards to the selection of attributes for differentiation, or the determination of targets, which may limit the generalizability of results to the population of interest. Finally, the sample of households assessed is a sub-set of those possessing a mobile phone, residing in areas with cellular network coverage and appearing on phone lists of REACH collected through the JMCNA 2018, 2019 and 2020.

4.4

Acronyms

AWD	Acute Watery Diarrhea	PESS	Population Estimation Survey of Somalia
AWG	Assessment Working Group	RRF	Recovery and Resilience Framework
CCCM	Camp Coordination Camp Management	SAM	Severe Acute Malnutrition
DINA	Drought Impact Needs Assessment	SDRF	Somalia Development and Reconstruction Facility
DOCC	Drought Operations Coordination Centre	SGBV	Sexual and Gender-Based Violence
ERW	Explosive Remnants of War	UNHCR	The United Nations Refugee Agency
EU	European Union	UNICEF	United Nations Children's Fund
FAO	Food and Agriculture Organization	UNMAS	United Nations Mine Action Service
FGS	Federal Government of Somalia	WASH	Water, Sanitation and Hygiene
FSNAU	Food Security and Nutrition Analysis Unit	WHO	World Health Organization
GAM	Global Acute Malnutrition	WMO	World Meteorological Organization
GBV	Gender-Based Violence	DDG	Danish Demining Group
HCT	Humanitarian Country Team		
HNO	Humanitarian Needs Overview		
IDP	Internally Displaced Person		
IED	Improvised Explosive Devices		
IHL	International Humanitarian Law		
IPC	Integrated Food Security Phase Classification		
JMCNA	Joint Multi-Cluster Needs Assessment		
MoHADM	Ministry for Humanitarian Affairs and Disaster Management		
NRC	Norwegian Refugee Council		
NFI	Non-Food Item		
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs		
PiN	People in Need of Humanitarian Assistance		

4.5

End Notes

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**HUMANITARIAN
NEEDS OVERVIEW**
SOMALIA