

HUMANITARIAN RESPONSE PLAN

SOMALIA

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED JANUARY 2020



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 needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER

WHO/Fozia Bahati Somalia

Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

www.unocha.org/somalia

twitter.com/ocha_som

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

www.humanitarianresponse.info/en/operations/somalia



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.info/plan/667



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.unocha.org/countries/206/summary/2019

Table of Contents

05	Foreword by the Humanitarian Coordinator	40	Part 3: Sectoral Objectives and Responses
			Overview of Sectoral Response
06	Response Plan Overview		Camp Coordination and Camp Management
	Response by Strategic Objective		Enabling Programme
	Needs and Planned Response		Education
	HRP Key Figures		Food Security
	Historic Trends		Health
12	Foreword by the Minister of Humanitarian Affair and Disaster Management (MoHADM)		Nutrition
			Protection
13	Crisis Context		Shelter / Shelter NFIs
			Water, Sanitation & Hygiene
15	Part 1: Strategic Response Priorities	76	Part 4: Refugee Response Plan
	Humanitarian Consequences Prioritized for Response		
	Strategic Objectives and Response Approach		
	Use of Multi-Purpose Cash	80	Part 5: Annexes
	Operational Capacity and Access		Response Analysis
34	Part 2: Monitoring and Accountability		Costing Methodology
	Monitoring		Participating Organizations
	Accountability to Affected Populations		Planning Figures by Sector
	Indicators and Targets		Collective Outcomes
			What if We Fail to Respond?
			How to Contribute
			Acronyms
			End Notes



ABUDWAQ/SOMALIA

IDP settlement in Abudwaq, Somalia, on Saturday 4 May 2019

Foreword by the Humanitarian Coordinator

Somalia is essentially a protection crisis. Armed conflict and insecurity are displacing thousands of people, and human rights violations are endangering civilians, forcing many to flee their homes and exposing them to multiple risks.

In recent years, climate-related shocks, mainly drought and flooding, have increased in frequency and intensity, exacerbating humanitarian needs and undermining resilience at the household and community levels. In 2019, just months after we successfully responded to a major drought across Somalia, abnormal *Deyr* rains (October to December season) triggered widespread flooding affecting over half a million people, 370,000 of whom were forced to abandon their homes. Before the floods, 300,000 people had already been displaced by drought and conflict in 2019, adding to the 2.6 million internally displaced people living in 2,000 sites across Somalia. Collectively these shocks left over six million Somalis in need of humanitarian assistance and protection through December 2019 – a 36 per cent increase compared to late 2018. Half of these people were in five regions: Banadir, Bay, Lower Shabelle, Awdal and Hiraan.

Sudden onset hazards and increased caseloads of people in need have enormous implications for the humanitarian response in Somalia. When floods hit in October 2019, the 2019 Humanitarian Response Plan (HRP) was about 80 per cent funded. However, additional resources were required to meet the needs of people and institutions affected; that is why, on 23 November 2019, we appealed for an additional US\$72.5 million. I am grateful that the Somalia Humanitarian Fund and the Central Emergency Response Fund responded quickly with \$18 million dollars. I thank ECHO and DFID for providing additional funding to sustain our response to the floods.

Our immediate assistance and support for longer-term durable solutions must be inclusive and accessible to ensure that the full diversity of the affected population is reached and supported to actively participate in, and benefit from, our efforts. To this end, the United Nations and its partners are working to ensure that emergency and development assistance complement each other in line with the Government's new National Development Plan, which aims to achieve long-term recovery and resilience.

The humanitarian community has mounted a robust life-saving response to the needs of millions of vulnerable Somalis. We have strengthened our relationship with the Government and our partners and laid the foundation for a stronger cooperation architecture. In 2019, we scaled up assistance across the country despite huge challenges including bureaucratic constraints, access impediments, insecurity and inadequate funding. Aid workers faced grave risks in this context. As of November 2019, 68 violent incidents had been recorded against

humanitarian operations in which 12 aid workers were killed, five injured, 11 abducted, 18 arrested or temporarily detained and three expelled by authorities for alleged infractions. I am hopeful that the situation will improve in 2020 to enable us to reach more people who desperately need humanitarian assistance.

Some 25 partners in the Food Security Cluster reached 2.1 million people with food assistance in 2019. Health partners provided 1.2 million people with assistance, 1.6 million people were reached by WASH partners and 1.1 million people were supported by CCCM partners. Some 627,000 children received nutrition interventions, 385,000 people were assisted with shelter activities, 700,000 people benefited from protection activities and 98,000 children were accessed by education partners.

These achievements would not have been possible without the generous support of our donors. As of November 2019, 86 per cent (US\$957 million) of the \$1.08 billion that we requested in the 2019 HRP had been funded. While funding was skewed across clusters, with some like the Shelter and Health not as well funded as Food Security and Nutrition, I thank all our donor partners for the support given to the 2019 HRP and urge them to generously support the 2020 HRP.

I am confident that this year, working closely with the Federal Government of Somalia, state authorities and all our partners, the humanitarian community will be better prepared to handle the multiple crises that we know will require our response. This HRP outlines our detailed plans for 2020 based on the critical analysis of needs and the financial requirements needed to achieve our response plans. The overall aim is to address the underlying causes of Somalia's crises, improve livelihoods and build long-term durable solutions.

ADAM ABDELMOULA

Humanitarian Coordinator in Somalia

Response Plan Overview

PEOPLE IN NEED

5.2M

PEOPLE TARGETED

3M

REQUIREMENTS (US\$)

1.05B

OPERATIONAL PARTNERS

363

This plan is based on humanitarian needs as of December 2019, and will be adjusted if a change in context will require it.

The Somalia 2020 HRP targets 3 million people out of a total of 5.2 million people in need (PiN). The total number of people in need has increased by 19 per cent (one million people), from 4.2 million in 2019 to 5.2 million in 2020, while people targeted for assistance has decreased by 12 per cent (400,000 people), from 3.4 million people in 2019 to 3 million in 2020. Whilst the PiN increase was triggered by the deterioration of the situation, largely due to drought caused by late and erratic rains, enhanced protection risks and challenged humanitarian access in conflict-affected areas, the reduction in targets for 2020 is partly due to the change in the methodology used in targeting people for assistance, with more focus placed on prioritisation and targeting. There is also a realisation that many of the people in need, despite their vulnerability level, do not necessarily need humanitarian assistance and would benefit more from development, recovery and resilience programmes.

In line with the "Humanitarian-Development Nexus" and "New Way of Working" approaches, the criteria applied to calculate the number of people targeted assumes that development partners and donors will prioritise interventions and support other plans and frameworks, such as the National Development Plan 9 (NDP 9)¹ the UN Strategic Framework (UNSF) or the Recovery and Resilience Framework (RRF)², to address chronic development challenges in Somalia, many of which are also drivers of humanitarian needs. As for last year, development and resilience actors and donors have been involved in the Humanitarian Programme Cycle process, since its onset and launch of the "enhanced HPC approach". In addition, at the end of 2017 humanitarian and development actors developed four collective outcomes (COs). These COs are valid until 2022 and may, with their indicators, be used as the structural framework for a multi-year response plan with multi-year needs projections in 2021. All projects included in the HRP indicated that they are contributing to achieving the COs (see visual and annexes for detailed information on the CO). Moreover, the 2020 HRP continues to contribute to and promote initiatives related to durable solutions. The recently-established National Durable Solutions Secretariat³ will play a leadership role in this regard, strengthening the priorities in the NDP 9 and contributing to a collaborative approach between humanitarian and development actors, towards achieving durable solutions to displacement.



Collective Outcome 4
Reduce the proportion of population affected by climate-induced hazards



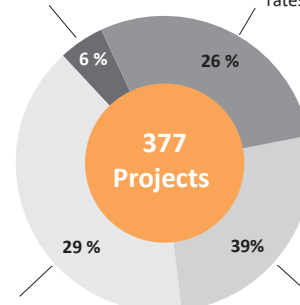
Collective Outcome 1
Decrease the number of people in acute food insecurity and malnutrition rates



Collective Outcome 3
Increase the number of people with equitable access to basic social services



Collective Outcome 2
Reduce the risks and vulnerabilities, and build resilience of displaced and host communities to reach durable solutions



2020 HRP requirements and priorities

The total requirements quantified by the humanitarian community, which is the sum of all the projects vetted and approved by the clusters and the Humanitarian Coordinator in the Project Module (HPC tools), has decreased by three per cent (US\$30 million) from \$1.08 billion in 2019 to \$1.05 billion in 2020⁴.

The number of people targeted in the HRP was determined by taking into consideration: available response capacity, insecurity in large parts of Somalia and the consequent access constraints. The main dataset for the PiN calculation in the 2020 HNO used originated from JNCMA and FSNAU assessments. In addition, a selection of indicators was utilised (by humanitarian consequence and strategic objective) to determine the number of people targeted for 2020. Relevance, accuracy⁵ and precision were the three main guiding principles underlying the selection of indicators. The calculation of both PiN and people targeted were also based on the progress achieved throughout 2019: 2.1 million people were reached with food assistance, 1.2 million people by health partners, 1.6 million by WASH partners, 1.1 million people by CCCM actors, 627,000 children reached with nutrition interventions, 683,000 people reached with shelter and NFI assistance, 700,000 people directly assisted with protection activities and 98,000 people reached by education partners.

With protection at the centre of the humanitarian interventions planned for 2020, humanitarian partners agreed to target the following population groups, based on the humanitarian consequences identified in the needs' analysis in the HNO: internally displaced people (IDPs) due to conflict, insecurity and/or drought currently located in about 2,000 IDP sites across Somalia; rural and urban host/non-displaced populations, including pastoralists and agro-pastoralists;⁶ refugees and returnees facing a number of challenges including insufficient livelihood options, lack of proper legal, psychosocial and physical support, insecurity and the threat of physical and sexual assault, which lead them to decide not to return to their areas of origin, preferring instead to settle in urban areas⁷. People in 74 districts will be assisted and have, as such, been included in the calculation of the targeted people for this plan.

People living in hard-to-reach areas will continue to be a focus in delivering the humanitarian response in Somalia. Marginalisation and exclusion of certain groups has constituted a barrier to achieving equal assistance for people in need. The HRP strategic objectives therefore include concrete measures to address this challenge. Recognising that people with disabilities face additional barriers and have largely been left out of humanitarian assistance in Somalia in previous years, and acknowledging their heightened exposure to violence, abuse and exploitation, as well as pre-existing discrimination, this plan puts emphasis on assisting people with different types of disabilities.⁸ Humanitarian partners will assist the most vulnerable people with urgent life-saving aid, ensuring that acute needs are met, while increasingly reaching out to development and resilience actors to facilitate synergies and complementary action, to ultimately reduce humanitarian needs.

Lessons from the last three years have shown that despite a challenging environment and the impact of conflict and climatic shocks, the humanitarian response system in Somalia is resilient and effective. Mechanisms are in place for rapid scale-up and sustained response. These include significant cash programming, expanded partnerships with already-vetted local implementing partners and improved engagement with authorities and affected populations. In consultation with NGOs, Government, UN and donors, a pool of consultants led by the NGO Consortium has drafted a Localisation Framework⁹ to inform localisation initiatives in Somalia in 2020. The initiatives, regarding different key aspects such as cash, localisation, accountability to affected populations (AAP), will pave the way for strengthening linkages between humanitarian action, peacebuilding efforts and development programming in providing life-saving assistance alongside strengthening longer-term development to end need. This collaboration is improving aid efficiency and increasing cost-effectiveness in some areas. Furthermore, Somalia has significantly advanced in terms of legal and policy reforms; for example, with the ratification of the Kampala Convention by the Federal Government of Somalia in 2019, a key treaty for the protection of internally displaced people on the continent, as well as the ratification of the Convention on the Rights of Persons with Disabilities in the same year.

The HRP 2020 plans to address humanitarian needs by prioritising critical problems identified for each of four humanitarian consequences:

a. Physical and mental well-being: The objective is to ensure that the critical needs of 1.8 million people, including children under the age of five, pregnant and lactating women (PLWs) and the most vulnerable groups among IDPs and non-IDPs populations, receive life-saving assistance to ensure that their health, lives or their short-term capacity to survive are not compromised.

b. Living standards: The objective is to ensure that the lack of the essential self-sustenance capacities of 3 million people, including IDPs and non-IDPs, is addressed by providing access to basic services, food and livelihoods support. This will ensure that the needs of this group will not deteriorate to the extent of posing a survival threat.

c. Overarching protection: The objective is to ensure the protection of 3 million people, including the most vulnerable subgroups, from violence, neglect, or other abuses and hazardous coping strategies, in line with the HCT Centrality of Protection strategy.

d. Recovery and resilience: The objective are to ensure that specific vulnerable groups – IDPs, farmers, pastoralists – whose capacity to overcome future shocks is considered critical are targeted with resilience-type interventions to enhance their ability to withstand future stresses in the short- and medium-term.

In designing the foundations of this HRP and the related interventions, humanitarian actors ensured compliance with the four humanitarian principles – humanity, neutrality, impartiality and independence – as well as the Core Humanitarian Standards, which are central to establishing and maintaining access to affected people, and to improve the quality and effectiveness of the assistance provided.

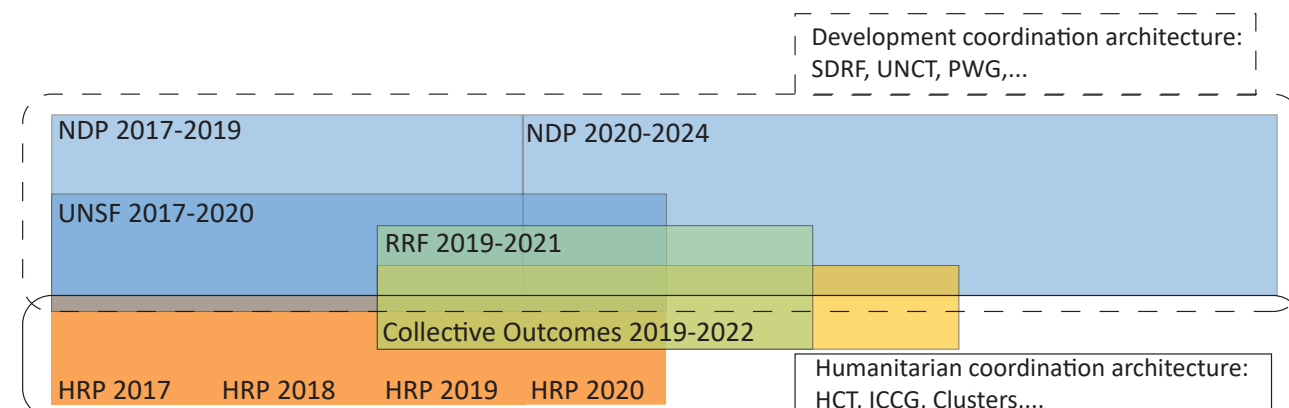
Somalia National Development Plan 9, 2020-2024 (NDP 9): The NDP 9, developed by the Ministry of Planning, Investment and Economic Development and approved by the Cabinet of Ministers of the Federal Government of Somalia (FGS) in September 2019, will replace the NDP 8 (2017-19). The current national development plan has been formulated to be compliant with the requirements for an interim Poverty Reduction Strategy Paper which will allow Somalia, as a participant of the Heavily Indebted Poor Countries (HIPC) Initiative, to apply for debt relief. The overarching aim of NDP 9, unlike prior development plans, is to reduce poverty and inequality through inclusive economic growth, job creation, security improvements, law and order and the strengthening of political stability in the country.

UN Strategic Framework 2017-2020 (UNSF): As the UNSF (combined UNDAF and Integrated Strategic Framework) is set to expire at the end of 2020, and in line with the new requirements under the Secretary-General's Development and Resident Coordinator System Reform agenda, the Somalia United Nations Country Team (UNCT) will start working on the development of a new UN Sustainable Development Cooperation Framework (Cooperation Framework) in 2020 in order, to roll it out from the beginning of 2021. The Cooperation Framework will be aligned with the NDP 9. UN entities will develop their programme plans in parallel with the Cooperation Framework roll out, as they will need to be directly derived from its outcomes.

Humanitarian Response Plan 2020 (HRP): Based on needs identified in the Humanitarian Needs Overview (HNO), humanitarian actors have developed the HRP with targets and financial requirements per cluster. Following the roll out of the "Enhanced HPC approach", the HCT and clusters have adapted the HPC process and products in Somalia, in line with the new global guidelines. In 2020, the HCT will discuss whether to transition to a multi-year plan or strategy, using the Collective Outcomes as multi-year needs and targets projections.

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

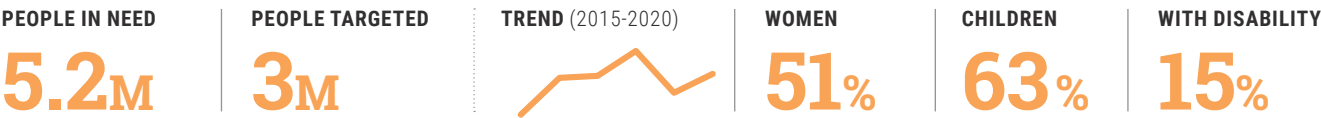
Collective Outcomes 2019-2022 (COs): At the end of 2017, humanitarian and development partners proposed four COs to reduce needs, risks and vulnerabilities and increase resilience by 2022. The COs were designed to ensure alignment and complementarity between the RRF, UNSF, NDP and the HRP and represent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



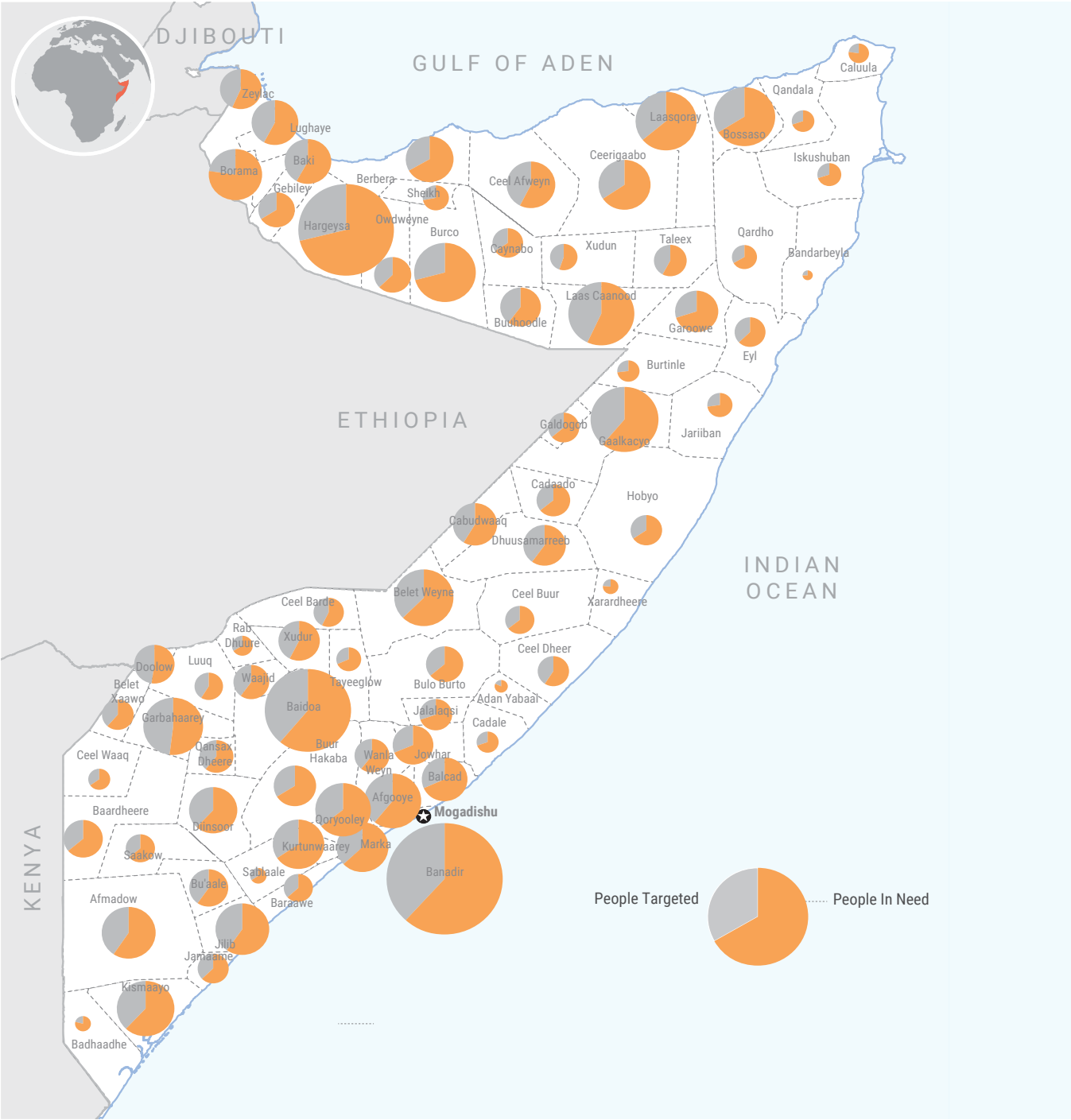
Humanitarian Response by Strategic Objective

#	STRATEGIC OBJECTIVE	PEOPLE IN NEED	PEOPLE TARGETED
S01	Prevalence of acute malnutrition and health needs affecting more than 1.8 million people reduced by the end of 2020	2.4 M	1.8 M
S02	Enable 3 million people, including 2.1 million non-IDPs and 1.4 million IDPs in 74 districts to meet their basic needs by end-2020	5.2 M	3 M
S03	Strengthen the protection of the right to safety and dignity of 3 million people, including 540,000 women, 900,000 girls, 520,000 men and 1.05 million boys affected by conflict and climatic shocks	3.7 M	3 M
S04	Enhance the capacity of 1.3 million people in 74 districts to cope with significant shocks through the construction of transitional and permanent shelters, rehabilitation and restoration of productive assets; enhance livelihood strategies and disaster preparedness	5.2 M	1.3 M

Needs and Planned Response



Overview map



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Internally displaced people	1.7 M	1.4 M
Non-IDPs	3.4 M	1.6 M
Refugees	41 k	41 k
Returnees	108 k	17 K

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Male	2.5 M	1.47 M	49%
Female	2.6 M	1.53 M	51%

Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	3.2 M	1.9 M	63%
Adults (18 - 59)	1.7 M	1 M	32%
Elders (60+)	300 k	122 k	5%

Humanitarian Response for Persons with Disability

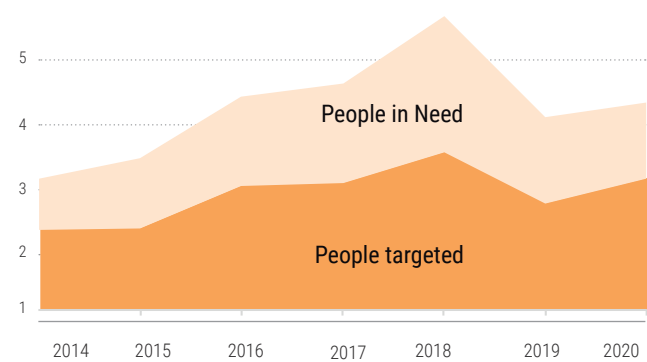
GENDER	IN NEED	TARGETED	% TARGETED
Persons with disabilities	774 k	450 k	15%

Financial Requirements by Sector and Multi-Sector

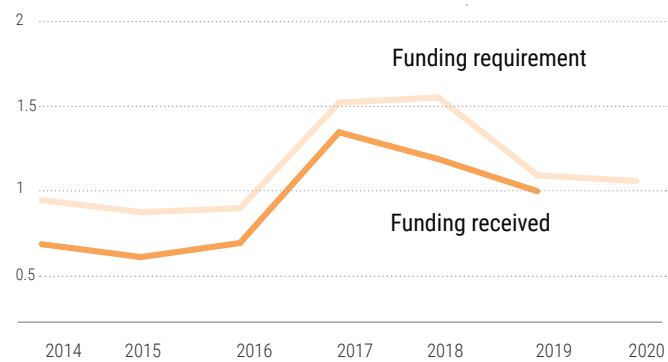
SECTOR / MULTI-SECTOR RESPONSE	REQUIREMENTS (US\$)
Camp Coordination	\$34 M
Education	\$42 M
Enabling Programmes	\$31 M
Food Security	\$384 M
Health	\$85 M
Multi-Purpose Cash	\$32 M
Nutrition	\$165 M
Protection	\$83 M
Refugees	\$36 M
Shelter/NFIs	\$64 M
Water, Sanitation and Hygiene	\$90 M

Historic Trends

Humanitarian Response (2014 - 2020)
In millions of people



Financial Requirements (2014 - 2020)
In billions of US\$



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED AGAINST HRP
2014	3.18 M	2 M	933.1m	678.9 m	49.1%
2015	3.2 M	2.8 M	862.6m	603.7 m	44.7%
2016	4.9 M	3.5 M	885.2m	685.9 m	56.3%
2017	5 M	3.9 M	1.51bn	1.34bn	68.9%
2018	6.2 M	5.4 M	1.54bn	1,182.1bn	59.8%
2019	4.2 M	3.4 M	1.08bn	992.1 m	79.8%
2020	5.2 M	3 M	1.05 bn	-	-

Foreword by the Minister of Humanitarian Affairs and Disaster Management (MoHADMD)

Ladies and gentlemen,

Humanitarian response has been key to our survival as a country. For decades, Somalia has been subject to humanitarian crisis. Somalia has not been able to fully recover from the 1991 civil war which started as a result of civilian resistance to Said Barre's government and his military. Since then, rampant attacks by terrorists and militant groups [like Al-Shabaab] have killed thousands and displaced millions from their homes. However, attacks by terrorist and militant groups are not the only humanitarian problem that we face today. Natural hazards like prolonged droughts have also caused numerous deaths through starvation and malnutrition. Nearly 260,000 people died during the famine that hit Somalia from 2010 to 2012. Some 220,000 people died during another famine in 1992. Somalia is one of four countries identified by the United Nations as currently at risk of extreme hunger and famine - along with Nigeria, South Sudan and Yemen. Not to forget, flooding is yet another fatal natural disaster in Somalia. In 2019 alone, the Deyr rains (October to December season) were extremely high after a long period of droughts in the country thus resulting into fatal flooding. The UN humanitarian agency reported that the flooding

in 2019 affected 547,000 people in Somalia and displaced 370,000 people. According to recent history, in 2012, at least 25 people were killed by the flooding, 5,000 livestock animals were drowned, and 20,000 people were displaced. In 2013, at least 7 people were killed, and 50,000 displaced. In 2018, 215,000 people have been displaced and over 630,000 affected by floods. In all these cases, humanitarian responses in Somalia have greatly helped in minimizing fatalities and helping the victims. During the 2019 flooding disaster that occurred between October and December 2019, the Federal Government and humanitarian partners (like DFID and OCHA) launched the joint Flood Response Plan (FRP), with a budget of US\$72.5 million to help the flood victims. In view of the same, the humanitarian response plan is worth attention in 2020 and in the future, Inshallah.

Hamza Said Hamza

Minister of Humanitarian and Disaster Management,
Federal Government of Somalia



BAIDOA/SOMALIA

Muslimo Hajji receives seeds from a local trader in Humnoole village, Baidoa district in October 2019, as part of FAO's campaign to help vulnerable farmers secure a Deyr harvest



MOGADISHU/SOMALIA

A minitruck packed with high energy biscuits is ready to be offloaded to a logistics supplies helicopter from the United Nations Humanitarian Air Service to distribute to the floods victims of Shabelle river in Beletweyne, Somalia on 31 October 2019. UN Photo / Omar Abdisalan

Context of the Crisis

Somalia is one of the most complex and protracted humanitarian crises in the world. Climatic shocks, combined with other persistent drivers of needs such as armed conflict and protracted/continued displacement, **have left over 5 million people in need** of humanitarian assistance. At its core, Somalia is a protection crisis with at-risk groups composed predominantly of those suffering marginalisation and exclusion. Violence and conflict continue with civilians bearing the brunt of the conflict. The crisis is aggravated by climatic shocks, widespread poverty and long-term vulnerability. Climate-related events, mainly drought and flooding, have increased in frequency and intensity, compounding humanitarian needs in the last three decades, and undermining community resilience. The operational environment is challenging, with security incidents hindering the delivery of aid, especially in hard-to-reach rural areas

Since 1990, Somalia has experienced 30 **climate-related hazards**; 12 droughts and 18 floods, three times the number of climate-related hazards experienced between 1970 and 1990. The severe drought that left the country on the verge of famine in 2017 was only abated by an above-average *Gu* rainy season (April-June) in 2018, coupled with a sustained aid operation. In 2019, a delayed and erratic *Gu* rainy season

resulted in the poorest harvest since the 2011 famine and flooding. The spike in incidents of severe drought and flooding is a reminder that Somalia has become increasingly vulnerable to climate change. It also highlights the importance of supporting the Federal Government's Recovery and Resilience Framework which is at the centre of efforts to break the cycle of recurring and cyclical humanitarian crises in Somalia.

Food security and nutrition needs remain high. Based on the 2019 post-*Gu* assessment results, in the absence of humanitarian assistance, up to 2.1 million people across Somalia would face severe hunger through December 2019, bringing the total number of Somalis expected to be food insecure by year's end to 6.3 million. Among poor agro-pastoral, marginalised and displaced communities, huge food and nutrition gaps exist. Severe acute malnutrition rates among children are increasing, mainly among IDPs. According to the 2019 *Gu* results, GAM is 13.8 per cent with some areas having GAM rates over 20 per cent (over the WHO emergency threshold of 15 per cent). Without a coherent response, it is estimated that 1 million children will be acutely malnourished. At the same time, lack of access to clean water in many areas has heightened the risk of outbreaks of water-borne diseases, augmenting existing vulnerabilities.

Serious protection concerns exist in Somalia due to widespread conflict compounded by climatic shocks, forcing many people to flee and exposing them to multiple risks. Violations and abuses such as sexual and gender-based violence, child recruitment, attacks on civilian areas and forced evictions remain pervasive features of the protection crisis in Somalia. Individuals and social groups such as women, children, people with disabilities¹⁰, older persons and people from marginalised communities are at heightened risk of violence, exploitation, exclusion and discrimination. Armed conflicts between government forces and non-state armed groups and their allies, and clan-based violence continue to endanger the safety of many people.

Displacement caused by floods¹¹ increased in 2019¹², but, on a positive note, displacement caused by drought and conflict/insecurity in decreased, compared to 2018. However, drought and conflict/insecurity contribute to aggravate the protracted displacement crisis, leaving an increasing number of IDPs without prospects for durable solution. Some 2.6 million IDPs face serious risk of evictions, marginalisation and exclusion in over 2,000 displacement sites across the country, and lack access to basic services (such as health), shelter, water and sanitation. Further, internal displacement, caused by drought and conflict, has contributed to a rapid unplanned and spontaneous growth of major cities. Somalia is one of the fastest urbanising countries in the world, with its population growing at an average rate of around 4.2 per cent per annum.¹³ By 2026, Somalia's urban¹⁴ population will overtake its rural population.¹⁵ In the absence of adequate planning or urban management, rapid and unplanned urbanisation may entrench the dynamics of clan conflict and may risk perpetuating and increasing instability. However, with several good practices in land registration, urban planning and municipal revenue collection already in place in various parts of Somalia which could be replicated, and the recently finalised Somalia National Development Plan (2020-2024)¹⁶ representing a window of opportunity to set a positive trajectory to enhance stabilisation and resilience, the coming years provide a critical opportunity to set a new course of well-planned urbanisation through national and federal state-level planning policies, fit-for-purpose land administration, and strengthened local governance.¹⁷

People with disabilities, estimated as 15 per cent of the population, are at heightened risk of violence and abuse, a situation that is worsened by pre-existing social stigma associated with intellectual and psychosocial disabilities. People with disabilities face physical, communication, attitudinal and policy barriers which mean they can be inadvertently excluded from receiving appropriate humanitarian assistance or being able to engage in decision-making or accountability processes.

Somalia is taking positive steps towards peace and stability. The general elections scheduled for 2020-2021 are a cause for hope, as the first polls involving universal suffrage in half a century. This shift is seen by many as significant progress from a clan-based election system adopted during the last three presidential elections (2009, 2012, and 2017), which allegedly marginalised young people, women and some minority ethnic groups. There is, however, a risk of violence prior to elections, as was seen in the South-West and Jubaland State elections, held in December 2018 and August 2019, respectively. Somalia has also made significant legal and policy reforms which strengthen the rights

of its people.¹⁸ In November 2019, the Federal Government of Somalia reached a milestone when it ratified the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (the Kampala Convention), a key treaty for the protection of internally displaced people on the continent. This progress is commendable, and support will be needed to ensure its harmonisation and on the ground implementation across the federal member states.

Somalia remains one of the poorest countries in the world. More than half of the population lives below the poverty line, surviving on less than \$2 per day. Poverty has a direct negative impact on peoples' ability to acquire and retain assets, to ensure any form of financial saving and ultimately to sustain their livelihoods and increase their resilience. Around one-fifth of Somali households live on overseas remittances, which represents an important source of income and drives some financial sector enterprises. There is some improvement with the economy slowly recovering from the 2016-2017 drought, as shown by a slight increase in growth of Gross Domestic Product (GDP) from 1.4 per cent in 2017 to an estimated average of 2.8 per cent in 2018 and 2019.

The Federal Government of Somalia has finalised the 9th National Development Plan (NDP 9), to be implemented from 2020 through 2024. The plan is intended to build on the achievements of NDP-8 and to provide a clear path that will lead to significant improvement in the economy and poverty reduction within the next five years. The NDP 9 focuses on poverty reduction through inclusivity. It aims to simplify and consolidate existing frameworks and mechanisms, including the Recovery and Resilience Framework (RRF), road maps, aid policy and architecture, and the National Reconciliation Framework.

Almost three decades of civil war, since 1991, have stunted the country's overall development. With limited institutional and fiscal capacity, Somalia is facing challenges to maintain and expand its public infrastructure – roads, electricity, water and sanitation – and develop the regulatory, governance and financing frameworks that could significantly improve the situation in the country. About 90 per cent of the primary roads need reconstruction. Only 2,860 kilometres (13 per cent) of a total 11,434 kilometres of roads are paved; the rest are earthen or gravel thus affecting access by road to 42 districts and to markets. Somalia's proximity to strategic maritime transportation routes provides an opportunity for the development of ports and linkages to regional and international trade. Before the civil war, Somalia had 15 operational ports and facilities. In recent years, only four ports – Mogadishu, Bossaso, Berbera and Kismayo – have been repaired and/or upgraded and are operational, serving the increasing demand for international trade.

Part 1

Strategic Response Priorities

GARBAHAAREY/SOMALIA

Women are given health information at a mother-child health and nutrition (MCHN) centre in Garbaharey, Somalia, on Tuesday 7 May 2019. The programme aims to treat moderately malnourished children and women. WFP is doing a pre-drought assesment to better understand the situation on the ground. WFP works with partners and authorities in Somalia to provide food assistance to vulnerable households.



1.1

Humanitarian consequences prioritized for Response

Prioritised problems and response approach:

Climatic shocks, armed conflict and violence, as well as protracted and continued displacement, compounded by inequality, marginalisation and poverty have left 5.2 million Somalis in need of humanitarian assistance. This includes 3.5 million non-displaced people, 1.7 million people displaced by conflict, insecurity, droughts, and floods, 108,000 refugees/returnees and 42,000 refugees and asylum seekers.

The humanitarian response to prioritised needs of affected people will be inter-sectoral and committed to four interrelated and intertwined strategic objectives. The number of people targeted in the HRP was determined by taking into consideration available response capacity, insecurity in large parts of Somalia and the consequent access constraints. With protection at the centre of its activities, the HRP targets 3 million people, including about 1.6 million non-displaced people (46 per cent of 3.5 million non IDPs) , 1.4 million people (82 per cent of 1.7 million IDPs) displaced by conflict, insecurity, droughts, and floods, 42,000 refugees and asylum seekers (100 per cent of the PiN) and 17,000 Somali refugees expected to return to Somalia in 2020 (18 per cent of 108,000 returnees in need).

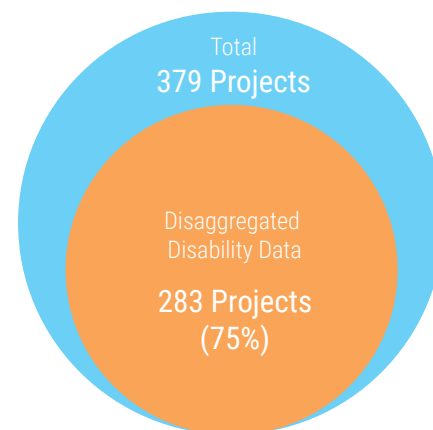
The strategic objectives have been formulated to respond to the prioritised humanitarian needs¹⁹ as of December 2019, recognising the need for flexibility to respond to critical problems as they arise. Across all objectives and throughout all interventions, humanitarian actors recognise that certain key factors will impact vulnerability and are committed to ensuring these factors are considered, measured and better understood and that concrete steps are taken to ensure equal access to humanitarian assistance.

The **Centrality of Protection (CoP)** has, and continues to be, a commitment by all humanitarian actors. In an effort to translate this into concrete actions, all projects within the HRP include a self-assessment of the most relevant protection risks and a corresponding mitigation plan. Building on the HCT CoP strategy, CoP will continue to be prioritised and monitored in 2020. To further cement and complement this commitment, the present HRP has identified protection as a strategic objective with measurable indicators to track how the collective response contributes to an improved protection of people and their rights.

Persons with disabilities in Somalia face additional barriers and risks and are often excluded from humanitarian assistance either due to lack of exploitation, pre-existing discrimination and stigma or due to

lack of adequate consideration, . The 2020 HRP therefore reflects the commitment by the humanitarian community to increase efforts to identify barriers, risks and enablers for people with disabilities and takes concrete steps to strengthen the inclusion of people with different types of disability²⁰. Additional resources have been allocated, and data collection to strengthen information on disability²¹ has become a priority, to build and strengthen partnerships and capacity building with organisations for persons with disabilities (OPDs) as well as improve monitoring, reporting and learning in order to strengthen inclusion of people with disabilities across all sectors of the humanitarian response. All projects under the HRP have identified disability considerations, including whether the project will disaggregate data by disability; consult with people with disabilities; address additional risks; and address barriers that people with disabilities face. The humanitarian response will further support the already commendable efforts by the Government of Somalia to strengthen support to persons with disabilities in legal and policy changes²².

Number of HRP projects committed to disaggregating disability data



Gender and social inequalities (pre-existing and emerging) are further exacerbated by the crisis. Cumulative vulnerabilities, including those related to gender, disability, clan affiliation, social status and age threaten to undermine humanitarian response if not deliberately considered at all stages of the intervention. Women and girls, especially those with disabilities, face additional challenges as well as heightened risks of gender-based violence in Somalia. This HRP commits to ensuring gender and age analysis in all interventions, as

well as specific activities to empower women and girls, and prevent and respond to GBV. Projects under the HRP have utilised Gender and Age Markers to strengthen learning within the response.

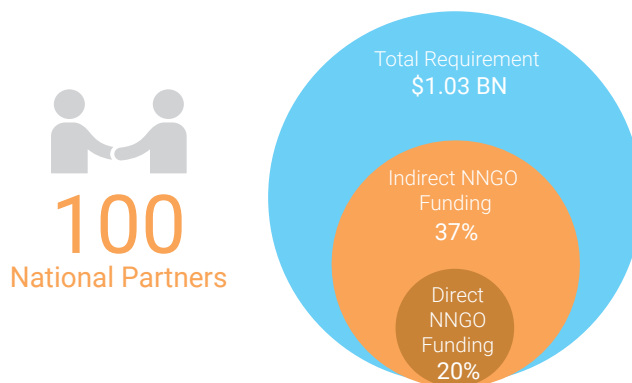
Prevention of Sexual Violence and Abuse (PSEA) is a requirement for all partners under the HRP. The humanitarian community will continue to build on work undertaken in 2019 through the Somalia PSEA Task Force²³ towards ensuring effective systems are in place to prevent and respond to SEA in Somalia. This includes a dedicated PSEA task force and coordinator, implementation of SOPs, Code of Conduct, awareness raising, and commitment to ensure accountability for SEA.

Localisation of humanitarian action in Somalia continues to be aligned with commitments made at the 2016 World Humanitarian Summit and the Grand Bargain, including the 'localisation of aid'. In 2019, the Somalia HCT demonstrated its commitment to advancing the localisation agenda through review and development of a localisation framework with the aim that "local and national humanitarian actors are increasingly empowered to take a greater role in the leadership, coordination and delivery of effective humanitarian preparedness and response in Somalia". There will be an increased focus on funding, capacity strengthening, and promoting local voices throughout the response.

Durable Solutions for the forcibly displaced will see the humanitarian response further advance the **humanitarian-development nexus** to achieve durable solutions to displacement. Of the 379 projects in the 2020 HRP, 80 per cent of projects self-identified as linked to durable solutions²⁴. Finding durable solutions is a long-term and complex process that gradually enables displaced persons to rebuild their lives and integrate in the society where they choose to settle without facing discrimination or disadvantages – especially in terms of access to services and protection - on account of their displacement. In 2020, humanitarian actors will continue contributing to durable solutions by engaging communities affected by displacement in collaboration with relevant government authorities. The recently established National Durable Solutions Secretariat will play a key leadership role and will champion the durable solutions priorities included in the NDP 9. Going forward, the ability of aid actors to better demonstrate impact-level results in reducing or mitigating protracted displacement across

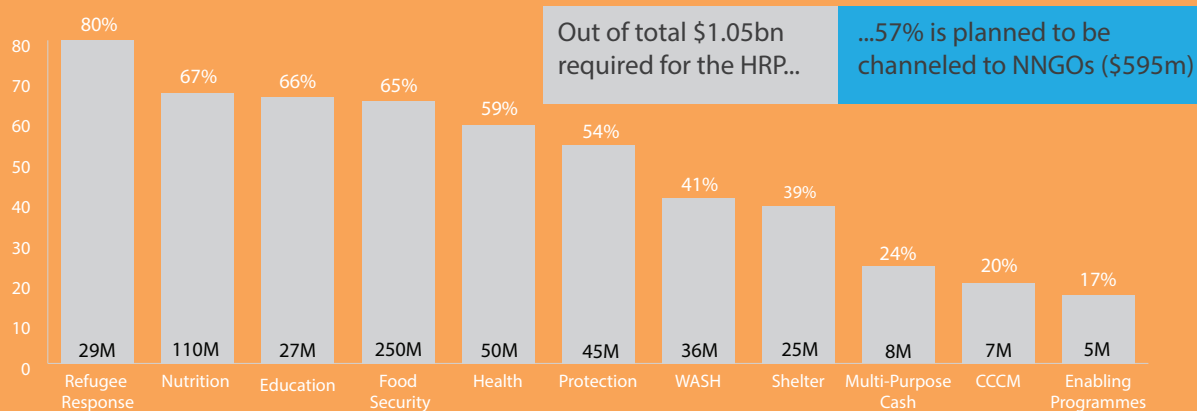
Somalia is an operational priority.

Direct and indirect funding to national NGOs



Refugees, asylum seekers and returnees mostly live in urban or peri-urban poor areas amongst the host community but often face specific protection challenges that differ from their neighbours. The absence of a federal legal framework for refugee protection increases their vulnerability. In line with the "whole-of-society" approach of the Comprehensive Refugee Response Framework (CRRF), the inclusion of refugees, asylum seekers and returnees in programmes, strategies, systems and services targeting IDPs and host communities, and the identification and addressing of the areas in which refugees, asylum seekers and returnees face specific constraints are priorities in the 2020 HRP. The development of the National Strategy on Durable Solutions will be supported, among others through national capacity building, with the aim of mainstreaming protection and solutions. This will support government capacity building on registration and refugee frameworks, including a national refugee law and other relevant policies, to continue. Registration of refugees, and support for identification and the response to vulnerable refugees in situations of mixed flows will also be provided. Assisted repatriation and reintegration of Somali refugees, and monitoring of same, will continue to ensure returns are voluntary, dignified and informed.

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



Protection risk analysis in the HRP projects

In each of the HRP projects an analysis of protection risks related to the implementation of the proposed response was provided. For each project at least 3 most relevant protection risks had to be selected and specific mitigation measures discussed. Four lenses with specific risks were used, in line with the priorities of the Centrality of Protection and Protection Mainstreaming principles.

1. Protection of civilians

1a. Lack of access to/awareness of referral services for survivors of protection incidents (ex. GBV, child protection, Explosive Hazards)

1b. Communities are forced to leave their place of residence in order to access humanitarian assistance (humanitarian assistance as pull factor)

2. Exclusion and marginalization

2a. Members of marginalized community/s/ minority groups are not included in consultations and/or are excluded from humanitarian services/assistance

2b. Women, girls and boys are not included in consultations and decision-making processes

3. Interference of external stakeholders in impartial and needs-based selection of beneficiaries

3a. Protection concerns stemming from displacement

3b. Exposure of women and girls to sexual violence, including sexual exploitation and abuse in relation to access to humanitarian assistance.

3c. Exposure of displaced women and girls to sexual violence, caused by living in highly insecure settlements, distance to and location of humanitarian assistance and services

3d. Delivery of humanitarian assistance affects peaceful coexistence and spark intercommunity conflict over access to resources

4. Protection mainstreaming

4a. Risk of dispute on land ownership/land tenure in targeted project areas

4b. Beneficiaries risk exposure to violence during registration/distribution

4c. Forced taxation/extortion or theft of humanitarian assistance

4d. Barriers for beneficiaries to report concerns through complaint and feedback mechanisms

Overall, the most often selected category of protection risks was Exclusion and marginalization either due to social status (clan affiliation or lack thereof) or gender and age. This risk was applicable to 80 per cent of projects, most frequently considered by WASH and Food Security partners.

As mitigation measures, WASH partners recommended, among other, community engagement of all groups as a key requirement in the response mobilization phase and ensuring that marginalized groups are by default among the prioritized groups. Food security partners mentioned carrying out inclusive community and authority consultations to identify vulnerable, under-represented HHs, with specific attention to age, gender, minorities, disability and clan representation.

69 per cent of partners selected risks related to protection mainstreaming, among them most often Shelter/NFI actors with 84 per cent of project indicating at least one of the specific risks as applicable, followed by Food Security (77 per cent), CCCM (76 per cent).

Shelter/NFI partners focused on safety of distributions and risk of land disputes. Partners will ensure that land tenure security, certified by relevant local authorities, is provided and guaranteed for a significant amount of time (at least 5 years) prior to any construction activities. Food security partners stressed the short distance between the settlements, distribution site and entitlement collection points (for Cash and Voucher Assistance). CCCM partners point to the need of conflict analysis and conflict sensitive programing, as well as data protection of beneficiaries to mitigate the risk of extortion of aid received. Nutrition partners reaffirmed the 'zero tolerance' policy for sexual exploitation and abuse and stressed the necessity of ensuring health and nutrition facilities are accessible also to people with mobility impairments, and/or mobile services.

65 per cent of projects pointed to at least one risks related to displacement and interference with an impartial needs-based beneficiary selection process. Such concerns were expressed most frequently by Protection (75 per cent) and WASH partners (74 per cent).

Protection partners focused on strengthening of gender inclusive community-based protection mechanisms and robust information campaigns to ensure impartial and timely access to protection services, also in situations of displacement. WASH partners referred to SPHERE standards for WASH infrastructure to mitigate risks of SEA, avoid centralized distributions of hygiene kits. This will minimize queuing time and risk of looting. Food Security partners reiterated the need for inclusive targeting with joint, transparent verification processes, where community-based targeting is used.

Lastly, 43 per cent of projects indicated at least one or the risks related to protection of civilians as relevant to the interventions, the highest ratio of the first was among the multisectoral projects (58 per cent), followed by health (53 per cent) and education (52 per cent). As mitigation measures, health partners recommended that static facilities should be supported as close as possible to the hard-to-reach areas and mobile services should be used to reach out people in remote areas. Education partners will prioritize provision of education services in the area of habitual residence, including hard to reach areas, to reduce the risk of making access to education a pull factor for displacement.

1.1.1

Strategic and specific objectives linked to physical and mental well-being

Prioritized humanitarian consequence: physical and mental well-being

Critical problems related to physical and mental well-being prioritized for the response:

Nutrition and health, including mental health, are priorities in the 2020 HRP. The Somali population has shown an impressive ability to navigate adversities, cope with and find solutions to disease outbreaks and nutrition crises, with additional support from humanitarian partners. From January to November 2019, admissions for severe acute malnutrition (SAM) reached 105 per cent of the Nutrition Cluster target for 2019²⁵. As of July 2019, 95,576 children aged between 6 to 23 months received micronutrient powders and 331,219 caretakers were reached with counselling on infant and young child feeding²⁶. Similarly, from January to October 2019, admissions for moderate acute malnutrition (MAM) reached 88 per cent of the cluster target. During the same period, 122,353 MAM PLWs were treated. Under the prevention programmes, 379,154 children under the age of two and 205,587 PLWs were reached through supplementary feeding programmes incentivising mothers and children to utilise health services and IYCF counselling.

Notwithstanding the achievements realised in the past year, malnutrition is still prevalent in some regions and districts, indicating that the causal factors of malnutrition are largely context-specific. In Somalia these include: climatic factors, insecurity, lack of basic health facilities, poor hygiene and sanitation practices, disease, limited humanitarian interventions, and structural poverty. With median national global acute malnutrition (GAM) of 13.8 per cent at serious level across Somalia, it is estimated that 1.3 million boys and girls and pregnant and lactating women (1.008 million boys and girls) will suffer from high acute malnutrition in 2020, with 178,000 children under 5 affected by life-threatening severe malnutrition, with 830,000 moderately malnourished and 270,000 pregnant and lactating women also requiring emergency nutrition services. GAM is higher than the 15 per cent emergency threshold in 10 out of 33 areas²⁷, with the majority (51.7 per cent) of malnourished children concentrated in six regions²⁸, as well as in areas hosting IDPs²⁹.

Lacking or limited access to health and nutrition facilities, mainly due to the absence of facilities nearby, and cost and affordability, coupled with the shortage of healthcare workers, particularly female doctors and midwives or traditional birth attendants, further marginalise people, especially those with disabilities including psychosocial disabilities, making them dependent on others for care, or forcing

them into negative coping mechanisms. Moreover, prolonged conflict and instability have hugely impacted on the mental and psychological well-being of the Somali people, compounded by limited mental health resources to address the needs of the population. One in three Somalis are affected by some form of mental health issue, a far higher rate than the one in five expected among communities living in conflict zones³⁰.

Acute Watery Diarrhea (AWD), cholera, measles, and malaria are critical threats in Somalia, particularly for children. Although AWD cases reportedly declined from 197 cases in August to 107 recorded cases in September³¹, overall outbreaks of communicable diseases, including AWD, will likely increase as a result of flooding in October 2019.

The most vulnerable groups for the well-being category are women of childbearing age, children under five, elderly, women and girls, men and boys, displaced people, pregnant and lactating women, young children, single-headed households and people with disabilities including psychosocial disabilities³². Among this group of people, an estimated 242,000 people are exposed to severe protection risks in districts under the control of armed groups or are directly affected by armed operations.

Strategic Objective 1: Physical and Mental Well-being

Reduce the prevalence of acute malnutrition and health needs affecting more than 1.8 million people by the end of 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
2.4M	1.8M	51%	63%	15%

Rationale and intended outcome:

The HRP strategy will prioritise the provision of life-saving services in an integrated, inclusive, and multi-sectoral way, to address critical malnutrition, excess mortality and mental health issues. Despite substantial investment in the treatment of acute malnutrition, seasonal FSNAU assessments show that for many years the prevalence of acute malnutrition has remained above Serious, particularly for pregnant and lactating women suffering high acute malnutrition, and children under 5 affected by life threatening severe malnutrition³³. Key interventions to address malnutrition will therefore aim to deliver promotive and preventive services and early detection and referral for treatment of SAM and MAM, targeting as a priority rural and IDP communities, where households struggle to access nutrition treatment and health services³⁴. This response plan will focus on protecting children from becoming wasted as well as caring for those who need treatment. Lifesaving nutrition supplies, including ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF), will be distributed by nutrition center partners. Static and mobile outpatient treatment programmes (OTPs) and targeted supplementary feeding programmes (TSFPs) will provide a platform for the delivery of integrated multi-

stakeholder and multisectoral services, ensuring that people, including those with disabilities and older people who cannot access centre-based services, are still reached. Capacity-building activities will be organised and rolled out, targeting health service providers and community workers, through community-based counselling and awareness-raising on infant and young child feeding (IYCF) practices, as well as maternal nutrition programmes in schools, with a focus on adolescent girls. In designing their interventions, partners will aim at a multi-sectoral and integrated response, by integrating nutrition, health, hygiene (NHHP) preventative, food security and promotional support activities. Recognising that girls, boys, men, women and people with disabilities have different nutritional needs at different life stages with different capacities and risks in accessing nutrition services, partners will ensure the provision of targeted solutions for those vulnerable groups, in developing the response. Health partners, including those specialising in mental health, will deliver life-saving emergency health services including maternal, neonatal and child health and contribute to disease prevention, through the deployment of trained health workers (midwives and community health workers) in facilities and mobile teams, as well as the provision of primary health care services³⁵.

Specific objectives related to physical and mental well-being

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	TIMEFRAME
SO 1.1	Reduce the prevalence of global acute malnutrition among 801,000 children under 5 and 202,000 PLW across 68 districts to below 13 per cent by the end of 2020	Children <5 PLW	1m	Jan-Dec 2020
SO 1.2	Excess mortality and morbidity rates attributed to crisis-driven epidemic diseases and outbreaks among 1.6 million people, including 760,000 IDPs and 855,000 non-displaced people, are decreased by at least 10 per cent and 30 per cent respectively by end of 2020.	IDPs Non-IDPs	1.6m	Jan-Dec 2020
SO 1.3	Mental health and psychosocial support services (MHPSS) is accessible to at least 10 per cent of people seeking health care at primary health care centers.	IDPs Non-IDPs	160 k	Jan-Dec 2020

Description of specific objectives:

Malnourished and unvaccinated children are nine times more likely to contract infectious and deadly diseases such as measles and acute watery diarrhea/cholera. Therefore, the treatment of severe and moderate acute malnutrition for children under five and PLWs will be achieved through mobile and static sites, while severely acute malnourished children with medical complications will be treated in hospitals equipped with stabilisation centers, ensuring that each district has at least one treatment site. Key interventions will aim to deliver promotive and preventive services (micronutrient supplementation, deworming, IYCF) and early detection and referral for treatment of SAM, prioritising rural and IDP communities. In addition, partners will continue providing care and treatment to children affected by MAM in hard-to-reach areas, rationalising the treatment of SAM in OTPs with the treatment of MAM to avoid relapses, and ensuring that that there is 100 per cent transition from SAM to MAM. The proposed interventions will cover treatment (TSFPs for malnourished children 6-59 months and PLWs) and prevention (blanket supplementary feeding programmes [BSFPs] for children 6-23 months and PLW), and MCHN for children 6-23 months and PLW in districts where GAM is above 15 per cent. Socio-behavioral changes on health and education will be integrated in both treatment and curative programmes for PLWs and caregivers. This approach will aim to harmonise the treatment centers with the health facilities providing primary health care, while employing outreach and mobile teams in areas where there are no existing health facilities or access-compromised locations.

Partners will deliver life-saving emergency health services including maternal, neonatal and child health and contribute to disease prevention through the deployment of trained health workers (midwives and community health workers) in facilities and mobile teams, as well as the provision of primary health care services. Interventions will address the main causes of morbidity including diarrheal diseases, tuberculosis, malaria and measles and will prioritise people living in hard-to-reach and conflict-affected areas, where there is limited or no presence of health actors, and where the population does not have access to basic life-saving health services. To maximise the impact

of interventions seeking to decrease excess mortality rate, the health, nutrition and WASH partners will work in complementarity to provide an Essential Services Package (ESP) to reduce preventable mortality and morbidity, as well as to increase access and utilisation of primary healthcare services among vulnerable population subgroups. The focus of these actions will be on activities such as deworming, breastfeeding, complementary feeding, vitamin deficiencies and micronutrient supplementation, as well as mass vaccination at the entry points to IDP sites. Partners will actively support early detection, investigation and response to disease and outbreaks by increasing public awareness, healthcare worker (HCW) knowledge and skills, monitoring (EWAR) and providing relevant supplies for disease control. Risk communication and community outreach will raise health awareness through social mobilisation, education and advocacy activities in disease control, general wellbeing, health and nutrition. Scaling up the WASH component as part of an integrated and coordinated response will focus on disease outbreaks, especially cholera. In 2020, cluster partners will ensure that safe water is available in sufficient quantity for IDP settlements and communities in need of assistance.

Considering the lack of/limited presence of **Mental Health and Psychosocial Support (MHPSS)**, MHPSS services and care for conflict-affected persons in Somalia will be a focus in the 2020 HRP. The JMNA survey highlighted that there is significant prevalence of mental health issues among the affected population³⁶. In a health system where formal institutions are ill-equipped to deal with such problems, affected individuals often resort to harmful coping strategies (e.g. self-medication, substance abuse), which worsen mental health and the psychosocial effects, and reinforce existing stigma around mental illness. Key interventions will include capacity-building activities for health professionals and community health workers in conflict-affected communities; provision of community-based psychosocial support approaches and health service to persons with mental health issues and psychosocial disabilities; increased community awareness activities on mental health/substance abuse, stigmatisation, harmful behaviors and negative coping mechanisms that drive conflict.

PHOTO/WHO FOZIA BAHATI



1.1.2

Strategic and specific objectives linked to living standards

Prioritized humanitarian consequence: living standards

Critical problems related to living standards prioritized for the response

Under-development, conflict, political instability, displacement and climate shocks continue to put pressure on IDPs and rural and urban households in accessing basic services. Most Somali households live on less than US\$2 a day. Poverty remains a key barrier for both non-displaced and displaced population groups. An inability to afford basic services is frequently reported as a main concern across clusters³⁷, while requests for cash assistance are common. The majority of households with severe or extreme needs are located in the southern and central regions (Gedo, Bay, Bakool, Lower Juba). Comparing the current situation to last year, Gedo and Lower Juba still present some of the poorest humanitarian indicators, particularly in terms of low water and sanitation access, high proportions of households experiencing water-borne diseases, and high proportions of households living in emergency or temporary shelter³⁸.

Affected people identify cash, food, healthcare, and education as the most important unmet needs³⁹. In 2019, health and education needs remained unmet due to inadequate health facilities, access barriers for healthcare providers (with only 38 per cent of targeted people having received a medical consultation⁴⁰) and barriers to learning opportunities (with only 24 per cent of targeted school-age children reached) contributing to risks of forced recruitment, abuse, child labour and early marriage for children who are not in school⁴¹. Given the link between disability and poverty, and the extra barriers people with disabilities and their households face, it can be expected that people with disabilities have significant unmet needs. Across targeted districts, IDP households are consistently the most vulnerable, both in terms of lower access to services and greater reported needs. Shelter and WASH remain key concerns for IDP households, with a significantly higher proportion of households reporting poor shelter conditions and inadequate access to water and sanitation facilities than non-displaced households, and minority clan households having more pronounced vulnerabilities, especially regarding child labour practices and shelter conditions.

The non-IDP population are also affected by drought and chronic food insecurity, leading to malnutrition, which is a pre-disposing factor to medical diseases and complications. Attributed to food scarcity and chronic issues such as disease and inadequate access to health and

nutrition services, malnutrition rates are high⁴². Moreover, pasture and water shortage are already resulting in increased commodity prices, deterioration of livestock and agro-pastoral conditions, and internal displacement of people. Outbreaks of communicable diseases such as acute watery diarrhea will likely increase as a result of a potential drop in water availability and quality.

In Somalia severe acute food insecurity continues to affect many vulnerable households who struggle to access food sources as adverse climatic and non-climatic shocks persisted in 2019. Without humanitarian assistance, a large caseload of people suffering food insecurity will persist in 2020 especially in northern and central Somalia and some parts of the south. The *Deyr* (October-December 2019) rainfall is performing as forecasted (normal to above-normal) with a positive impact on pasture and water availability, crop cultivation, livestock production, and access to agricultural employment, though heavy rainfall and flooding have caused disruption to seasonal crop cultivation and caused large population displacement in riverine and low-lying areas.

Affected people perceive challenges with regards to self-reliance, with 44 per cent saying the aid they currently receive does not help them to live without humanitarian assistance in the future⁴³. Recurrent climate and non-climatic shocks undermine efforts to improve living conditions and achieve resilience (see also section 1.1.5 recovery and resilience capacity). Furthermore, IDP returns are extremely limited as many displaced families have lost livelihoods and are reliant on humanitarian services.

Strategic Objective 2: Living Standards

Meet the basic needs of 3 million people including 1.6 million non-IDPs and 1.4 million IDPs across 74 districts by the end of 2020

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.2M	3M	51%	63%	15%

Rationale and intended outcome:

The HRP strategic objective will address problems related to living conditions through prioritising people with acute needs and in life-threatening situations, including IDPs, refugees and asylum seekers, refugee returnees and non-displaced in rural and urban centers, including those suffering from severe food insecurity (IPC Phase 3 and above⁴⁴). The response will encompass access to quality basic services, such as schools, nutrition centres and WASH facilities, with

protection at its centre. As in previous years, the 2020 plan will continue to focus on an integrated approach, with projects and activities concurrently tackling multiple sectoral issues. Moreover, humanitarian partners will assist the most vulnerable people with urgent life-saving aid, ensuring that their acute needs such as shelter, NFI, WASH, food and health are met, while reaching out to development and resilience actors to facilitate synergies and complementary action, to prioritise programming for social service delivery, capacity development and livelihood support, to ultimately reduce humanitarian needs.

Specific objectives related to living standards

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	TIMEFRAME
SO 2.1	Scale up and provide WASH, education, health, nutrition, shelter and NFIs services to 1.6 million non-IDPs by the end of 2020	Non-IDPs	1.6m	Jan-Dec 2020
SO 2.2	Scale-up and provide CCCM, WASH, education, health, nutrition, shelter and NFIs services for 1.4 million people in established IDPs sites across 68 districts by the end of 2020	IDPs	1.4m	Jan-Dec 2020
SO 2.3	Improve access to food for 2 million people including 950,000 IDPs and 1.1 million non-IDPs facing severe acute food insecurity	IDPs Non-IDPs	2m	Jan-Dec 2020
SO 2.4	Protect livelihood and related food sources for 1.6 million farmers, agro-pastoralists, pastoralists and IDPs across Somalia through emergency agriculture, livestock and other livelihood support in line with their livelihood and seasonality	Non-IDPs	1.6m	Jan-Dec 2020

Description of specific objectives:

In 2020, support to non-IDPs will be scaled up through **sustainable WASH services**, through the rehabilitation and/or construction of water supply infrastructures (boreholes, shallow wells, water networks or surface water catchment systems) in prioritised locations⁴⁵ to improve the living standards of beneficiaries. In disaster-prone locations, such as the along Shabelle and Juba River basins, infrastructure and water and sanitation services will be enhanced to ensure they are flood-resistant. In parallel to water and sanitation services, partners will conduct hygiene promotion activities. **Housing and related**

community infrastructure will also be strengthened to improve the resilience of vulnerable communities and households. Activities will complement nutrition and health activities (see objective 1), whereby the **health sector** will continue to provide direct support to vulnerable populations in urban and rural areas by providing critical primary health care services. School age children will be targeted to **improve access to education**.

Clusters and partners will assist **displaced populations** in sites, through site improvement and maintenance, provision of emergency and transi-

tional shelter assistance, as well as by distributing kit-based core relief items to those who have experienced displacement and lost household items, including to persons with disabilities, older persons and other vulnerable groups. Locations with high concentration of IDPs as well as areas with high acute malnutrition rates⁴⁶ will be a focus. Through site management and coordination, populations will have improved access to multisectorial services at site level, as well as opportunities to provide feedback on those services, to ensure appropriate community participation and empowerment. To increase access to education for displaced children, partners will rehabilitate temporary learning spaces with gender-friendly and inclusive WASH facilities, provide school furniture and teaching/learning materials, training for teachers, as well as training of Community Education Committees in school management and safety. Response modalities will include in-kind assistance, with cash and vouchers continuing to be used where markets can support this type of intervention, and where there will not be a negative impact on people and/or markets. The Shelter, Protection, CCCM and WASH clusters will work in synergy, in support to the government, to ensure better living conditions in IDP sites through improved security of tenure, site planning and provision of community infrastructure and services⁴⁷.

Vulnerable women, men, boys and girls will be assisted through the provision of targeted relief rations as well as with unconditional and conditional cash transfers in targeted areas⁴⁸. Beneficiaries will receive three- to six-monthly cash transfers, based on duration of the lean season and their vulnerability. Targets will be geographically identified, through gender and protection analysis, informed by food security

and nutrition needs assessments and targeted at the household level, using vulnerability criteria that reflect the needs of men, women, boys and girls, as well as socially marginalised groups and individuals and including people with disabilities. Assistance in hard-to-reach areas will be scaled up through strengthened engagement with local authorities and NGOs. Market assessments and analyses will be undertaken to harmonise transfer values and local coordination of partners working on cash and market base responses. Food Security, Nutrition, WASH and Health Clusters will work jointly on needs analysis and response planning, especially in areas with sustained high levels of acute food insecurity and malnutrition.

Tailored livelihood support packages will enable farmers to secure a *Gu/Deyr* harvest, pastoralists to enhance milk production, and coastal communities to improve fish catch and processing. The HRP strategy will further enhance production and will promote climate-smart practices through field school approaches, targeting farming, pastoral and coastal households that will pass on the knowledge to their wider communities. Partners will conduct country-wide livestock treatment and vaccination campaigns to protect livestock assets. Interventions will be designed to improve water management and related infrastructure, to protect rural populations and livelihoods against flooding (repaired river embankments), and cope with drought (fenced water catchments, animal troughs, canal sluice gates). Clusters and partners will also support government and community-led efforts to control plant and animal pest and disease outbreaks.

PHOTO/WHO FOZIA BAHATI



1.1.3

Strategic and specific objectives linked to protection

Prioritized humanitarian consequence: Protection

Priority critical problems related to protection

Several critical problems have been identified in achieving protection of affected populations⁴⁹. **Safety and security** is a significant concern, as a result of armed conflict and violence, and substandard living conditions in IDP sites. People are exposed to risk of violence, as well as loss of property due to theft, accidental fire or flash floods and lack of security of tenure. Distance to communal services and livelihoods aggravates the risk of GBV for women and girls. Limited accountability of informal settlement managers (gatekeepers) leaves displaced people at risk of extortion and abuse. Persons with disabilities face additional risks including cruel and degrading treatment due to stigma and discrimination, and their vulnerability to abuses can be exacerbated by separation from family members or carers, loss of assistive devices, breakdown in protective peer networks and exclusion from protective activities. **Exclusion and marginalisation** of individuals and groups traditionally discriminated against further contribute to heightened risks and denial of humanitarian assistance, requiring a stronger focus on protection mainstreaming and concrete efforts to ensure equal access to safe, dignified and accountable assistance. Marginalised communities, women and persons with disabilities face additional challenges due to pre-existing and emerging discrimination, as well as lack of inclusion in humanitarian response.

Peoples’ ability to submit complains and concerns to formal and informal authorities as well as to agencies delivering assistance, is **limited**. However, despite current systems in place, recent surveys have shown the need to strengthen more systematic and inclusive consultation and communication with the affected population to ensure accountability, inclusion and meaningful participation. This is also to ensure humanitarian response meets the needs and priorities of target populations. People continuously exposed to conflict and violence and climatic shocks tend to resort more quickly to negative coping mechanisms. Destitution and severe food insecurity forces people to adopt hazardous or harmful coping strategies which often result in protection concerns such as early marriage, family separation, child labour, child recruitment, hazardous labour, movements into unsafe areas, or exposure to sexual exploitation or abuse. Displacement further disrupts existing socio-economic networks. In areas where climatic shocks reduce already limited resources, violent inter-group conflict over access to resources increases. By addressing needs in areas directly affected by natural disasters in a timely manner, through a conflict-sensitive lens, the use of negative coping strategies and associated protection concerns can be reduced. Direct threats to life and physical integrity of civilians continue to undermine protection of affected populations, with reported impact of armed violence and conflict increasing in 2019.

Strategic Objective 3: Protection

Strengthened protection of right to safety and dignity for 3 million people including 510,000 women, 1,050,000 girls, 480,000 men and 1,050,000 boys affected by conflict and climatic shocks.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
3.7 M	3 M	51%	63%	15%

Rationale and intended outcome:

Protection of the right to safety and dignity is central to the overall humanitarian response. Recognising that protection is central to the HRP and further acknowledging the inter-sectoral nature of protection problems, all humanitarian efforts in Somalia collectively contribute to a stronger protection of rights of 3 million people affected by conflict and climate shocks by the end of 2020. While Protection Cluster activities are closely linked to this objective, the humanitarian response collectively commits to strengthening protection from violence, abuse, coercion and deprivation of basic needs throughout all interventions

addressing both primary rights violations as well as secondary protection risks stemming from adaptation of harmful or hazardous coping strategies or other environmental factors. The humanitarian response is further committed to ensuring increased efforts to address issues of safe, dignified and meaningful access and accountability to affected populations.

Specific objectives related to protection

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	TIMEFRAME
SO 3.1	Increase by 25 per cent the number of IDP settlements with adequate safety conditions (as measured by site safety audits) by the end of 2020	IDPs	150,000	Jan-Dec 2020
SO 3.2	Provide safe, dignified and meaningful access to life-saving assistance directly or through referral to 3 million people, including 450,000 persons with disabilities and 42,000 refugees and asylum seekers, with due account to age, gender, disability, and social status by the end of 2020	IDPs Non-IDPs	3m	Jan-Dec 2020
SO 3.3	Decrease the percentage of households affected by armed conflict, armed violence, resource-based conflict and climatic shocks resorting to negative coping mechanisms from 63 per cent to 37 per cent by the end of 2020	IDPs Non-IDPs	1.9m	Jan-Dec 2020
SO 3.4	Increase the rate of individuals reached with humanitarian assistance that can influence planning, implementation, monitoring and evaluation of response from 37 per cent (2019) to 60 per cent by the end of 2020	IDPs Non-IDPs	1.8m	Jan-Dec 2020
SO 3.5	Strengthen the protection from international humanitarian law (IHL) violations and human rights abuses of people across 55 districts with limited access and/or exposure to armed conflict and violence, including conflict-related sexual violence	IDPs Non-IDPs	1.7m	Jan-Dec 2020

Description of specific objectives:

Within this strategic objective, the humanitarian response will take concrete measures to identify and address risks for physical safety and integrity within IDP sites, including through standardised Safety audits at site-level, resulting in cluster-specific actions and recommendations. Specifically, the 2020 response will increase efforts to address discrimination and exclusion for minority groups, persons with disabilities and other vulnerable individuals, and develop minimum standards to improve access to rights and participation in decision-making for those groups. A stronger focus on conflict analysis and conflict-sensitive programming and community dialogue will be part of standardised response planning. Protection monitoring will be used to identify systematic exclusion and inform corrective actions in a timely manner. All actors commit to address gaps in protection mainstreaming and remove barriers for individuals and groups to safe and dignified access to assistance. This will include a stronger focus on disability inclusion, strengthened protection mainstreaming into in-kind distributions, cash-based interventions, and rights-based IDP relocation

procedures. Protection mainstreaming will be measured across the response through a protection mainstreaming index. Accountability to Affected Populations (AAP) will be further strengthened with enhanced measures for inclusive and accessible feedback and complaints mechanism, also for people who have not received any assistance and cluster specific AAP guidance. Protection from violations of IHL and abuses of human rights will be enhanced through advocacy with key stakeholders, including through public reports on protection concerns, inputs into Security Council reports, and dialogue with duty-bearers, directly or through special mandates.

1.1.4

Strategic and specific objectives linked to recovery and resilience

Prioritized humanitarian consequence: recovery and resilience

Priority problems related to recovery and resilience:

FSNAU data and analysis indicate the protracted and recurrent nature of acute food insecurity in many districts across Somalia. Efforts to address acute food insecurity in these districts should be complemented with additional livelihood support and resilience activities aimed at addressing underlying vulnerability to recurrent shocks. In 2020, 4.2 million people are expected to be Stressed (IPC Phase 2⁵⁰), bringing the total number of people facing acute food insecurity to 6.3 million. The trend analysis of acute food insecurity indicates that some livelihoods/districts currently in IPC Phase 2 (based on 2019 post-*Gu* projection) have been in worse phases in the recent past. This group will likely experience worse food security outcomes, if the next rains (2020 *Gu* season) perform poorly. This shows their underlying vulnerability, which requires resilience and recovery support in addition to emergency life-saving livelihood support. Whilst the entire caseload of 4.2 million people requires support with resilience-building, including livelihoods support, this is achieved through complementarity between development and humanitarian actors in line with the overall response priority of strengthening the humanitarian-development nexus. For this purpose, the humanitarian response has targeted 1,038,127 people. Within these identified people in need, the HRP will target 380,498 IDPs (rural and urban), 161,098 agro-pastoral people, 303,718 pastoral, 68,819 riverine and 123,994 urban dwellers. The negative impacts that drought, flooding, and armed conflict have had on agro-pastoral livelihoods at the household level, have heavily contributed to erosion of resilience, due to changing livelihoods. Each climatic shock depletes peoples' assets and reduces their ability to recover. As livestock and

PHOTO/WHO FOZIA BAHATI

agriculture form the basis of the Somali population's livelihoods, with two-thirds of the country's population living in rural areas, the country is highly vulnerable to the current and future impacts of extreme climate conditions. The unpredictability of climate-related environmental change and weather phenomena has also had a harsh impact on the lives of Somalis, especially nomadic herders and settled farmers who are highly dependent on agriculture and livestock. The 2019 *Gu* period was the third driest in three decades, and the second consecutive below-average rainy season in a country still feeling the impact of a prolonged 2016-17 drought⁵¹⁻⁵². Multiple cycles of drought, flooding and conflict over decades, as well as reduction in livelihood activities, have eroded the ability of households to respond to shocks and heightens the tendency to resort to negative coping mechanisms. Importantly, recent assessments indicated that IDPs were more likely to reference resilience-building activities as solutions to humanitarian situations, alongside immediate life-saving humanitarian assistance such as food and nutrition services. This is indicative of the desire for sustainable actions that allow IDPs to lift themselves out of poverty and suggests that IDPs do not view their situation as requiring either immediate humanitarian assistance or long-term developmental interventions, but rather a mixture of both. The legal and policy framework in Somalia, including the NDP 9⁵³, accentuates poverty reduction through inclusivity and aims to simplify and consolidate existing frameworks and mechanisms (including RRF, roadmaps, aid policy and architecture and the National Reconciliation Framework)⁵⁴. These national developments further emphasise the need to continue to reinforce resilience and recovery efforts, and enhanced cooperation between development and humanitarian actors in this regard.



Strategic Objective 4: Recovery and Resilience

Enhance the capacity to cope with significant shocks for 940,000 non-IDPs and 400,000 IDPs people by the end of 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.2 M	1.34 M	51%	63%	15%

Rationale and intended outcome:

While the emphasis of the HRP is life-saving assistance, it will also focus on resilience-building at the community level with short-term interventions aimed at preventing a deterioration of their situation leading to higher severity of needs. To reduce humanitarian needs, risks and vulnerabilities in the medium to longer term, synergies and complementarities with development, early recovery and resilience initiatives, such as the UNSF, the upcoming UNSDGF (which will be developed in 2020 and rolled out from the beginning of 2021), the RRF and the recently-finalised NDP 9, will be further advanced to the extent possible. Strengthened partnerships between UN and NGO resilience consortia, development actors, donors, private sector and humanitarian responders will also be fostered. Sustainability is a core consideration, whereby resilience projects include community sensitisation and ownership, as well as engagement of the private sector. Area-based planning, led by government, is preferred to cover gaps and foster complementary planning. In line with the commitment to strengthen the humanitarian-development nexus, the humanitarian response will prioritise one million of the total 4.2 million people classified as IPC 2 and work closely with development actors to address the resilience of those in need. The objective will focus on enhancing communities' ability to prepare for, mitigate and cope with shocks,

supporting durable and transitional shelter where security of tenure is established and through institutional community-based preparedness, surveillance and early warning systems. Resilience capacity will be supported through rehabilitation and restoration of productive assets, enhanced livelihoods strategies and initiatives which build capacity for community-based disaster preparedness. Early warning and disaster preparedness will be strengthened through community-based initiatives in riverine, and agro pastoral areas. Shelter partners, with the technical support of housing, land and property (HLP) partners, will support displaced and non-displaced populations through transitional and durable shelter where security of tenure is established.

There is a recognised need for the repair and improved management of water sources, and the restoration and construction of water harvesting systems. The impact of crisis has altered livelihood strategies and there is a need for capacity-building to further diversify income generation for food insecure households. Early warning and disaster preparedness capacity of authorities and communities remains limited and is further compounded by repeated crises. Furthermore, factors such as exclusion and marginalisation, gender inequality, disability and employment status, increase vulnerability in times of stress or shocks.

Specific objectives related to recovery and resilience

#	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	TIMEFRAME
SO 4.1	Sustain lives and livelihoods of 940,000 people across 61 districts by protecting and rehabilitating their natural resources by the end of 2020	Non-IDPs	940 k	Jan-Dec 2020
SO 4.2	Enhance livelihoods knowledge, skills and capacities of 470,000 people living in agropastoral and riverine areas by the end of 2020	Non-IDPs	470,000	Jan-Dec 2020
SO 4.3	Ensure that 940,000 people living in pastoral, agro-pastoral and riverine areas benefit from institutionalized community-based disaster preparedness and early warning systems by the end of 2020.	IDPs Non-IDPS	940 k	Jan-Dec 2020
SO 4.4	Enhance the resilience of 400,000 people, mostly IDPs by providing transitional and durable shelter	IDPs	400,000	Jan-Dec 2020

Description of specific objectives:

This objective will be achieved through four interrelated specific objectives. Resilience against shock will be enhanced through contributing to **(i) protection of natural resources**, which is inextricably linked to livelihoods and lives. Priority will be given to rehabilitation and management of small-scale productive infrastructure to mitigate shocks (e.g. river de-silting and embankment repair to prevent seasonal floods) using a combination of machinery and human labour, as appropriate, **(ii) capacity-building initiatives** aimed at increasing and diversifying income-generating options for persons vulnerable to food insecurity will be utilised, **(iii) community-based preparedness, surveillance**

and early warning systems/networks will contribute to preventing damage or losses to crops, livestock and coastal fisheries, as well as building capacity of local communities and authorities to prepare for and mitigate new and recurrent food security threats, including through disaster preparedness capacity, early warning systems and institutionalised community preparedness and surveillance networks, **(iv) the resilience of communities is strengthened through improving housing and related community infrastructure** to address the needs of the population through a focus on more durable shelter support where long term security of tenure is established.

PHOTO/WHO FOZIA BAHATI



1.2

Consolidated Overview: Use of Multi-Purpose Cash

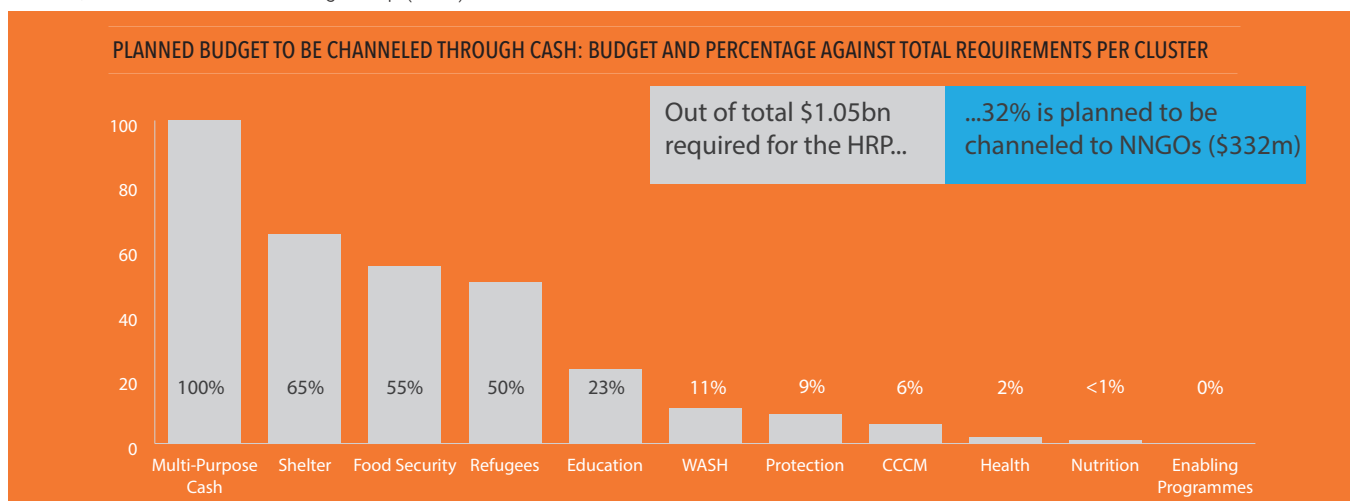
Cash and Vouchers Assistance (CVA) using mobile money platforms has become more common in Somalia and is now considered a preferred method for money transfer, allowing for humanitarian intervention to use this system for cash and voucher programming. Humanitarian and resilience cash transfers contribute to monthly transactions of about US\$155 million, which represents 36 per cent of Somalia's gross domestic product (GDP)⁵⁵. The use of CVA continues to rise in worth, and this year it has been instrumental in the delivery of life-saving programmes addressing underlying determinants of under-nutrition, access to clean water and sustaining other basic needs of households. Ninety per cent of the \$292.1 million⁵⁶ CVA's budget forecasted for the 2019 Humanitarian Response plan (HRP) had already been met by September. It has mostly supported people in southern and central Somalia affected by extreme humanitarian needs generated by the underperforming *Deyr* season.

Multi-Purpose Cash Assistance (MPCA) is the most commonly used modality in Somalia. It is seen as an effective conduit to aid displaced populations, supporting a dignified assistance and value for money. In the absence of an institutionalised social protection system, MPCA can be used as shock-responsive assistance to ensure vulnerable IDPs⁵⁷ do not fall into destitution while transitioning to recovery. MPCA is also recognised as an active contributor to sector-specific programming, and in some instances, it can assist i.e. protection outcomes by alleviating stress caused by the lack of money. In general, cash assistance is best used as an enabler to address basic needs, increase access to services and/or specialised assistance aiming at complementing each other on the delivery of sectoral outcomes. In addition to this year's feasibility studies⁵⁸ in Kismayo and Hargeisa⁵⁹, market assessments should be continued and expanded to other areas as they can provide information that can help mitigate harm to the market environment.

In 2020, the Somalia Cash Working Group (CWG) will commission the

review of the Minimum Expenditure Basket (MEB)⁵⁹, which will propose new transfer values for sector-specific cash assistance and MPCA. The study will also provide a comprehensive list of the cost of living at sector standards, and therefore a clearer picture of poverty analysis of household expenditures, emergency, survival and livelihood protection thresholds which will equate in all-encompassing assistance. As the result of this evaluation, MPCA's values (one off and regular) will have a real opportunity commensurate with programme objectives, as transfer values will be representative to up-to-date living expenditure. To support the objectives of the Grand Bargain in increasing better coordination of CVA, the Somalia CWG has operationalised six regional CWG hubs operating under the overall supervision of the national CWG. The CWGs will take the lead in tracking MPCA projects, which will be reported to the groups, while ICCG will continue to monitor sectoral (restricted and conditional) CVA. OCHA will underpin this initiative with the provision of IM support. A comprehensive cash coordination guidance has been produced for this purpose and will be significant in documenting the effectiveness of MPCA in the response⁶⁰.

One of the main recommendations for partners in 2020 is to explore synergies between humanitarian cash assistance and social protection systems to promote resilience and self-sufficiency, which in the long run will contribute to reducing the levels of economic vulnerabilities. In addition to using recent markets assessments, partners will continue to coordinate their efforts with the inter-cluster coordination group (ICCG) and the CWGs to best take into account target locations, the scale of assistance and modality preferences to meet HRP objectives. Moreover, recognizing that certain groups and individuals, including IDP minority groups and people with disabilities face additional barriers to access, as well as at heightened risk of protection risks, partners will collaborate with the CWG to build evidence-based criteria to ensure gender equity and inclusive cash programming.

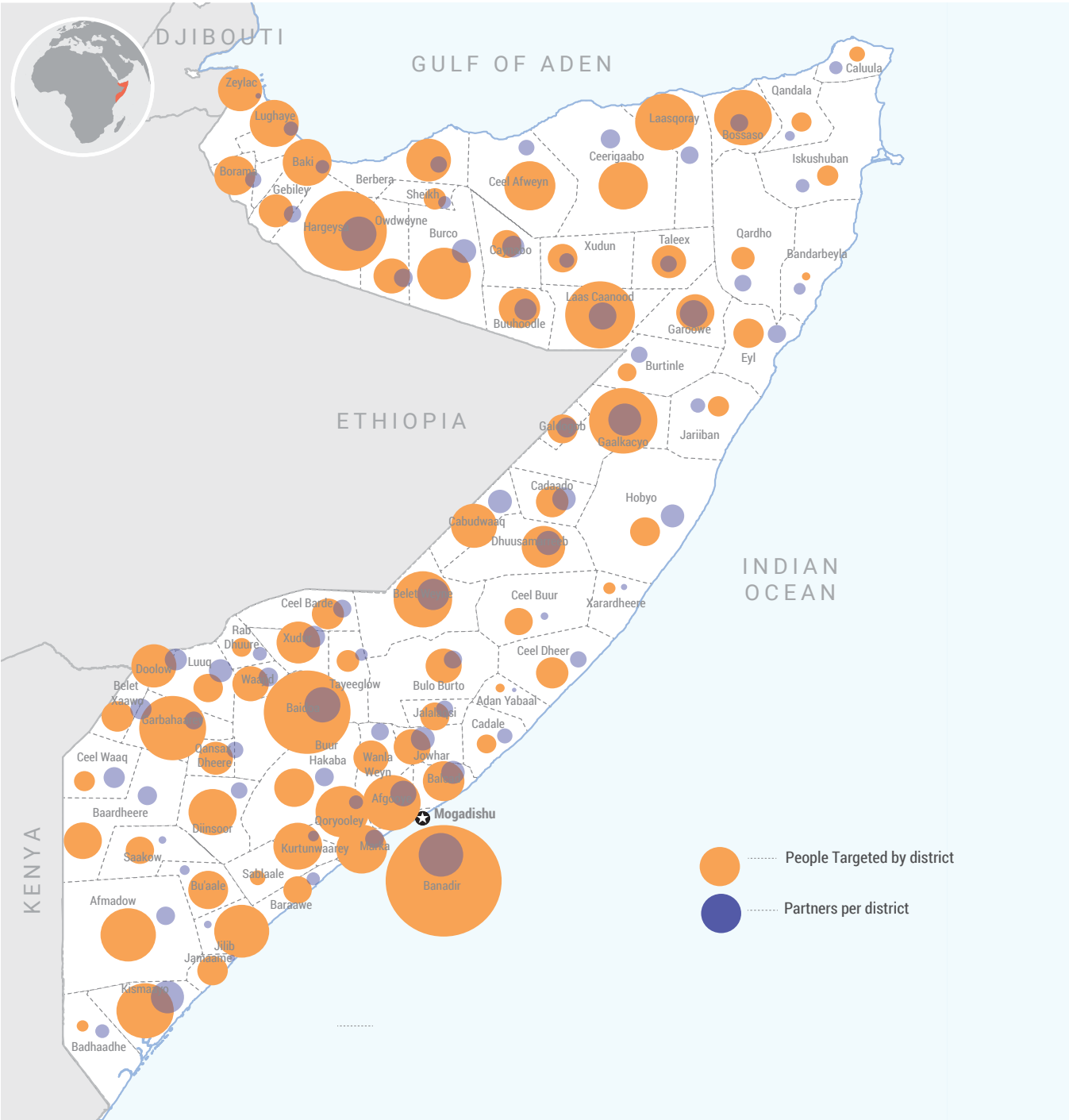
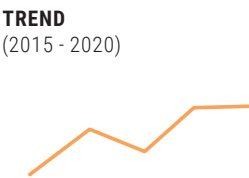


1.3

Operational Capacity and Access

OPERATIONAL PARTNERS

331



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Access

Operational considerations that affect response delivery:

Access to affected people remains a major challenge in Somalia. Over one third of the country is hard to reach by humanitarians, including 23 districts (31 per cent of total) and 16 district capitals (22 per cent) . Around 1.3 million people in need reside in the hardest to reach areas, predominantly in Middle Juba, Lower Shabelle, Bay, Bakool, Middle Shabelle, and southern Galgaduud. Of the 23 districts with the highest access constraints, Afgooye, Baidoa, Jilib, Kurtunwaarey, Marka and Qoryooley host over half of the people in need (59 per cent).

The volatile security situation is the primary factor which restricts the ability of humanitarians to reach people in need and sustain operations to deliver life-saving assistance and protection services. Access is extremely limited in areas with military operations or ongoing hostilities, those controlled by non-state armed actors, and in contested or blockaded areas. Sustained access in many parts of these regions is often restricted to more secured urban centres. As a result, aid operations are often forced to resort to costly and limited air access for both personnel and supplies.

The prevalence of checkpoints and improvised explosive devices significantly limits road access across the country. Violence against humanitarian personnel often involves abduction, harassment and extortion. The seizure of assets and supplies is common, as is interference in the implementation of humanitarian activities. The physical environment and seasonal factors, such as the recent floods, further restrict physical access.

The absence of a centralised and enabling regulatory framework continues to pose extensive bureaucratic and administrative impediments to timely and efficient operational implementation. Counter-terrorism measures imposed by some donors further constrain many partners' ability to respond

to people in need in areas held by non-state armed actors, even once access is negotiated.

The humanitarian community is working to mitigate the numerous access constraints to establish and maintain access to affected people in priority areas. A common approach aims to support an enabling operational environment for humanitarian actors, enhance coordination and engagement with security forces, promote coherent and practical approaches to manage risk, and strengthen the responsiveness of the humanitarian community⁶¹. This will be achieved through the development of evidence-based recommendations for prioritisation, assessment and support to operational partners on the ground; engaging in negotiations with all parties to ensure the effective and principled delivery of assistance and protection; and providing an evidence base to support high level advocacy.

The Access Task Force will lead efforts to strengthen common analysis to identify priority issues for joint action. Location-specific access and response strategies will be developed based on analysis of localised context, conflict dynamics and security situations, adopting tailored approaches to address challenges in negotiations, access and advocacy. This will inform joint access and security risk assessments, as well as identify the most suitable approach, mitigation measures, and best placed partners to respond. Operational support will be provided to partners to support access strategies and response planning, including the consolidation and sharing of available access and logistics information. Capacity-building on access analysis and humanitarian negotiations will be provided in priority locations. A systematic and coordinated approach will also be encouraged to address common challenges faced by partners, through the development of joint operating principles and advocacy strategies.

Partners by Sector

SECTOR	NO. PARTNERS
CCCM	13
Education	37
Food Security	148
Health	11
Nutrition	79
Protection	139
Shelter	22
WASH	132

For the latest operational updates, visit:
<https://www.humanitarianresponse.info/en/operations/Somalia>

Humanitarian
RESPONSE

Operational Capacity:

















The number of humanitarian partners continues to slightly increase in the country, despite the challenging operational environment. A wide range of national and international organisations are involved in the delivery of humanitarian assistance in all 18 regions of the country, with 363 partners actively implementing activities.

The operational capacity increased by eight per cent over the course of 2019, up from 328 humanitarian partners in December 2018. The increase is primarily due to improved coordination, especially among

local organisations, better data collection, and the extension of humanitarian interventions in places that were not previously accessible.

Improvements in risk mitigation and management has built confidence among international partners in the provision of support to local organisations in the delivery of assistance in hard-to-reach areas. Though humanitarian access remains a challenge, there was a slight increase in number of partners in some areas, notably in Hiraan region due to the flood response.

Response under 2019 HRP

SECTOR	REQUIREMENTS (US\$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED
Coordination and Camp Management	\$32 M 	2.6 M	1.8 M	1.1 M 
Education	\$40 M 	1.8 M	337 K	182k 
Food Security	\$353 M 	3.5 M	2.6 M	2.3 M 
Health	\$93 M 	3 M	2.4 M	1.2 M 
Nutrition	\$178 M 	1.5 M	1.1 M	652k 
Protection *	\$84 M 	2.6 M	1.4 M	962k 
Shelter / NFIs	\$64 M 	2.3 M	1.6 M	683k 
Water, Sanitation & Hygiene	\$104 M 	2.9 M	2.6 M	1.6 M 

* The Protection funding requirement includes all the Areas of Responsibility (AOR) (Child Protection, GBV, Housing/Land/Property and Explosive Hazards) requirements which form part of the Protection Cluster.



Part 2

Monitoring and Accountability

CEEL JAALE/BELETWEYNE/SOMALIA

Ruun and some of her family members standing in front of her makeshift shelter in Ceel Jaalle village, outside Belet Weyne town in Hirshabelle State on 4 November. Ruun displaced from Belet Weyne town due to flooding along with her 10 children. OCHA/ Warsame



2.1 Monitoring

Response Monitoring

In 2020, the humanitarian community will continue to build on the inter-sectoral monitoring mechanisms that were first established in 2018 and enhanced in 2019. OCHA will continue to take responsibility for coordinating the close monitoring of humanitarian activity, through the cluster system, to adjust the response according to both needs and emerging priorities. Accountability will be strengthened with new, more practical indicators and objectives, and the transparency of both monthly and periodic monitoring reviews will aid the impact and the reach of the response. To monitor the reach and accessibility of our response, the collection of sex, age and disability disaggregated data will be undertaken in relation to each Strategic Objective.

Scope of the response monitoring

Humanitarian monitoring in Somalia is arranged in a pyramid system, with each level of humanitarian objective feeding into the one above. For the first time in 2020, OCHA has introduced and implemented a set of specific objectives, designed to comprehensively track the community's progress against the response plan. This has been done through the cluster system, with individual cluster objectives feeding into the multisectoral specific objectives, each of which is in turn aligned with the overall strategic objectives of the humanitarian community. The response is detailed through the release of regular periodic monitoring reports – primarily the Humanitarian Dashboard – but also within and as a part of numerous sectoral and inter-sectoral assessments that are conducted over the course of the annual programme cycle. Both REACH and FAO's Food Security and Nutrition Analysis Unit (FSNAU) are responsible for three major needs assessments each year, which then inform regularized analysis of humanitarian progress.

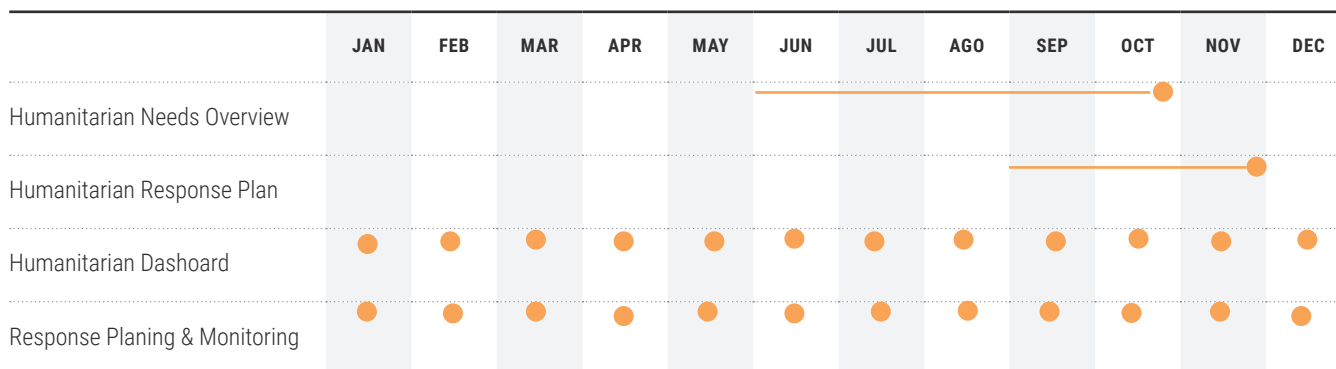
Monitoring responsibilities

Under the guidance of the HCT, the inter-cluster coordination group (ICCG) is responsible for assessing progress towards reaching strategic objectives, specific objectives, cluster objectives and cluster activities. The primary level of monitoring is coordinated by OCHA at the cluster objective level, with those indicators then feeding into strategic objective monitoring. There are regularized reviews of humanitarian activity, from which the ICCG regularly makes recommendations to the HCT regarding the scope and direction of the response operation. The information management working group (IMWG) is tasked with the implementation of monitoring assessments, including effective coordination and cooperation between clusters and OCHA. In 2020, with the advent of specific objectives, the both the ICCG and IMWG will be further focused on concrete, results-based analyses of the HRP. This will be done through increased usage and continued growth of the online Response, Planning and Monitoring tool (RPM), as well as a syncing of projects with RPM's sister tools, the Financial Tracking Service (FTS) and the Projects Module.

Monitoring framework

The humanitarian community's progress against the HRP, as well as against cluster objectives, will be detailed in the HRP Monitoring Framework (Part III: Annexes). Continuing the work done over the past two years, each cluster has developed a framework, detailing their objectives for the coming year, and their partners' collective contributions to the specific and strategic objectives. These frameworks have been uploaded to the RPM tool by OCHA; there are continued efforts to empower clusters to use the tool themselves, and trainings will continue to be organized and coordinated, such that the work can be mainstreamed to the field. At an operational level, data is currently collected from local partners, and then delivered upwards through an offline reporting system – the intention is to gradually move the humanitarian community online, to the degree that partners themselves will eventually become accountable for their own monitoring data. There are several advantages to using the monitoring frameworks on RPM, not least that a response plan can be universally altered in case the humanitarian situation changes drastically, as tends to happen in Somalia. The frameworks also aid with accountability and transparency, as well as the rapid collection of country-level statistics by the HCT.

Humanitarian Programme Cycle Timeline



2.2

Accountability to Affected Populations

Background

The October 2018 Peer-2-Peer mission report highlighted the fragmented approach to how the overall response engages communities systematically and ensures it is informed by their priorities, feedback and preferences. Sharing actionable information with communities; ensuring meaningful participation of affected people in decision-making; and ensuring agency-specific and common community feedback mechanisms are linked and in place to enable people to assess and comment on the performance of the humanitarian operation, including on sensitive matters such as sexual exploitation and abuse (SEA) is a challenge in Somalia.

This common approach to community engagement, or 'collective accountability' has had limited traction and subsequent impact since 2017/2018. There are still challenges to be faced, not least the lack of dedicated coordination capacity and sourcing a champion within the Humanitarian Country Team (HCT) to lead the work. In 2019, there were renewed efforts to address gaps, with several community assessments deployed by professional organisations such as Ground Truth Solutions, Africa Voices and REACH to establish perceptions of humanitarian assistance in Somalia. Following the assessments, several recommendations have been advanced, such as the need for more information for affected communities and specifically information on targeting/how aid is distributed and when it is distributed. Communities surveyed also need more self-help information to move away from reliance on humanitarian assistance. Somalia has an array of feedback and complaints mechanisms although analysis of the surveys indicate that the majority of communities are either unaware of the systems in place, or they don't know how to use them. A comprehensive review of current feedback mechanisms is required, to make them more effective and more efficient.

Way forward in 2020

One of the recommendations following the three surveys carried out in 2019 was to establish a Community Engagement Working Group (CEWG) and, based on the Peer-2-Peer recommendations, to identify a champion to guide the renewed efforts. Establishment of a CEWG is in progress and a champion has been identified to lead the process. The aim of both will be to support the HCT in advancing the mandatory AAP Framework (a precursor to establishing country-specific AAP systems

with a broad support base), as well as to embed their activities within the ICCG. The group will, among other tasks, ensure harmony in information dissemination through multiple approaches: enhancing existing communication channels, gathering feedback/complaints, responding to that feedback, and conducting regular surveys to gauge community perception. Key issues emerging from the feedback/complaints mechanisms will be discussed at the ICCG and resolved, including course correction where needed. Issues not resolved will be elevated to the HCT level for policy guidance and advocacy.

The CEWG is finalising its governing documents, including Terms of Reference, a strategy and a workplan that includes a budget – for potential fundraising. The group's initial mandate will be to chart community engagement and accountability initiatives already undertaken in Somalia, through a 4W matrix - this matrix will then inform its work. Protection against Sexual Exploitation and Abuse (PSEA) and CASH programming will also be integrated into the CEWG as cross-cutting issues. Guidance and support will be prioritised to ensure that multiple mechanisms are designed with affected community groups in mind: agency-specific, common and inter-agency mechanisms will all be prepared. Agency-specific mechanisms will be coordinated and have a referral system in place. Also, the Protection Cluster will continually support the identification of areas of concern, where the risks of exclusion and marginalisation are the highest.

Furthermore, as noted, there has been a dedicated specific objective included in the 2020 HRP (SO 3.4): *Increase the rate of individuals reached with humanitarian assistance that can influence planning, implementation, monitoring and evaluation of response from 37 per cent to 60 per cent by the end of 2020.* These percentages were taken from the baseline survey conducted by Ground Truth Solutions in July-August 2019, specifically from the question "Do you know how to make suggestions or complaints about the aid/services you receive?"

2.3

Indicators and targets

Strategic Objective 1

Reduce the prevalence of acute malnutrition and health needs affecting more than 1.8 million people by the end of 2020.

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	FREQUENCY
SO 1.1	Reduce the prevalence of global acute malnutrition among 801,000 children under 5 and 202,000 PLW across 68 districts to below 13 per cent by the end of 2020	Number of acute malnutrition admissions	1 M	Bi-Monthly
SO 1.2	Excess mortality and morbidity rates attributed to crisis driven epidemic diseases and outbreaks among 1.6 million including 760,000 IDPs and 855,000 non-displaced people are decreased by at-least 10% and 30% respectively by end of 2020.	Incidents rate	1.6 M	Weekly
SO 1.3	Mental health and psychosocial support services (MHPSS) is accessible to at-least 10% of the people seeking health care at the primary health care centers	Number of medical consultations	160 K	Bi-Monthly

Strategic Objective 2

Meet the basic needs of 3 million people including 1.6 million non-IDPs and 1.4 million IDPs across 74 districts by the end of 2020

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	FREQUENCY
SO 2.1	Scale up and provide WASH, education, health, nutrition, shelter and NFIs services to 1.6 million non-IDPs by the end of 2020	Number of children with access to safe drinking water	1.6 M	Monthly
SO 2.2	Scale-up and provide CCCM, WASH, education, health, nutrition, shelter and NFIs services for 1.4 million people in established IDPs sites across 68 districts by the end of 2020	Number of people benefitting from site improvement projects	1.4 M	Monthly
SO 2.3	Improve access to food for 2 million people including 950,000 IDPs and 1.1 million non-IDPs facing severe acute food insecurity	Number of people reached through activities geared towards improving access to food and safety nets per month	2 M	Monthly

SO 2.4	Protect livelihood and related food sources for 1.6 million people farmers, agro-pastoralists, pastoralists and IDPs across Somalia through emergency agriculture, livestock and other livelihood support in line with their livelihood and seasonality	TBD	1.6 M	N/A
---------------	---	-----	-------	-----

Strategic Objective 3

Strengthen the protection of the right to safety and dignity of 3 million people including 510,000 women, 1,050,000 girls, 480,000 men and 1,050,000 boys affected by conflict and climatic shocks

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	FREQUENCY
SO 3.1	Increase by 25 percent the number of IDP settlements with adequate safety conditions (as measured by site safety audits) by the end of 2020	Number of IDP settlements brought to safety standard as assessed in safety audits through interventions from partners of relevant clusters against total IDP settlements audited	100	Quarterly
SO 3.2	Provide safe, dignified and meaningful access to life-saving assistance directly or through referral to 3 million people, including 450,000 persons with disabilities and 42,000 refugees and asylum seekers, with due account to age, gender, disability, and social status by the end of 2020	Percentage of humanitarian interventions with adequate protection mainstreaming (as measured by protection mainstreaming index)	100%	Quarterly
SO 3.3	Decrease the percentage of households affected by armed conflict, armed violence, resource-based conflict and climatic shocks and resorting to negative coping mechanisms from 63 per cent to 37 per cent by the end of 2020	Percentage of households reporting negative coping mechanisms (JMCNA)	37%	Annually
SO 3.4	Increase the rate of individuals reached with humanitarian assistance that can influence planning, implementation, monitoring and evaluation of response from 37 per cent (2019) to 60 per cent by the end of 2020	Percentage of individuals reporting knowledge on complaint and feedback mechanisms (GTS)	60%	Annually
SO 3.5	Strengthen the protection from international humanitarian law (IHL) and human rights violations for people across 55 districts with limited access and/or exposure to armed conflict and violence, including conflict-related sexual violence	Number of protection advocacy initiatives by HCT members relating to armed conflict and violence in Somalia	24 Advocacy initiatives	Monthly

Strategic Objective 4

Enhance the capacity to cope with significant shocks for 940,000 non-IDPs and 400,000 IDPs by the end of 2020

#	SPECIFIC OBJECTIVE	INDICATOR	TARGETED	FREQUENCY
SO 4.1	Sustain lives and livelihoods of 940,000 non-IDPs across 61 districts by protecting and rehabilitating their natural resources by the end of 2020.	Number of people reached through activities geared towards improving access to food and safety nets per month	940 K	Monthly
SO 4.2	Enhance livelihoods knowledge, skills and capacities of 470,000 people living in agropastoral and riverine areas by the end of 2020.	Number of people reached through livelihood investment and asset activities per month	470 K	Monthly
SO 4.3	Ensure that 940,000 people living in pastoral, agropastoral and riverine areas benefit from institutionalized community-based disaster preparedness and early warning systems by the end of 2020.	Number of people reached through livelihood inputs	940 K	Monthly
SO 4.4	Enhance the resilience of 400,000 people, mostly IDPs by providing transitional and durable shelter.	Number of people receiving transitional/durable shelter assistance through in kind, cash or voucher, including settlements planning support where feasible.	400 K	Monthly

FOZIA BAHATI / WHO



Part 3

Sectoral Objectives and Response

BAIDOA/SOMALIA

Photo: OCHA/Edmore



Overview of Sectoral Response

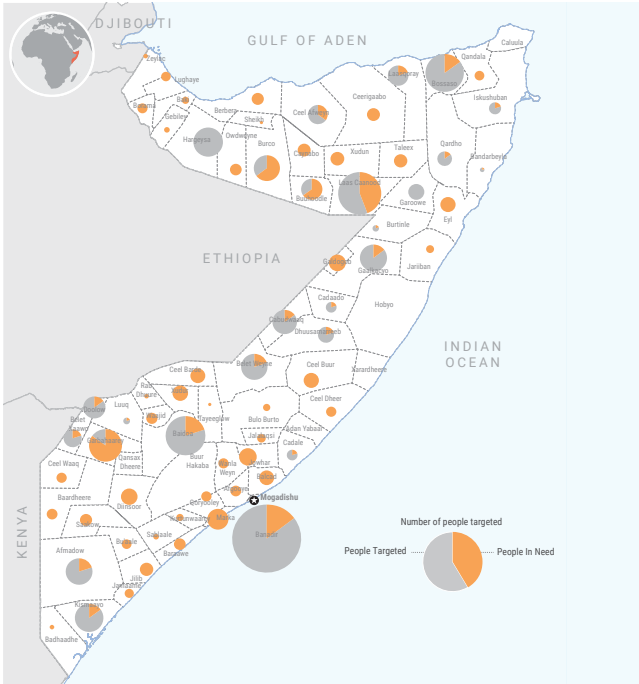
SECTOR	REQUIREMENTS (US\$)	NUMBER PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED
Camp Coordination & Management	\$34 M	21	2.4 M	1.4 M
Education	\$42 M	23	1.37 M	361 K
Enabling Programms	\$31 M	10	5.2 M	3 M
Food Security	\$384 M	81	4.7 M	3 M
Health	\$85 M	51	3.15 M	2.5 M
Multi-Purpose Cash	\$32 M	7	N/A	N/A
Nutrition	\$165 M	54	2.7 M	1.6 M
Protection	\$83 M	58	3.2 M	1.9 M
Refugees	\$36 M	1	59 K	59 K
Shelter / NFIs	\$64 M	19	2.15 M	1.4 M
Water, Sanitation & Hygiene	\$90 M	62	2.7 M	2.4 M

3.1 Camp Coordination and Camp Management

PEOPLE IN NEED
2.4 M

PEOPLE TARGETED
1.4 M

REQUIREMENTS (US\$)
\$34M

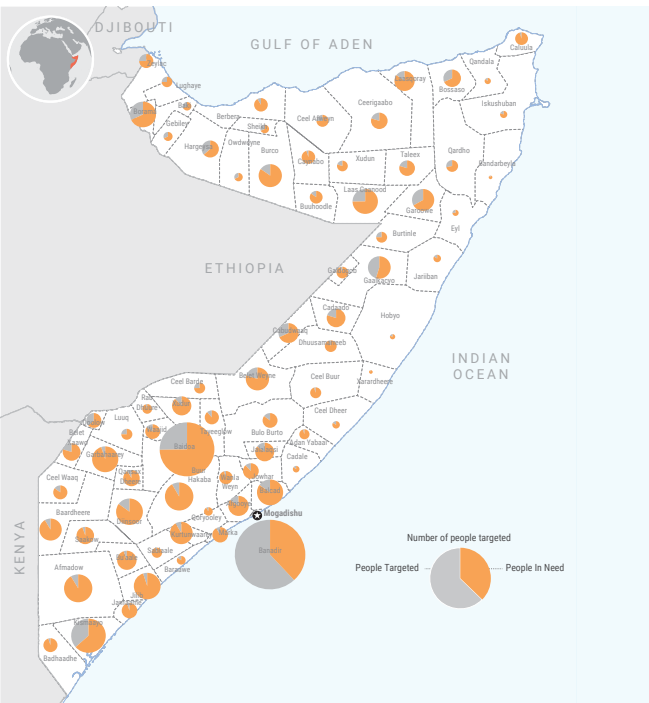


3.2 Education

PEOPLE IN NEED
1.37M

PEOPLE TARGETED
361k

REQUIREMENTS (US\$)
\$42M

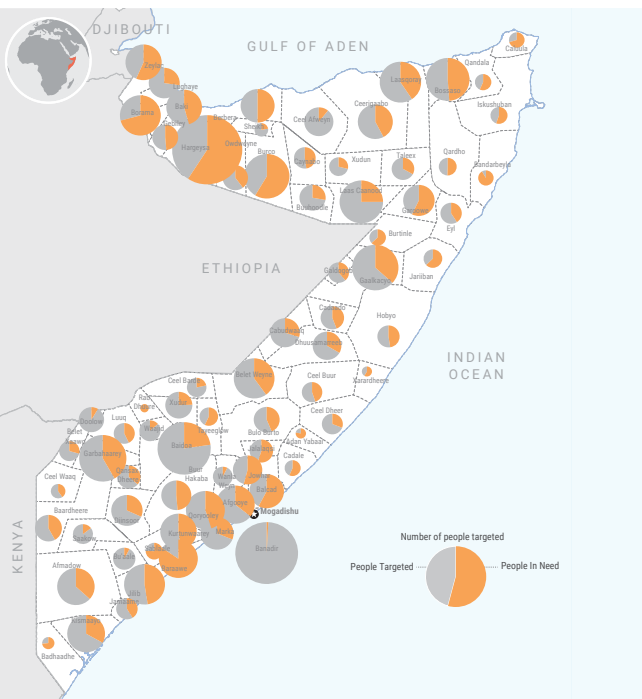


3.3 Food Security

PEOPLE IN NEED
4.7M

PEOPLE TARGETED
3M

REQUIREMENTS (US\$)
\$384M

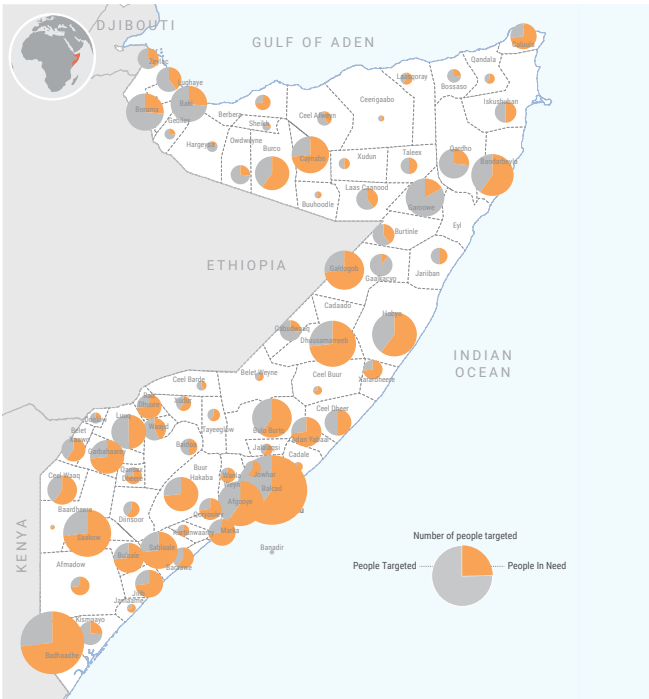


3.4 Health

PEOPLE IN NEED
3.2M

PEOPLE TARGETED
2.5M

REQUIREMENTS (US\$)
\$85M

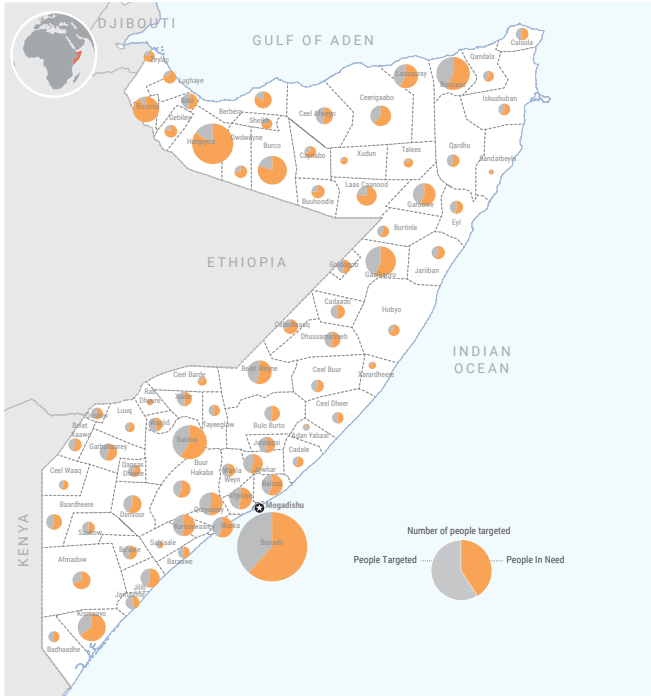


3.5 Nutrition

PEOPLE IN NEED
2.7M

PEOPLE TARGETED
1.6M

REQUIREMENTS (US\$)
\$165M

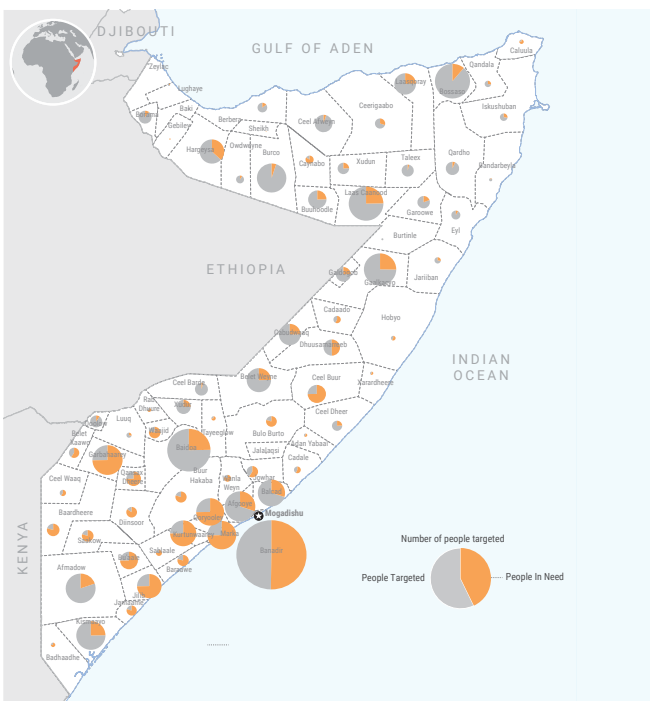


3.6 Protection

PEOPLE IN NEED
3.2M

PEOPLE TARGETED
1.9M

REQUIREMENTS (US\$)
\$83M

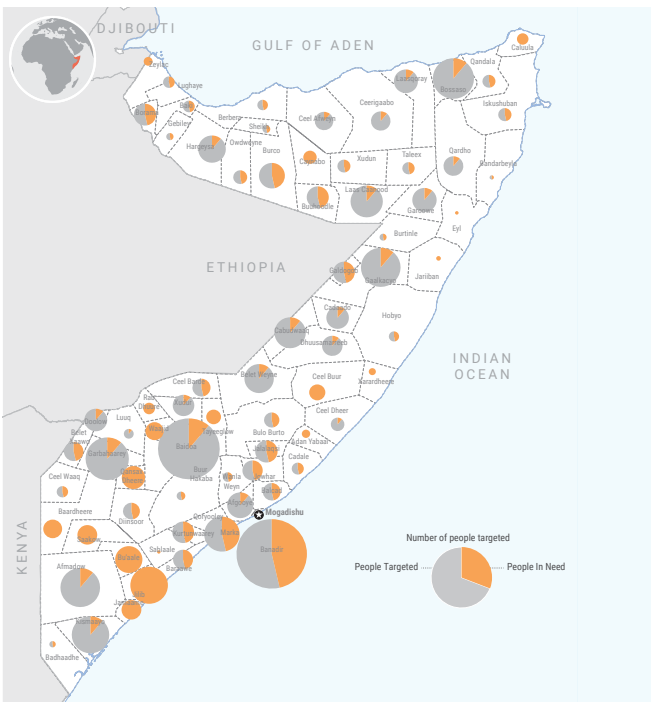


3.7 Shelter / NFIs

PEOPLE IN NEED
2.15M

PEOPLE TARGETED
1.4M

REQUIREMENTS (US\$)
\$64M

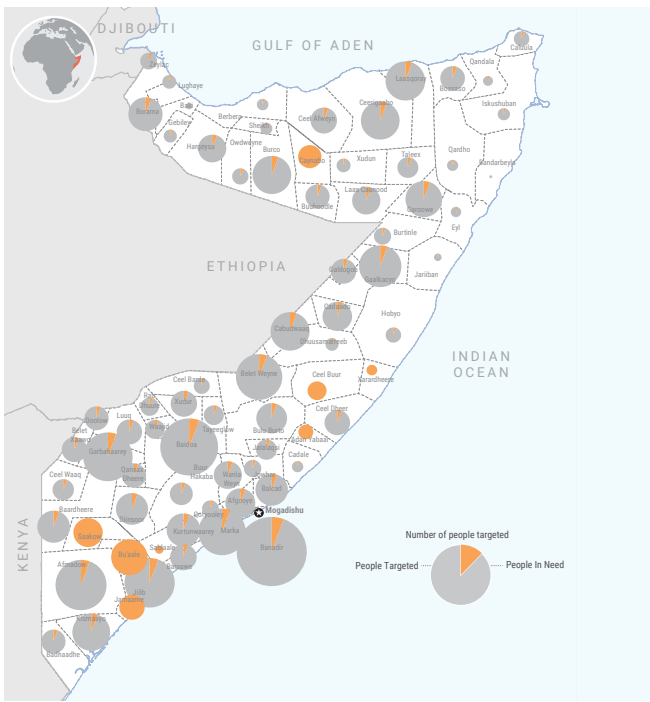


3.8 Water, Sanitation and Hygiene

PEOPLE IN NEED
2.7M

PEOPLE TARGETED
2.4M

REQUIREMENTS (US\$)
\$90M



3.1

Camp Coordination and Camp Management



PEOPLE IN NEED

2.4M

PEOPLE TARGETED

1.4M

REQUIREMENTS (US\$)

\$33.7M

PARTNERS

21

PROJECTS

21

Populations in Somalia continue to be affected by climatic shocks and insecurity, often leading to their displacement. Urban areas receive newly displaced people, who move into private IDP sites with poor living standards, a lack of tenured security, and inadequate access to basic services. Local integration and IDP returns are also limited, as many displaced families have lost livelihoods and are continually reliant on humanitarian services. Those displaced to informal sites, in particular, are living in precarious conditions and are not having their basic needs met due to inconsistent service provision, barriers to or exclusion from accessing humanitarian support.

Target and response priorities/boundaries

Based on figures collected through the CCCM Cluster's Detailed Site Assessment (DSA), the cluster will target 1.4 million people living in accessible IDP sites. The cluster has prioritized interventions in the 21 districts where CCCM partners are already active, and in 2020 will target an additional six districts, housing 15,000 people, that are vulnerable to climatic shocks. Service provision will be done in coordination with local authorities, and the humanitarian community at a district level, to ensure that aid reaches the most vulnerable populations. The cluster will support other clusters in targeting sites and populations for intervention by providing information on age, gender, disability and vulnerability of displaced people. Additionally, CCCM will work closely with durable solutions partners to ensure that programming is working to build the resilience of its targets. The cluster will support partners and local authorities in relocations when appropriate and voluntary, and will advocate for sustained aid in instances where durable solutions cannot be found, especially for those displaced by conflict.

Response strategies and modalities

The CCCM Cluster will continue to support displaced populations through multiple channels: strengthening safe access to multisectoral services at a site level, through improved site management and coordination; ensuring community participation empowerment through consistent engagement; protecting against disability discrimination or social exclusion through feedback mechanisms; improving the living conditions of IDPs through site improvement and maintenance; and collecting information on populations data through the DSA and other site verification exercises. The cluster will support the coordination of safety audits.

The cluster will use an area-based approach at district level to ensure the effective coordination and management of IDP sites through mobile teams, in coordination with local authorities. Where appropriate, the cluster will support cash-based interventions to improve site safety, primarily in order to strengthen the purchasing power of vulnerable community members. To minimize pull factors to sites, the CCCM Cluster will advocate for the provision of basic services in sites, and for the centralized access to external services, benefitting both IDPs and host communities, and accounting for different needs, priorities, risks and capacities. The cluster will prioritize opportunities to work with national NGO partners and local authorities in order to strengthen national capacities in camp management.

In 2019, the cluster reached 1.1 million IDPs across 842 sites. This represents 61 per cent of the beneficiary target (total 1.8 million) and 42 per cent of the site target (total 1,926). Meanwhile, continuing conflicts, drought and flooding have increased the total number displaced, while there haven't been large-scale return movements home. As such, the cluster will continue to operate in the 21 districts in which it currently has a presence, as well as expand to six additional districts. In 2019, partners made significant progress towards securing government- or privately-donated land where, in 2020, the cluster will be able to invest in site planning, maintenance and development. It is hoped that these new sites will mitigate future shocks.

The CCCM and Protection clusters will work together to mitigate the exclusion of individuals and groups in service delivery. Complaint/feedback mechanisms will be strengthened, and communication with communities (CwC) will be prioritized across programming. Partners' commitment to providing equitable access to aid is evident, as IDPs hold a central role in decision-making processes and accountability exercises. The CCCM cluster will continue to work with populations at a site level, to support the creation of inclusive and accountable camp management committees that are representative of the diverse population. These inclusive committees will serve as a platform for engagement with humanitarian partners.



SOUTHWEST STATE/SOMALIA

A mother is trying to rebuild her makeshift shelter following heavy rains and flash flooding on 7 November/ Nasser Arush/ SWS

Cost of response

The cluster is requesting a total of \$33.6 million for the 2020 response. The predominant cash drivers are associated with site development which involves the use of heavy machinery or large-scale cash for work projects to improve the infrastructure of sites. The majority of other costs include human resources for coordination and information management as well as daily workers for mobilization and monitoring activities.

Monitoring

The CCCM cluster conducts Detailed Site Assessment (DSA) once a year and site verifications every three months for updating key CCCM data from sites and settlements. However, for frequent update of the cluster indicators, CCCM will work closely with protection, shelter and WASH ensuring key indicators of the cluster are included in their various assessment tools. CCCM will also coordinate with the two co-lead agencies of the cluster for mapping the intended indicators through PRMN and DTM.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S02, S03	SP1, SP5 and SP7	Cluster Objective 1: Strengthen safe access to multi sectoral services at site level through improved site management and coordination	Sites with es- tablished CCCM mechanisms	2 K (sites)	1.6 K (sites)
S02, S03	SP1, SP5 and SP7	Cluster Objective 2: Improve living conditions of displaced people through site development, care and maintenance	People benefiting from site improve- ment projects	2.4 M	1.4 M
S02, S03	SP1, SP5 and SP7	Cluster Objective 3: Strengthen community self-management and access to information for displaced populations	Sites with informa- tion on availability of services	2 K (sites)	1.6 K (sites)
S04	SP17	Cluster Objective 4: Support opportu- nities for displaced people to achieve durable solutions	Displaced people relocated to safe locations and sup- ported with secure land tenure	2.4 M	40 K

PHOTO/WHO FOZIA BAHATI



3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.37M	361K	\$41.8M	23	23

The crisis in Somalia has two primary drivers: conflict and natural disasters. According to the Protection Return Monitoring Network (PRMN), 270,000 people were displaced in Somalia between January and August 2019, of which 141,000 were displaced due to conflict and 112,000 due to drought⁶². Of those displaced this year, an estimated 40 per cent (108,000) are school-aged children. In total, there is about 2.6 million displaced people in Somalia and an estimated 1 million of these are school-aged children.

Somalia has about 4.5 million school-aged children⁶³ and of these, 35 per cent of girls and 41 per cent of boys are enrolled in school, according to the Joint Multi-Cluster Needs Assessment (JMCNA) conducted across Somalia⁶⁴. Approximately 3 million school-aged children are out of schools. Despite political progress and ongoing efforts to strengthen government institutions, the Ministry of Education (MoE) continues to lack the capacity to deliver basic education services for IDPs, children living in areas with ongoing conflict and marginalized groups living under the most challenging circumstances. Children with disabilities face additional challenges related to cultural stigmas, limited capacity (teachers and schools) to respond to their needs, and lacking targeted/specialized support. This results in 1.37 million crisis affected children (691,295 girls) being in need of education assistance during 2020⁶⁵.

Target and response priorities/boundaries

In 2020, the Education Cluster will target 307,283 (150,569 girls) crisis-affected school-aged children with education in emergencies assistance. The response takes a two-pronged targeting approach: 1) crisis-affected children who are currently enrolled in schools, but at high risk of dropping out, and 2) crisis-affected children who are currently out of school, mainly because of displacement. The cluster will target 157,528 displaced and 149,755 non-displaced school aged children. Overall, the response will target the most vulnerable school-aged children across the country, aside for the five districts where partners have no operational presence: Jilib, Saakow, Bu'aale, Adan Yabaal and Sablaale.

The cluster's response is aligned with the MoE Education Sector Strategic Plans, and aims to complement the efforts of the government to strengthen the capacity of the education system, so that crises' impacts are reduced.

Response strategies and modalities

The objective of the education response in 2020 is to ensure that the most vulnerable crisis-affected children have access to safe, protective,

inclusive and continuous learning opportunities. Education provides a combination of safety, socialization, cognitive and skills development to prepare children to be active and resilient members of their community and society. A safe learning environment can furthermore provide physical and emotional protection and help to keep children and youth from being associated with armed actors; prevent and protect from sexual or economic exploitation including child labor; prevent or address psychosocial distress; and mitigate against drug abuse and other negative coping mechanisms. Schools can also assist in identifying and signaling other protection concerns (including violence, exploitation, abuse and neglect), in identifying children with disabilities⁶⁶, in reducing the stigma associated with disability and in providing the opportunity to observe, identify and refer children who may be at risk of violence or exploitation⁶⁷.

The 2020 response will focus on two strategic approaches, including the retention of crisis-affected school children and the increase in education access to vulnerable displaced children and children in host communities. The response focuses on schools as an entry point for life-saving assistance, and is integrating the provision of food security, WASH and protection services at the site level. In line with the Centrality of Protection strategy for Somalia, the response will enhance the focus on the protective role of education and integrate child protection activities at school level. The response will pay increased attention to school-aged children with disabilities, while response interventions will be designed to enhance their inclusion and access to education⁶⁸. Where possible, the response will prioritize the most sustainable solutions and engage with development actors to bridge the humanitarian – development divide. This include activities to strengthen the capacity of partners and MoE staff in response planning and coordination. In all activities, the education cluster will disaggregate data by sex, age and disability and monitor accessibility for children with disabilities.

Retention of crisis-affected children

The retention of crisis-affected school children continues to be a priority for the response in 2020. Vulnerable children enrolled in schools are continually at risk of dropping out due to the impact of emergencies on the families, with girls facing a higher risk of being exposed to early marriage and violence. The cost of school fees becomes unmanageable for families when their livelihood opportunities are being strained. To mitigate this, the Education Cluster will focus on providing emergency teacher incentives to keep teachers in schools during crises, and to lower the cost of education. Additionally, retention efforts will continue to include provisions for emergency school feeding, safe

drinking water and hygiene promotion. The cluster will adopt specific measures to identify barriers for children with disabilities and to adopt measures to remove those barriers, ensuring access to food and water.

Food insecurity continues to be a significant challenge in the Somali context. FAO's FSNAU has identified 4.8 million people currently living between IPC 2-5, and projections do not indicate an improvement in the situation⁶⁹. The provision of emergency school feeding therefore continues to be a priority for the Education Cluster in 2020. Looking at previous responses, this aspect of programming seems to have a significant impact on retention rates. The cluster's *Children's Voices* survey confirms this, with 20 per cent of school children reporting the provision of food as a key priority⁷⁰. The JMCNA further found that those households reporting sufficient food access, for all family members, were more likely to send their children to school.⁷¹

Water is a crucial aspect of school-going in Somalia. This includes water for both sanitation and sustenance purposes. Access to water, properly gendered WASH facilities and female sanitary products all minimize the risk of diseases and enhance the likelihood of girls staying in school. This is confirmed by the *Children's Voices* survey where 17 per cent of school children reported water and hygiene as a key priority⁷². The JMCNA also found a correlation between familial illness and school enrollment. Households that reported family members suffering an illness in the past three months were less likely to report all of their children being enrolled in or attending school⁷³.

Access to education for displaced children

Access to quality basic education is a right for all children. However, with three million children out of school in Somalia, the education response will focus on the most vulnerable and crisis-affected. Displaced children, and the children of the host communities they settle in, are particularly vulnerable and likely to be out of school. Despite the lower overall caseload compared to non-displaced children, IDP children are more likely to be at risk of not accessing education with 37 per cent of displaced children in need compared to 25 per cent of non-displaced children⁷⁴. Strategies to increase access to education will include the establishment or restoration of temporary learning spaces with gender-friendly, inclusive WASH facilities and the provision of school furniture and teaching/learning materials. Teacher incentives will also be prioritized, as well as training of teachers where a focus will be placed on protective and socio-emotional teaching and learning. Barriers for children with disabilities and caregivers of children with disabilities will be systematically identified and addressed. The response will further prioritize provision of emergency school feeding and water.

The protective role of education

In line with the Centrality of Protection strategy, the 2020 education response will emphasize the importance of integrating child protection activities in schools. All response projects will incorporate the activities outlined in the *Integrated Education-Child Protection Response Framework* developed by the Education Cluster and the Child Protection Sub-Cluster in 2019. The framework focuses on the activities to take place in schools, such as enhanced psychosocial support and psychosocial first aid, structured recreational activities and enhanced teacher

support, including through the implementation of the MoE's teachers' code of conduct. The Education Cluster partners will establish referral pathways from schools to specialized child protection community services. The response will also seek to train Child Protection Focal Points at the targeted schools. The framework further increases the focus on safe learning environments and keeping schools protected from attacks as per the GCPEA guidelines⁷⁵.

Capacity development

The response will continue to strengthen the capacity of partners and MoE staff in response planning and coordination through both regional- and national-level specific trainings that tackle a range of cross-cutting issues. Additionally, the response will include the training of MoE master trainers and the specific training of the regional Education Cluster Focal Points.

Cost of response

The Education Cluster is requesting USD 41.75 million to reach the targeted 307,283 children with Education in Emergencies assistance. Based on estimates from the last 4 years, the average cost per child for the provision of education, for a full academic year, is USD 120. This includes the construction of learning spaces but excludes the provision of emergency school feeding and water. The cost per child will fluctuate depending on the strategic approach of the cluster. For the retention of children strategy, limited construction is included as the schools in question are already operational. The cost per child for the second strategic approach will increase as it includes construction as well as provision of emergency school feeding and water, bringing the estimated cost per child for a full academic year the range of USD 120-150.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S02, S03	SP3, SP5 and SP7	Cluster Objective 1: Ensure emergency and crises affected children and youth have access to safe and protective learning environment	Number of children and youth (M/F) reached with Education in Emergency assistance	1.3 M	307 K
			Number of classrooms constructed or rehabilitated with child friendly and inclusive (incl. children with disabilities) WASH facilities available to emergency-affected school children and youth	N/A	5 K
			Number of school-aged children and teachers (M/F) with interrupted schooling due to attacks on education	N/A	<100 K
			Number of school children and youth (M/F) reached with protection activities as per the Integrated Education-Child Protection Response Framework	1.3 M	307 K
S02, S03	SP3, SP5	Cluster Objective 2: Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion	Number of school children and youth (M/F) benefitting from emergency teaching and learning materials	1.3 M	307 K
			Number of teachers (M/F) supported with emergency incentives	N/A	7 K
			Number of school children (M/F) with access to safe drinking water and hygiene awareness sessions	1.4 M	307 K
			Number of school children (M/F) with access to emergency school feeding	1.4 M	307 K

S02 and S03	SP3 and SP5	Cluster Objective 3: Strengthened capacity to deliver effective and coordinated education in emergencies preparedness and response within the education system	Number of teachers (M/F) trained in inclusive, protective and socio-emotional teaching and learning and psychosocial support	N/A	7 K
			Number of Community Education Committee members (M/F) trained in school management, child protection and school safety	N/A	7 K
			Number of Education Cluster partners and MoE staff (M/F) trained in emergency preparedness and response planning and coordination	N/A	150

PHOTO/WHO FOZIA BAHATI



3.3

Enabling Programme



PEOPLE IN NEED

5.2M

PEOPLE TARGETED

3M

REQUIREMENTS (US\$)

\$31.2M

PARTNERS

9

PROJECTS

10

To ensure an efficient coordination system is in place among humanitarian partners, including support to the Federal Government of Somalia (FGS) and the HCT, OCHA and humanitarian partners will continue to play a central role in enabling effective humanitarian response and ensuring a coherent response to crises in Somalia. Civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy will remain key priorities for 2020. The logistics component⁷⁶ of humanitarian programming has also been incorporated into Enabling Programmes, in order to build upon the currently-limited capacity among national actors, and to increase the mitigation of, preparation for, and response to emergencies and shocks.

Target and response priorities/boundaries

Enabling Programmes will target 3 million people. This target includes 1.6 million non-displaced (46 per cent of total non-IDPs) and 1.4 million displaced by conflict, insecurity, forced evictions, droughts, and floods (82 per cent of total IDPs). Focused on humanitarian life-saving activities, priorities were identified based on the geographical distribution of population, combined with the severity of needs by population group. Therefore, the areas with the highest concentration of people facing the most severe needs will be prioritised.

To reach the most vulnerable people and those with the most severe needs, partners will target the following groups, acknowledging the potential overlap: IDPs and rural/urban host populations/non-displaced, including pastoralists and agro-pastoralists; those with acute needs in life-threatening situations, particularly women, girls and people with disabilities, who are often exposed to gender-based violence (GBV), sexual violence, abduction, abuse and killings; people living in hard-to-reach areas; people whose livelihoods are particularly fragile, living in drought-, flood- and conflict-prone areas, whose ability to absorb impact of such incidents have been undermined by crises.

Response strategies and modalities

In 2020, OCHA and partners will continue strengthening the coordination and the capacity of relevant FGS counterparts; national and sub-national coordination forums and partners will remain a priority. Regional inter-cluster coordination forums will be strengthened to facilitate localised situational analysis, to identify gaps, and to mobilize the response. The Somalia Humanitarian Fund (SHF), a multi-donor country-based pooled fund established in 2010, will continue working with humanitarian partners to support the timely allocation and disbursement of donor resources, in order to address the most urgent

humanitarian needs in Somalia and enable timely, coordinated and effective humanitarian action.

The Somalia NGO Consortium will support NGO coordination mechanisms to improve aid coordination and promote national NGO representation within the coordination structures across the country. Furthermore, the Consortium will continue to strengthen the capacity of national NGOs to improve the front-line response. In 2020, improved collaboration with development partners, to address chronic needs and vulnerabilities, will be a priority, with a focus on the agreed Collective Outcomes: reducing needs, risks and vulnerabilities and increasing resilience. Clusters will continue to identify priority needs through cluster-specific and integrated needs assessments and will ensure timely reporting and monitoring to eliminate gaps and duplications in the response.

FAO and the FSNAU will continue to provide information on the food and nutrition situation that supports prioritization of response. The FSNAU will also provide additional information through its Early Warning Early Action Dashboard, in order to support a timely and prioritized response. Additionally, the Somalia Water and Land Information Management (SWALIM), also managed by FAO, will continue to provide early warning information to improve flood-risk management and to develop the risk management capacity of partners - in particular, the FGS' disaster management agency (MOHADAM).

Radio Ergo will produce and air daily humanitarian programming, including lifesaving and disaster risk reduction messaging to communities across Somalia, by using shortwave and FM broadcasts. Furthermore, Radio Ergo will provide advocacy programming and dialogue facilitation with communities to support the overall delivery of humanitarian aid. Radio Ergo will also share its independently gathered audience feedback from mainly rural areas to inform the humanitarian response.

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

Air services provided by the United Nations Humanitarian Air Service (UNHAS) continue to constitute the only option to travel to most destinations within Somalia. The lack of safe, secure and efficient commercial alternative makes UNHAS one of few options to reach locations safely and to ensure a high standard of aviation security on the ground. The need for UNHAS to provide crucial air services

for the entire humanitarian community will remain at the core of the logistics response.

Ground Truth Solutions (GTS) gathers perceptual data from affected people to assess the relevance and effectiveness of humanitarian responses. GTS has been tracking the perceptions of affected people in Somalia over the past three years, which began as a project with the Organization for Economic Co-operation and Development (OECD) to track progress against the Grand Bargain commitments in Somalia and six other countries. In 2019, with support from DFID, GTS surveyed IDPs voluntary migrants, and citizens affected by crisis in Somalia who have received aid and support from humanitarian organisations in the last 18 months in Somaliland, Puntland, and southern and central Somalia. In 2020, GTS plans to continue undertaking regular perception surveys, to obtain up to date actionable information from affected people about how the response implementation in Somalia is experienced by aid recipients, to then integrate the perspectives of affected people into response monitoring.

Cost of response

The total financial requirement of the cluster is USD 31 million, with no major changes from the 2019 request. The unit cost varies significantly for Enabling Programme as it includes projects of different natures, while the specifics of the intervention and location can also alter it.

A Review Committee was organized and met to vet all projects, based on a scorecard developed by OCHA, including general vetting criteria and guidance.

Monitoring

Partners will report on the progress of their interventions, using as a reference the monitoring framework of Enabling Programmes⁷⁷, including indicators for each of the cluster objectives.



MOGADISHU/SOMALIA

Porters offload high energy biscuits from a minitruck to a logistics supplies helicopter from the United Nations Humanitarian Air Service to distribute to the floods victims of Shabelle river in Beletweyne, Somalia on 31 October 2019. UN Photo / Omar Abdisan

3.4

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
4.7M	3M	\$383.8M	81	81

Based on the 2019 post-*Gu* assessment, 6.3 million Somalis are currently food insecure, with 4.7 million of these in need of humanitarian assistance. The assessment results show a deterioration in levels of food security, first driven by drought conditions between late 2018 and May 2019, and then by below-average and erratically-distributed rainfall during the main *Gu* season (April-June). Many households were yet to recover from the severe 2016-17 drought, an incident that had displaced 2.6 million Somalis. The FNSAU Early Warning - Early Action Dashboard indicates a continual deterioration in the humanitarian situation since June 2019, especially with regards to risk factors associated with food security and nutrition. Recent flooding, which started in October 2019, will only exacerbate the situation, as over 540,000 people have been affected and some 370,000 people displaced. The overall impact of the flooding has not yet been fully quantified, but farmland and infrastructures have been destroyed and livelihoods undoubtedly disrupted in the worst-hit areas.

The 2020 food security response targets three million people: 2.1 million are in IPC 3 and above, facing food consumption gaps, while an additional 900,000 are in IPC 2, with their livelihoods highly vulnerable over the past number of seasons; this latter group is also likely to engage in negative coping strategies to meet their needs. Notably, 80-90 per cent of the people classified in IPC 2 are poor and vulnerable, and at risk sliding into IPC 3 or worse in the event of a (major) shock⁷⁸. Given that people with disabilities can face risks related to nutrition, the Food Security Cluster will work towards ensuring all activities are inclusive and accessible. Common problems faced include feeding difficulties related to chewing or swallowing, health conditions associated with micronutrient deficiencies or immune functioning, or being unable to access food assistance due to barriers including stigma and discrimination.

Target and response priorities/boundaries

The Food Security objectives for 2020 focus on (1) increasing immediate access to food, (2) protecting and restoring livelihoods related food and income sources, and (3) support resilience of vulnerable communities and households against shocks.

Objective 1: To improve immediate access to food, priority activities include both unconditional (e.g. food assistance) and conditional transfers (e.g. cash-for-work for small-scale infrastructure repairs). Approximately 2.1 million people facing severe levels of food insecurity (IPC 3 and above) will be supported under this objective.

Objective 2: To protect and restore livelihoods related to food and

income sources. Priority activities include provision of: (i) seasonally appropriate agricultural inputs (e.g. quality seed, farm tools, training, land preparation and irrigation support); (ii) emergency livestock assistance (e.g. supportive treatment, vaccination, feed, fodder production); (iii) livelihood strengthening and diversification (e.g. fishing, backyard poultry and vocational programmes); (v) improved post-harvest practices; and (vi) farmer, (agro)pastoral and coastal field schools. The cumulative target for this objective is 1.6 million acutely food insecure people, including rural IDPs (IPC 2 and above).

Objective 3: To enhance the resilience of vulnerable populations against shocks. This objective will build the capacity of local communities and authorities to prepare for, mitigate and respond to new and recurrent food security threats. Activities include (i) repairing and effectively managing small-scale productive infrastructure (e.g. canals, river embankments, water catchments) using machinery and/or human works as appropriate; (ii) strengthening local preparedness, surveillance and early warning systems/networks; (iii) surveillance and control of food chain threats (e.g. fall armyworm, desert locust, trans-boundary animal disease); (iv) equipping local authorities and partners with strategic supplies (e.g. veterinary drugs, PPR vaccine stock and test kits, water bladders, etc.); and (iii) life skills training activities to increase household income. Combined, these activities will directly benefit around 1 million people per month (IPC 2 and above) through conditional transfers, and indirectly benefit entire communities in rural and urban areas, including IDPs.

Response strategies and modalities

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

- Prioritize areas of severe acute food insecurity based on seasonal food security and nutrition assessments outcomes.
- Regularly adapt the type and scale of response based on the severity of food insecurity, seasonality, livelihoods and gender analysis.
- Strengthen partners' ability to target people most in need, including socially marginalized groups, including persons with disabilities and older persons, and their accountability to affected populations.
- Promote the common use of tools that facilitate beneficiary information management and coordination of assistance to those most in need (e.g. SCOPE).
- Scale up assistance in hard-to-reach areas through strengthened engagement with local authorities and NGOs.

- Ensure market analysis, harmonized transfer values and local coordination guide partner's cash and market base responses.
- Jointly analyze, plan and integrate Food Security responses with Nutrition, WASH and Health Clusters, especially in areas with sustained high levels of acute food insecurity and malnutrition.
- Strengthen partnership between UN and NGO resilience consortia to increase outreach and prevent vulnerable households from sliding to worst phases of food insecurity.
- Link humanitarian, early recovery and development efforts based on National Development plan 9 (NDP9), Somalia Development and Reconstruction Facilities (SDRF).

Food Security Cluster partners will employ diverse response options such as in-kind assistance, cash-based transfers and the provision of basic services related to the livelihoods of the affected people, depending on the severity and cause of the acute food insecurity in a given area. The seasonal food security assessment, localized market assessment and continued monitoring inform the appropriate choice of modalities. The cluster has advised partners to use the CWG's recommended transfer value⁷⁹. Overall, cash-based transfers continue to be the preferred modality concerning food and livelihood support. The preponderance of such modalities has emanated out of its contribution to enhancing local production, stimulating local markets, and promoting people-centric approach across the humanitarian response.

Cost of response

The FSC has followed a project-based costing model. The Cluster Review Committee (CRC) has vetted all projects included in the HRP against various criteria, including appropriateness, feasibility, and alignment with cluster objectives, as well as realistic costing. Whenever applicable, partners use the CWG-recommended transfer values.

Monitoring

The 2019/20 post-Deyr (November-December 2019) and the 2020 post-Gu (June-July 2020) integrated food security and nutrition assessments will be the basis on which changes are made (as compared to 2019 post-Gu projections). The FSNAU will also conduct a *Jilaal* impact food security assessment in March 2020, the results of which will also help track changes in the overall food security situation across Somalia. Various other technical reports (e.g. quarterly brief, market and climate update) released by the FSNAU, or jointly with FEWSNET, will provide valuable input in monitoring progress and risks and assumptions. The FSNAU Early Warning - Early Action Dashboard will also provide real time tracking of changes in humanitarian conditions. Information and analyses from all of the above sources will assist the Food Security Cluster to update and refine the implementation of food security-related interventions in the 2020 HRP.



BAIDOA/SOMALIA

Faduma Ali works on her farm in Humboole village, Baidoa district. ©FAO/Ismail Taxta

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S02	SP11	Cluster Objective 1: Improve households' immediate access to food through provision of conditional and unconditional assistance depending on the severity of food insecurity phases, vulnerability and seasonality of the livelihoods	Reduce the percentage of people in severe acute food insecurity phases (crisis and worse) from the total population in Somalia from post-Gu 2019 level (baseline 14%) to 10%	3 M	2.1 M
S02	SP12	Cluster Objective 2: Protect and restore livelihoods, related food and income sources, through provision of seasonally appropriate livelihood inputs and technical support in rural and (peri-)urban settings.	Percentage of beneficiaries (hhs) supported with livelihoods inputs (agriculture, livestock and fishers) compared to target beneficiaries (HH) per season	3 M	1.6 M
S04	SP8, SP12 and SP13	Cluster Objective 3: Support household and community resilience to shocks, through rehabilitation and/or restoration of productive assets, enhance livelihood strategies and disaster preparedness	Reduce the percentage of people in acute food insecurity phases particularly IPC2) from the total population in Somalia from post-Gu 2019 level to (baseline 34%) to 25 %	3 M	1 M



FAO/SOMALIA

FAO's livestock supportive treatment campaign in 2019 provided emergency veterinary care to more than 14.5 million livestock, thanks to the tremendous efforts of local partners, including Ministries of Livestock at the Federal and States level, and Livestock Professional Associations BENALPA, SOWELPA and CERLPA (central Somalia, November 2019)

3.5 Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.15M	2.5M	\$85.2M	51	51

Urgent action must be taken to protect the right to health of over three million people in Somalia, to assure their equitable and dignified access to healthcare, and to maintain their well-being. The already-disrupted healthcare system is overburdened, fragmented, under-resourced and ill-equipped to provide lifesaving or preventive services. Those who are displaced or marginalized face high barriers to healthcare access and, consequently, high exposure to disease. Measures to combat water-borne and communicable diseases, including immunization, are underfunded or simply not in place in several areas. Similarly, there's a severe lack of mental health support, which in turn affects longer-term well-being and productivity. Malnutrition, trauma and non-communicable illnesses remain threats.

Target and response priorities/boundaries

The Health Cluster will target those who are at risk due to poor physical and/or mental well-being, as well as those who face limited access to healthcare services. IDPs, especially those driven by conflict, violence or natural disaster, are especially vulnerable to discrimination, neglect, illness and intervention - without intervention, they face long-term morbidity or even death. Women and children are also high-risk, especially during pregnancy, childbirth and early childhood, when specialized services can prove crucial. The cluster will target 350,000 PLWs and 1.35 million children in 2020.

Over 1.3 million IDPs and a further one million non-IDPs will be prioritized for the provision of emergency services; this population regularly faces significant barriers to quality service, as was highlighted in the 2019 JMCNA. Many areas face equally poor physical and mental coverage. The assessment also highlighted that mental health is important to the affected population, adding to the challenges already faces by healthcare providers.

Life-saving and preventive interventions will target several intersecting vulnerable groups: those displaced and marginalized; those suffering from malnutrition and concomitant illnesses; those with insufficient access to water leading to diarrheal disease; those yet to be immunized, exposing the wider population to outbreaks; and survivors of gender-based violence. Violence and traumatic injury claim many lives and result in permanent disabilities if not addressed. People with disabilities (including physical and psychosocial) face social isolation and poor access to services, and may furthermore have specific healthcare needs. The cluster is targeting 350,000 people with disabilities, with the aim of establishing, for all, dignified access to essential services that address rehabilitative care.

Response strategies and modalities

Health Cluster partners are committed to providing equitable access to emergency and essential healthcare services. Community engagement is key to reaching at-risk and marginalized groups in order to increase hospital utilization rates and preventative action. Localization is prioritized, with operational planning among partners for 2020 conducted at the state and regional levels. National and international partners directly provide health services in conjunction with local health authorities, filling gaps in human resources, supply management and equipment provision. The cluster continues to work closely with health authorities, both federal and state-led, to ensure that its humanitarian action aligns with both local priorities and sector development strategies (e.g. RRF, National Health Strategy). Projects aim to integrate activities that build long-term resilience as well as local capacities.

The cluster emphasizes patient safety, confidentiality and feedback by partners, especially with regards to marginalized and vulnerable populations; ultimately, seeking to identify and break down barriers to health services. Measures to provide gendered examination rooms, and to integrate access for those with disabilities, are achievable with resources. Integrated health-nutrition services continue as a preferred modality, mainly to ease the burden of utilizing services on families. The cluster seeks to greatly expand the availability of culturally appropriate, community-based, inclusive, psychosocial support, linked to mental health services by trained staff and referral, especially for IDP communities.

Increasing service ability, specifically within safe and patient-centered environments, is a large component of the 2020 response. Concurrently, quality improvements to infrastructure can be undertaken to ensure up-to-date medical coverage. An 'essential package' of services is normally augmented by targeted specialized services, which can vary from person to person - common services include reproductive health-care, adolescent care, and clinical and psychosocial services for survivors of gender-based violence (GBV). This is expected to continue in 2020, as is the usage of mobile services, which enable health providers to serve marginalized, nomadic and hard to-reach communities. Acute services for trauma and emergency care will address current gaps in referral pathways to life-saving and rehabilitative care, and provide mass casualty management.

Strengthening the role of public health, in order to prevent and mitigate disease outbreaks, is a cornerstone of the 2020 response. Efforts will center on improved detection, rapid response and case management. Marginalized populations have been prioritized for risk awareness and

vaccination. Partners will improve infection control and waste management in health facilities.

Cost of response

The overall health response cost is estimated at 85M USD. Costs are driven by a difficult operating environment where partners often face logistical barriers and insecurity, while the delivery and maintenance of certain medical supplies require specific handling and environmental conditions. The security context, combined with an overall shortage in qualified medical providers, increases recruiting and retention costs. In many areas, the most feasible modality is mobile services as access is limited; this significantly increases operating costs for security, and requires vehicles and fuel. In 2020, the Health Cluster will continue to push partners to deliver better quality and more comprehensive health service packages, taking into account that combined services offer beneficiaries improved ease of access and provide increased patient safety. The cost of the 2020 package also covers a multi-layer response: community engagement, early-warning action, security

measures, clinical care and specialized services. This year, services for MHPSS and rehabilitation will be added. When vetting projects, considerations focused on the appropriateness and completeness of projects' package of services, against an average cost per direct beneficiary and reasonable indirect costs; as well as how the partner addresses gender, inclusion and protection issues.

Monitoring

The cluster will collect information through an established health monitoring system: the direct reporting of consultations by partners. In 2020, a system is also to be established to monitor healthcare facilities' functioning. Partners are requested to disaggregate reporting by age, sex, disability and IDP/non-IDP as much as possible. The cluster will work with partners to enhance population feedback mechanisms.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S01	SP2, SP3	Cluster Objective 1: Reduce excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5 per cent	Incidence rate of AWD, cholera and measles	2.4 M	1.6 M
			Reduce the case fatality ratio (CFR) of AWD and cholera to less than 1%		
			Proportion of children under one year old who have received the measles vaccination		
		Cluster Objective 2: Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities	Proportion of functional health facilities providing mental health support, psychosocial support and physical rehabilitation		

S02	SP1	Cluster Objective 3: Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.3 million IDPs and 1.1 million non-displaced host population	Number of outpatient consultations per person per year	3.2 M	2.5 M
			Number of functional basic healthcare facilities per population		
			Proportion of births assisted by a skilled birth attendant		
			Proportion of children under one year old who have received the Penta3 vaccination		
S03	SP2	Cluster Objective 4: Improved case management and referral services for 120,000 survivors of sexual or gender-based violence	Proportion of functional health facilities providing mental health support, psychosocial support and physical rehabilitation	1 M	500 K
			Number of outpatient consultations per person per year		
	SP5		Proportion of functional health facilities providing clinical management of rape survivor cases		

3.6

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.7M	1.6K	\$164.5M	90	54

Drought, the unavailability of water and poor pasture continue to provoke protection concerns, as conflict for resources leads to inter-communal fighting and subsequent displacement. Access to other basic services, such as healthcare and sanitation, is compromised by a fragmented health system that is ill equipped and understaffed, insufficient sanitation facilities and inadequate access to water, all of which predispose the population to higher malnutrition rates. Those with disabilities can face risks related to nutrition due to feeding difficulties, health conditions, separation from families and/or stigma and discrimination. Projections from the FSNAU estimate that 6.3 million Somalis are acutely food insecure through December 2019 and will be engaging in negative coping mechanisms to meet their food needs⁸⁰.

Malnutrition is a complex challenge within the Somali context, undermining the capacity of children to grow and realize their full potential. Addressing the challenge will require a systemic approach that addresses the physical and mental wellbeing of the affected while also improving their living standards, as well as inducing resilience and recovery in the long run. To be effectively managed, these approaches will require the inclusivity of all agencies and stakeholders by integrating interaction among health, agricultural and WASH actors, and the economic system⁸¹.

Target and response priorities/boundaries

Malnutrition continues to ravage the potential of many children across Somalia. Despite the gains made so far, evidence shows the need to use systemic approaches to tackle the persistent problem. The nutrition context has remained precarious in Somalia, with a median national GAM rate of 13.8 per cent during the *Gu* season in 2019 - this is a slight improvement from the previous years' 14 per cent (2018) and 17.4 per cent (2017). The majority of high GAM rates are concentrated in the six regions of Banadir (14.8 per cent), Shabelle (11 per cent), Bay (8.8 per cent), Hiraaan (6.1 per cent), Woqooyi Galbeed (5.6 per cent) and Gedo (5.4 per cent). Pre-existing challenges including conflict, displacement, drought, flooding and lacking basic social services, as well as compounding factors such as disability, exacerbate the nutrition outlook in the country.

The Nutrition Cluster estimates that one-tenth of children are acutely malnourished in Somalia, which translates to 1.008 million boys and girls - of whom 178,000 are affected by life-threatening severe acute malnutrition, and 830,000 with moderate malnutrition. Likewise, 202,000 pregnant and lactating women are suffering from moderate malnutrition. A further 269,847 PLWs and children under the age of two will require preventive programs to circumvent an increase in acute

malnutrition. Social behavior changes and communication on health and education have been integrated in all programmes for mothers and caregivers.

Response strategies and modalities

Nutrition assessment, monitoring and information management

The availability of timely and reliable data has been critical in facilitating urgent action and decision making. In 2020, the Nutrition Cluster will prioritize the strengthening of the nutrition information system. Malnutrition data, in particular, is essential to track trends in vulnerable populations over time, as well as to track progress towards achieving the cluster's targets. Partners will be working closely with the FSNAU to ensure reliable data on the most vulnerable and at-risk groups is collected during the 2020 *Deyr* and *Gu* seasons, through participation in the data collection, analysis and dissemination. Analysis of these datasets will help the cluster understand the extent and drivers of malnutrition in Somalia, and will inform the response and resource allocation. Further engagement with the other clusters is also required, to strengthen the array of nutrition indicators in the JMCNA, and to disaggregate data by sex, age and disability wherever possible. Again, this data will guide timely decision-making, policy-writing, strategic and programmatic planning and advocacy for resource allocation.

Prevention of acute malnutrition

A critical window of opportunity exists in the first 1,000 days of life, the time period spanning between the woman's conception and the child's second birthday. This unique window is when the foundations of optimum health, growth, and neurodevelopment across the infant's lifespan are established. How well mothers and children are nourished and cared for during this time has a profound impact on a child's ability to grow, learn and thrive⁸². Thus, the health and nutrition outlook of PLWs is a critical determinant of the wellbeing of their infants and young children. Across Somalia, families are affected by myriad of humanitarian crises and are often faced with limited access to food, inadequate health services and poor hygiene and sanitation conditions, all of which impact the nutrition status of women and children. The period of transition from breastfeeding, through complementary feeding, to independent feeding is also one associated with micro-nutrient deficiencies.

The Nutrition Cluster will focus the response on the prevention of malnutrition through the provision of specialized nutrient-dense supplementary feeding programs (BSFP and MCHN) and the promotion of optimal infant and young child feeding. Partners will provide

childcare counselling for mothers, especially regarding micronutrient deficiency control for both themselves and their children. The cluster is targeting 617,482 people - 334,911 children under two and 282,571 PLWs will be reached in areas with GAM rate higher than 15 per cent, through the preventive supplementary feeding programmes. To build resilience and sustain livelihoods, partners will also strengthen links between the cluster and actors undertaking cash-based interventions. Cash transfers can offer dignity, choice and flexibility to affected populations, as well as capacity; they can therefore play a key role in reaching nutrition security for all. These cash-based interventions will be aimed at improving living standards and quality of diets, thus improving the nutrition status of women, children and the general population.

Treatment of acute malnutrition in children and women

Deemed a lifesaving intervention, the treatment of acute malnutrition for children under the age of five will be prioritized for 178,000 suffering from SAM and 623,000 suffering from MAM, across Somalia. 202,000 PLWs will be treated for MAM. Severe acute malnutrition with medical complications will be treated in hospitals that are equipped with stabilization centers, with the cluster committed to work closely with the facilities to ensure at least one treatment site in each district.

Locations with a high concentration of IDPs, as well as areas with high acute malnutrition rates will be prioritized: specifically, Dollow, Mogadishu, Baidoa, Guri Ceel, Dhuusamareeb, Gaalkacyo, Hargeisa, Berbera, Bossaso and Qardho. The cluster strives to move towards providing the treatments of SAM and MAM within the same therapeutic programme, in the same location - this would ideally ensure a 100 per cent transition from SAM to MAM, as well as minimizing the overall efforts of partners. This approach will harmonize treatment centers with health facilities that are already providing primary healthcare, while employing outreach and mobile teams in areas where there are no existing health facilities or where access is compromised.

Community engagements and mobilization activities

Nutrition partners are keen to create awareness of the response, through engaging communities and identifying community priorities, resources need and solutions, while also promoting representative participation, good governance and accountability. Partners will endeavor to create this awareness in such a way as to avoid discrimination against any specific groups, especially women, children and people with disabilities. Some community members will be targeted for capacity-building, to increase the coverage of nutrition activities. Once trained, they will support implementing partners in MUAC screening, hygiene and health promotion and they will be the cluster's link to their community.

These community health workers will also be utilized in mainstreaming protection and inclusion within nutrition programming, through training that will allow them to identify protection-related concerns and to report those concerns to the appropriate actors. During nutrition assessments, questions related to protection will be systematically included and the data collected will be disaggregated by sex, age and disability. Partners will also establish accessible feedback and complaint mechanisms to receive continuous feedback in variety of formats, ensuring that these

do no harm. This engagement with communities will strengthen their say in the design and delivery of nutrition programmes, while also identifying any unintended consequences.

Cost of response

An exact costing is dependant on a wide range of parameters, but the cluster estimates that the cost to reach an individual beneficiary is between USD 30-100. This includes a basic nutrition package (BNSP) which consists of different preventative, curative and promotional materials, such as ready-to-use specialized foods, essential medicines for the treatment of infectious diseases associated with malnutrition, and vitamin and/or mineral supplements which help prevent micronutrient deficiencies. International freight, handling, warehousing and distribution all add to the overall costs, as does the implementation of mobile service delivery.

Monitoring

Partners will employ various approaches in monitoring implementation and assessing impacts. Routine monitoring is done through a system-based platform where all partners state their treatments and prevention activities through beneficiary numbers reached per month. Achievements will be considered against SPHERE standards and performance will be broadcast through monthly information management updates. The impact of the response will be quantified by conducting representative nutrition assessments, particularly through FAO's FSNAU data on the prevalence of acute malnutrition in the immediate aftermaths of the *Gu* and *Deyr* seasons. The findings of these assessments will be used to show the impact of the response, as well as project needs for the subsequent climatic period. Partners will also be undertaking surveys such as SMART, KAP, and SQUEAC/SLEAC to further highlight the needs and response in areas of activity implementation, as well as ad-hoc rapid MUAC screenings in access-compromised locations or areas experiencing recent shock, such as displacement or floods.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S01, S02	SP1, SP2 and SP3	Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral and treatment of acutely malnourished cases.	Number of boys and girls 6-59 months with Severe acute Malnutrition	178K	178 K
			Number of boys and girls 6-59 months with Moderate Acute Malnutrition	830 K	623 K
			Number of PLW with Moderate Acute Malnutrition Treated	270 K	202 K
		Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on improving nutritional status through provision of supplementary nutrition products, appropriate infant and young child feeding practices in emergency and micronutrient interventions.	Number of boys and girls (6-23 months) receiving preventive services through supplementary nutrition products	841 K	335 K
			Number of pregnant and lactating women and girls (15-49 years) receiving preventive services through supplementary nutrition products	562 K	283 K
		Strengthen nutrition situation coordination, monitoring and surveillance, analysis and utilization of early warning information for timely coordinated response	Number of SMART Surveys conducted	8	8
			Number of IYCF surveys conducted	5	5
			Number of integrated SMART- Food and Nutrition Security Phase Classification (IPC) conducted	2	2

Cluster Objective 2:
Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on improving nutritional status through provision of supplementary nutrition products, appropriate infant and young child feeding practices in emergency and micronutrient interventions.

Number of boys and girls (6-23 months) receiving preventive services through supplementary nutrition products	841 K	335 K
---	-------	-------

Number of pregnant and lactating women and girls (15-49 years) receiving preventive services through supplementary nutrition products	563 K	283 K
---	-------	-------



MOGADISHU/SOMALIA
Shaashaamey and his three children displaced from Belet Weyne due to flooding and temporarily settled in Ceel Jaalle village, outside Belet Weyne town in Hirshabelle State. The photo was taken on 4 November. OCHA/ Warsame

3.7

Protection



PEOPLE IN NEED

3.2M

PEOPLE TARGETED

1.9M

REQUIREMENTS (US\$)

\$82.9M

PARTNERS

55

PROJECTS

58

Target and response priorities/boundaries

Targets for 2019 have been defined by district, based on two key factors: 1) the district protection severity score (see HNO 2020), and 2) district accessibility. Percentages equal to or higher than 90 percent of the PiN were applied to a total of 13 districts. Percentages equal to or lower to 20 percent of the PiN were used in total of 24 districts. The target percentages have been adapted to the specific severity scores used for each area of responsibility (AOR): child protection, gender-based violence, explosive hazards and housing, land and property.

Geographical prioritization for protection activities is primarily based on the severity of the protection context at the district level. Priority is given to districts where the protection environment is more critical, both in terms of armed conflict and violence, as well as by number of IDPs (as compared to the total host community). However the targets are proportionally smaller in areas with lower access.

The Protection Cluster will prioritize groups and individuals exposed to a lack of support from their communities, or other communities in the areas where they live. This includes IDPs in particular, for whom assessments (JMCNA) have consistently shown higher level of protection needs. However, the response will also target individuals in host communities with severely heightened protection needs and/or significant vulnerability to protection threats. Within communities, individuals with heightened vulnerability - women, children, people with disabilities, persons from marginalized groups, survivors of rights violations and the elderly - are at risk of violence, exploitation, or neglect. People with disabilities, particularly children and women, and particularly people with intellectual and psychosocial disabilities, are at risk of experiencing greater levels of abuse, violence and neglect than their peers without disabilities due to multiple forms of discrimination, breakdown in protective peer networks, exclusion from activities, which might confer protective information. Regarding support to community capacities, priority will be given to the communities and IDP settlements most exposed to risks of violence and discrimination, with a special effort made to reach out to marginalized communities. To ensure conflict-sensitive programming, area-based approaches will be promoted, supporting displacement-affected communities. To advance rights-based approach awareness raising on rights and responsibility, training for formal and informal duty bearers will be provided. In 2020, the cluster will focus on the preventive aspect of protection and work on the development of community-based conflict resolution and de-escalation mechanisms.

The response of the cluster will focus on emergency protection needs among populations exposed to the effect of armed conflict and violence, as well as natural disasters resulting from changing climate patterns (floods, drought), while it will also contribute to building sustainable capacities within communities and humanitarian partners. Close collaboration with durable solutions and human rights partners, will be continued.

Response strategies and modalities

The response of protection partners will be articulated along four main strategic directions:

The Protection Cluster aims to first **address the acute protection needs** of the women, men, girls and boys who require rapid support. Services provided under this objective will ensure that survivors of serious rights violations (including GBV, violence from conflict, eviction, child rights' violations) have timely access to life-saving protection services, including referral to GBV services, psychosocial support, family tracing and reunification, clearance of explosive hazards, or post eviction assistance. These services will be inclusive and accessible for the required diversity of survivors, including people with disabilities.

Protection partners will also **enable recovery**, improve positive coping strategies, restore the dignity of individuals and communities who have survived violence, neglect, abuse and exploitation, and **prevent further violations**. In particular, services will ensure the recovery of survivors (GBV survivors, children released from armed groups or forces) through social and economic reintegration. The cluster and its partners will also aim to prevent further violations by collaborating between clusters, particularly CCCM, and periodically assessing safety conditions in spontaneous IDP sites and addressing any identified risks or gaps through a multisectoral approach. At the community level, partners will reinforce the capacity of committees, other community structures and networks to perform key protection functions. Community protection functions include the identification and referral of people in need of protection services, such as women and children at risk, people with disabilities, those with injuries and chronic illnesses, the elderly and people in psychological distress. The cluster will also work to support the capacity of government institutions, as well as other duty-bearers and service providers, at the local, state and federal levels. Work will be done to support the strengthening of a protective normative framework, and to disseminate good practices with regard to child protection, protection from GBV, justice for survivors, eviction and

security of tenure, IDP protection, the right to durable solutions, the protection of persons with disabilities, and participation in community and public affairs.

Finally, the Protection Cluster will continue to **coordinate protection services and lead protection advocacy** efforts with the relevant stakeholders. Advocacy will be based on monitoring systems with a specialized focus (such as Protection and Return Monitoring Network, which focuses primarily on population movements) and the Somalia Protection Monitoring System (SPMS), which monitors protection trends and patterns for a wide range of rights and related violations. The SPMS has been already piloted in 22 districts including Banadir. An evaluation will be conducted in 2020 to prepare for its country-wide roll out. The Protection Cluster will also support the implementation of the Kampala Convention, which enshrines the protection and assistance of IDPs in Africa, and its integration into the national normative and policy framework.

Cash-based assistance will be mostly provided in the context of child protection, as support to families choosing to foster unaccompanied and separated children. Cash-based assistance will also be provided to vulnerable households facing post-eviction stress and destitution. Small cash support may be provided to individuals to cover referral costs (transportation, accommodation, and other costs including those related to accessibility or interpretation support for people with disabilities), in particular in the case of GBV.

Cost of response

The total funding requirement for the Protection Cluster currently stands at approximately USD 80 million. Despite the increased target, the funding requirement is lower than that in the 2019 HRP. This is because some important partners have not made formal submissions to the 2020 HRP - they will all, however, continue to support the cluster response throughout the year.

Costs for protection activities typically include a significant proportion for staffing, such as protection officers, case workers or monitors deployed on the ground and working closely with community-based structures on daily basis.

While the average cost per beneficiary is about USD 40, some activities require a significantly higher budget, such as the reintegration of children released from armed groups/forces, which is estimated at as high as USD 1,500 per child. Some services or items also carry recommended costing, such as dignity kits which, depending on the content, can cost USD 65 inclusive of transportation/distribution. The Protection Cluster will complete costing guidance for key protection activities in 2020.

Monitoring

Protection Cluster objectives essentially fall under strategic objective three, which seeks to strengthen protection for those affected by humanitarian shocks. However, there is a caseload of approximately 250,000 people - those at the very highest risk of experiencing armed violence due to their exposure - are also captured under the well-being consequence. The objectives and corresponding indicators mirror the layers of the protection strategy – response, remedy and environment building. Similarly, the proposed indicators reflect the priorities of each layer. The first group of indicators measure the provision of immediate live-saving support to people in situation of heightened vulnerability, including victims or survivors of serious human rights violations. The second focuses on socio-economic reintegration, support through community-based protection structures and increased safety of sites, including tenure security. The third group related to stronger protective environment focuses on reinforced capacities of protection stakeholders, especially accountability of duty bearers and empowerment of rights-holders). It also reflects the protection cluster's priority to ensure accountability to affected populations and their participation in the design, implementation and monitoring of protection activities. Monitoring of progress against indicators will be disaggregated by sex, age and disability, to ensure protection measures are reaching all those in need.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S03	SP3.4 SP3.2	Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, child rights violations, as well as coercion, and abuse	Number of identified girls and boys at risk including unaccompanied and separated children receive specialised age and gender sensitive child protection service through individual case management to meet the unique needs.		19 K
S03	SP3.2 SP3.4	Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, child rights violations, as well as coercion, and abuse	Number of gender based violence survivors receiving clinical care, case management, psychosocial support, legal assistance, and safe house support	368 K	120 K
S03	SP3.1 SP3.2	Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, child rights violations, as well as coercion, and abuse	Number of individuals supported with cash to cope with post-eviction stress.	32 K	23 K
S03	SP3.3	Address acute protection needs of women, men, girls and boys, stemming from violence, including GBV, child rights violations, as well as coercion, and abuse	Number of people in communities where surveys of contaminated areas have been conducted	302 K	100 K
S03	SP3.2 SP3.4	Enable recovery and restore dignity of individuals and communities' victims of violence, neglect, abuse and exploitation, improve positive coping strategies, and prevent further violations	Number of girls and boys participating in community-based psychosocial support activities.		274 K

S03	SP3.2 SP3.4	Enable recovery and restore dignity of individuals and communities' victims of violence, neglect, abuse and exploitation, improve positive coping strategies, and prevent further violations	Number of gender based violence survivors and child victims of violations (including children associated with armed groups/forces) reach with social-economic reintegration	GBV 123 K	CP 4 K GBV 77 K
S03	SP3.4 SP3.2	Enable recovery and restore dignity of individuals and communities' victims of violence, neglect, abuse and exploitation, improve positive coping strategies, and prevent further violations	Number of other individuals with specific needs or heightened vulnerability reached with protection support	40 K	10 K
S03	SP3.1 SP3.2 SP3.4	Enable recovery and restore dignity of individuals and communities' victims of violence, neglect, abuse and exploitation, improve positive coping strategies, and prevent further violations	Number of people protected from forced eviction threats through preventive engagements	165 K	123 K
S03	SP3.1 SP3.4	Enable recovery and restore dignity of individuals and communities' victims of violence, neglect, abuse and exploitation, improve positive coping strategies, and prevent further violations	Number of individuals targeted with rights based public outreach and awareness raising	GBV 613 K HLP 445 EH 302	GBV 384 K CP 567 K HLP 331 K EH 107 K
S03	SP3.2 SP3.4 SP3.5	Reinforce formal and community institutions and improve legal and community-based protection of vulnerable groups from violence, coercion and abuse	Number of duty-bearers service providers and community leaders trained on protection		GBV 2 K CP 6 K EH 100 HLP 1 K

S03	SP3.1	Reinforce formal and community institutions and improve legal and community-based protection of vulnerable groups from violence, coercion and abuse	Number of updated/new community-based integrated referral pathways developed and disseminated	GBV
	SP3.2			10
	SP3.3			
	SP3.4			CP
	SP3.5			8
S03	SP3.5	Strengthen coordination of protection services and enhance advocacy on protection with relevant stakeholders	Number of protection monitoring reports shared with protection stakeholders	50

PHOTO/WHO FOZIA BAHATI



Child Protection (CP)

CHILDREN IN NEED	CHILDREN TARGETED	
1.6M	926k	
REQUIREMENTS (US\$)	PARTNERS	PROJECT
\$24.3M	30	30

The Child Protection AoR response will focus on strengthening the overall child protection system in Somalia. In light of sustained armed violence and continuing grave violations of children’s rights, 1.2 million children will be targeted under the Monitoring and Reporting Mechanism for both evidence driven advocacy and referrals for services such as medical and rehabilitation for injured children. Furthermore, 250,000 children will be targeted for psychosocial support activities. The CP AoR will strengthen the provision of inclusive community-based reintegration services for children associated with armed forces and groups, or those at-risk categories. Through this mechanism, 3,000 children associated with armed forces and groups will be targeted for reintegration support services. 15,000 unaccompanied and separated girls and boys and community members will be targeted for critical child protection services, which include family tracing and reunification services, victim assistance as well as case management support. Harmonising and extending case management and alternative care to other key line ministries such as Ministry of Women while making further efforts to engage all stakeholders to address Child Protection concerns based on global learning and field evidence.

In addition, the protective environment for children and adolescents will continue to be enhanced through support to Community-Based Child Protection Mechanisms (CBCPMs). The community-based approach will target 8,000 community members with capacity building on child rights violations, strengthen referral pathways, and coordination of services at the IDP camps and host communities. The community members will facilitate identification of child protection risks, referral of cases to specialized services through case management. Optimizing Child Protection outcomes through meaningful integration with other sectors and providing various forms of support to caregivers and families of children facing protection risks in order to enhance their capacity to care for and protect their children. Awareness raising activities will target 456,000 community members with a wide range of prevention messages and awareness sessions including on recruitment/CAAFAG, SGBV, harmful practice, family separation, and Children’s rights.

The CP response will implement a robust capacity building plan for government, community-based structures and child protection

frontline actors to facilitate compliance with the revised minimum standards for child protection in Humanitarian Action. The CP AoR will continue to strengthen child safeguarding measures including PSEA and codes of conduct to ensure that all interventions are safe for children.

Gender-Based Violence (GBV)

PEOPLE IN NEED	PEOPLE TARGETED	
1.2M	769k	
REQUIREMENTS (US\$)	PARTNERS	PROJECT
\$37.3M	42	42

In order to achieve the targets for service provision, the GBV AoR will depend on existing integrated cluster referral pathways and partnerships for the provision of CMR services. Primary beneficiaries for service provision include GBV survivors (women and girls, boys and men) and other vulnerable women and adolescent girls. Secondary beneficiaries include security personnel, health and social workers and humanitarian actors.

About 768,000 women, girls, men and boys-will be targeted (538,000 IDPsand 230,000 people in host communities) including 1,000 people with disabilities. Focus regions include Benadir, Bay/Bakool, Hirshabelle, Jubaland, Sool/Sanaag and Mudug regions. GBV response will focus on improving service provision and coordination to address the immediate needs of GBV survivors including the provision for rape treatment; psycho-social and counselling; higher levels of mental care for severely traumatized women and girls, material and sanitary items for dignity protection, capacity strengthening for security personnel to manage rape survivors and collect and preserve forensic evidence.

The GBV response will implement a multi-sectoral strategy to improve GBV response and mitigation through coordination, integration of GBV in other clusters’ response, service mobilization, capacity building, awareness raising on GBV risks, prevention and advocacy. The primary modalities for delivering service will be through the scaling up of direct service provision to GBV survivors using integrated referral pathways for clinical management of rape, service mobilization through women and girls’ safe spaces and GBV one stops centers. Some of the key activities include:

- Improve access to rape services for GBV survivors through strengthening the capacity for CMR actors and service mobilization;
- Provide comprehensive services including GBV case management, psychological first aid/support accompanied with referral for appropriate services;
- Provision of material support, livelihood training opportunities,

dignity kits and sanitary items for dignity protection.;

- Support the strengthening of referral mechanisms through support to inter/multispectral referral pathways;
- Support integration of GBV mobile response for hard-to-reach communities;
- Enhance capacity of service providers and humanitarian actors for GBV integration and mitigation across key clusters – Health, WASH, CCCM and Food;
- Enhancing coordination mechanisms across the country with emphasis on preparedness and response;
- Support the operations of GBV one stop centers, GBV Shelters and Women and girls’ safe spaces;
- Support policy and community action on GBV mitigation and prevention working with men and boys;
- Support the expansion of the operations of GBVIMS and safety audits.

The GBV service provision will promote inclusion of women and girls with disabilities by making deliberate efforts to include them in project design, implementation and monitoring. The AoR will also disaggregate tools for monitoring to include collection of data on disability inclusion. The AoR strategy aligns with the centrality of protection priority of “addressing critical protection concerns with increasing displacement towards IDP sites and collective-centers, including heightened protection risks/threats” and the objectives of the GBV AoR strategy for improved service provision and GBV data for programming and coordination.

Explosive Hazards (EH)

PEOPLE IN NEED	PEOPLE TARGETED	
302k	209k	
REQUIREMENTS (US\$)	PARTNERS	PROJECT
\$1.8M	2	2

The Explosive Hazard AOR will focus on building the capacity of FGS and Federal Member States to enhance the regulation, management and coordination of Mine Action activities. The EH AOR member organizations will carry out risk education, survey and clearance in affected communities across the 5 Federal Member States and Somaliland. Risk education will be provided to IDPs, returnees, host communities in affected areas. RE interventions will also target schools, madrasa and IDP camps.

Survey and clearance will be carried out across the border and affected areas to identify and remove explosive objects hindering the safe movement of the communities in contaminated areas in Somalia. Partners will conduct EOD spot tasks responding community call outs of unexploded ordnances during activities. The capacity of Somali

Explosive Management Authority (SEMA) to coordinate Mine Action activities will be enhance including the development of national action plan for Victim and Disability Assistance in Somalia.

Training and capacity building support will be provided to local mine action implementing agencies to facilitate a sustainable and locally owned explosive hazard management interventions in Somalia. ERW/landmine risk education training of trainers will be provided to local authorities, IDP/community leaders, and aid workers to support vulnerable groups and strengthened local referral mechanism to mine action service providers.

Housing, Land and Property (HLP)

PEOPLE IN NEED	PEOPLE TARGETED	
642k	478k	
REQUIREMENTS (US\$)	PARTNERS	PROJECT
\$7.4M	4	4

As part of strategic efforts to address this functional gap and mitigate the impact of protection risks exacerbated by recurring displacements and inadequate protection of HLP rights, the HLP sub cluster prioritized capacity development for national partners and scaled up engagements with local municipalities across the country.

While institutional and technical capacity development for government agencies and local humanitarian partners will remain the central axis around which HLP strategy revolves, project interventions will also focus on increasing access to lifesaving information services, enhancing protection of displaced communities through legal aid, accelerating and sustaining recovery efforts through tenure security support, promoting social cohesion and co-existence, eviction monitoring and reporting to inform strategic advocacy and planning, as well as proactive engagements to prevent evictions and/or facilitate dignified relocations.

In addition to basic needs, challenges faced by displaced communities across Somalia encompass legal and administrative obstacles that directly and indirectly undermine their protection and capacity to pursue individual and collective recovery initiatives. These challenges, which are often compounded by evictions, pose serious risk not only to their physical safety, but also have the propensity to weaken the intended outcomes of other humanitarian assistance programs. Amid increasing violations of HLP rights, local capacity remains largely limited.

3.8

Shelter



PEOPLE IN NEED

2.15M

PEOPLE TARGETED

1.45M

REQUIREMENTS (US\$)

\$64M

PARTNERS

19

PROJECTS

19

The main drivers of shelter needs in Somalia are conflict, drought, flooding and evictions. 2.2 million people are in need of shelter and non-food item (NFI) assistance. The key issues are lacking security of tenure, overcrowding, lacking privacy, limited protection from weather, wind, heat and prohibitively expensive household items. The Shelter Cluster is targeting 1.45 million people with shelter and NFI assistance in 2020. The total financial requirement is \$ 64 million.

Target and response priorities/boundaries

Partners will target 1.3 million IDPs and approximately 150,000 non-IDPs. The overall target is comprised of 759,514 males and 692,012 females. It includes 949,928 children, 436,453 adult and 65,145 older persons and 217,730 persons with disabilities.

The cluster's response priorities are aligned with the needs of the population. At a strategic level, the cluster partners will prioritize humanitarian life-saving activities, particularly in IDP sites. The cluster prioritization process is also guided by the geographical distribution of populations against the severity of needs, in accordance with cluster severity analyses and categorization. The cluster response will therefore be oriented towards those geographic areas where the greatest number of people generally face the most severe needs. The cluster response priorities have remained unchanged for 2020.

Vulnerable groups targeted in the response include IDPs, evictees, refugee returnees and host communities. The shelter needs of IDPs are directly related to the circumstances of their displacement, and the cluster will continue to recognize and address the distinct needs associated with recent, short-term, protracted and multiple displacements. All shelter and NFI assistance will be designed and provided based on the results of needs assessments and in consultation with the affected communities. Shelter and NFI needs of evictees will be assessed and an appropriate response will be provided.

Transitional and durable shelter can both be provided through carefully targeted support to IDPs, refugee returnees and host communities affected by flood and conflict, and those who have long term security of tenure. The cluster recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions of need.

Response strategies and modalities

Kit-based non-food items and shelter materials will be distributed to those who have experienced sudden onset displacement, evictions, who have lost household items due to flood, fire and clan conflict,

and to IDPs living in protracted situation. However, in 2020 the cluster will increase its focus on more flexible item-based approaches and modalities in order to address specific and contextual needs. Measures to ensure that shelter and NFI kits are accessible to persons with disabilities, older persons and other vulnerable individuals or groups will be a priority and the cluster remains committed to adapting to barriers, risks and capacities. Mechanisms for the stockpiling and prepositioning of emergency response stock will be further strengthened to ensure a timely and effective response.

The cluster will also contribute to strengthening the resilience of vulnerable communities and households by improving housing and related community infrastructures. This objective addresses the needs of the population through a focus on more durable shelter support. Activities will include the construction of both transitional and durable shelters, and community infrastructures. Interventions will consider the privacy and safety of women and girls through settlement planning where feasible, ensuring doors are lockable from inside and outside and partitioning by gender. Cluster interventions will adopt a universal design approach where in consultation with persons with disabilities or their representatives.

All shelter activity will incorporate the relevant and appropriate HLP components, based on the strategy and guidelines formulated by the cluster and in coordination with the government, ensuring that interventions are founded on and directed by documented/supplementary evidence of legal and customary ownership and tenancy.

Within the IDP sites, vulnerable households such as women- or child-headed households, or households including the elderly or the disabled, will be prioritized for the shelter and NFI response. Communities without reliable access to markets due to physical obstructions on the ground, lack of transportation or other concerns, are also vulnerable.

The response modalities used will include in-kind assistance with cash and vouchers continuing to be used where markets can support this type of intervention, where there will not be a negative impact on people and/or markets, and in line with guidance on cash-based interventions. In particular, when feasible, the cluster will continue to look for opportunities to scale-up transaction-based modalities, especially within activities where their introduction might increase the timeliness and appropriateness of the response (e.g. by enabling people to address their own specific needs and priorities), or where their introduction might support the resilience and social cohesion of communities (e.g. by facilitating the purchase of supplies and services in local markets). This will indirectly address the financial and economic drivers of need.

Complementarity and integration with other clusters is especially important. In particular, the cluster will continue to work closely with the Protection Cluster and the FGS to strengthen the HLP approach, including tenure security and gender mainstreaming, as well as disability inclusion in both the response and its monitoring. The cluster will also work with the CCCM Cluster and WASH Cluster to plan IDP sites and the provision of community infrastructure.

Cost of response

The total financial requirement of the Shelter Cluster is USD 64 million. The standard unit cost for one emergency kit varies by location. Similarly, for transitional shelter, durable shelters or community infrastructures, the unit cost can wildly vary.

78 per cent of the cost for a standard shelter/NFI kit goes to the items included, transportation, labour, storage and distribution. The remainder accounts for support and overhead costs. Average per capital cost for shelter kits and NFI is USD 25 and USD 19 respectively. These costs increase sharply for more long-term interventions, with the average per capita cost for transitional shelter is USD 135, and for durable shelter USD 346. Per capita costs do not consider support expenditure.

Partners will conduct market assessment in the response location to determine the appropriateness of assistance through cash and/or voucher. The cluster is planning to establish a mechanism to monitor the availability and price of key shelter materials in key urban loca-

tions. The analysis will be shared with partners, quarterly.

Monitoring

Cluster objectives, outputs, targets and indicators form the basis for monitoring. Partners based in the field will monitor their projects there, and report all planned, ongoing and completed activities to the Shelter Cluster through a standard 4W matrix on monthly basis. The cluster will track progress, including the response modality of the projects against targets for each activity at different geographical levels. The consolidated 4W matrix will be shared with the partners, donors and the government on monthly basis. This helps to avoid duplication and identify gaps, as partners are aware of all activities planned by other organizations.

Partners will establish an effective and functional complaint and feedback mechanism. Post-distribution monitoring (PDM) and post-construction monitoring (PCM) will be conducted using standardized forms for all shelter/NFI interventions. The cluster will collect monitoring reports shared by the partners, consolidate all findings, and share those findings with all partners. The PDM and PCM will help the cluster understand the preferences and concerns of beneficiaries, accounting for age, gender and diversity, and will include specific questions to identify risks and barriers. They will also contribute to improving the quality of future interventions.



DHOBLEY/SOMALIA

Transitional Shelters in Danwadaag, Dhobley. Picture by Yussuf Hussein, September 2018

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S02	SP2.1 SP2.2	Cluster Objective 1: Ensure that 1,300,000 persons affected by conflict and natural disasters have protection from the weather and privacy through provision of emergency shelter and NFIs	Number of people receiving non-food items through in-kind, cash or voucher		1.3 M
S04	SP4.4		Number of people receiving emergency shelter assistance through in-kind, cash or voucher	2.2 M	419K
		Cluster Objective 2: Contribute to resilience and improve the living conditions of 400,000 affected population through improved housing and related community infrastructure	Number of people receiving transitional/durable shelter assistance through in-kind, cash or voucher including settlement planning support where feasible		65 K
			Number of people benefitting from community infrastructure assistance		197 K

DHOBLEY/SOMALIA

Distribution of NFI kits in Dhobley.
Picture by Yussuf Hussein, May 2019



3.9

Water Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.7M	2.4M	\$90.4M	62	62

More than 9 million people are affected by prevalent poor WASH conditions in Somalia. The methodology used for the PiN calculation estimated that 2.7 million people are in severe (2.5M) and extreme (0.2M) need of humanitarian WASH assistance. There are no people in catastrophic need of WASH support, although it is anticipated that 0.7M people could be in acute life-saving needs along the Shabelle and Juba basins if there are above-normal rainfall performances during the 2020 *Gu* and *Deyr* rainy seasons. Of those in need, 1.7 million are children, 400,000 are women and 400,000 are men. Among those groups, the cluster also identified 100,000 elderly and 400,000 people with disabilities who will require specific measures to ensure equal access to water, sanitation and hygiene.

According to the 2019 multi-cluster needs analysis, WASH is one of the two main drivers of humanitarian needs across Somalia. There are important regional variations which highlight the increasingly central role of WASH, relative to food security, in driving the severity of humanitarian needs for IDPs and non-IDPs alike.

Target and response priorities/boundaries

Compared to 2019, the cluster's priorities remain the same in 2020. Somalia will continue to be affected by water scarcity and the recurrence of predictable disasters such as flooding, acute watery diarrhea outbreaks and abnormal dryness/drought. Safe access to WASH facilities also remains an issue of concern, especially for children, woman and vulnerable groups.

The first priority of the cluster is to deliver lifesaving assistance and improve the well-being of people, to prevent excess morbidity and mortality from WASH-related disease outbreaks. In 2020, cluster partners will ensure that safe water is available and accessible in sufficient quantities, accounting for barriers and risks faced by women, people with disabilities and the elderly, for IDP settlements and communities in need of assistance. Partners will also contribute to reducing the incidence of WASH-related disease through the safe management of excreta and through the promotion of safe hygiene practices. Under this objective, there are no geographical targets; all disaster-affected people in need of life-saving assistance will be targeted.

The second priority of the cluster is to deliver sustainable assistance in prioritized locations, where the context is favorable, to improve living standards of beneficiaries. These locations are identified in the targeting guidance of the cluster and are well-known AWD/cholera hotspots, drought hotspots or long-term IDP settlements at low risk of eviction. In 2020, partners will continue to deliver sustainable

WASH services, including flood-resistant solutions along the Shabelle and Juba River basins. Infrastructures have been designed and developed to sustain abnormal dry seasons in drought-affected districts. This cluster objective directly supports the realization of the Collective Outcome related to equitable access to basic social services and climate-induced hazards.

The third priority of the cluster is to reduce the risk of violence against WASH facility users, in particular women, children, the elderly and persons with disabilities. The WASH Safety Index shows that protection issues when accessing/using services are a concern for 37 per cent of households. In 2020, partners will continue to improve the safety of facility users, to strengthen universal designs to enhance accessibility and to engage beneficiaries from diverse members of the community, including women and persons with disabilities (or their representatives) in the design and the location of WASH facilities. This cluster objective directly supports the realization of the Collective Outcome related to equitable access to basic social services and its protection component.

Response strategies and modalities

Household water treatment and safe storage, water trucking with the installation of temporary distribution systems are prioritized in acute emergency situations to reduce immediately burden of diarrheal diseases. As soon as priority needs have been addressed with temporary solutions, partners deliver sustainable assistance through the rehabilitation and/or the construction of water supply infrastructures such as boreholes, shallow wells, water networks or surface water catchment systems. Gender-balanced and inclusive water committees are established to ensure the adequate operation and maintenance of these water supply facilities.

Emergency, accessible toilets continue to be installed in temporary sites in case of disaster and immediately decommissioned when people reintegrate to their permanent living places. In long-haul IDP sites and in communities in need of sanitation, partners install and/or restore sanitation infrastructures such as pit latrines, VIP latrines and/or other improved systems. In crowded contexts, partners normally establish fecal sludge management and desludging systems when appropriate. In parallel to water and sanitation services, partners conduct hygiene promotion activities with the distribution of hygiene kits and/or menstrual hygiene management items when requested.

Partners comply to the cluster Accountability to Affected Population framework. They involve beneficiaries from diverse members of community: accounting for gender, social and disability in the design

and location consideration of facilities, and fully operationalizing complaint and feedback mechanisms to minimum cluster quality guidelines. They prioritize quality of outputs rather than quantity.

In disaster-prone locations, infrastructures must be designed to resist to potential risks. Along the Shabelle and Juba basins, water and sanitation services must be flood-resistant. They must be wind resistant in cyclone-affected districts of Puntland. In drought-affected rural districts, water facilities are designed to anticipate recurrent dryness and drought.

To reduce the risk of violence against facility users, particularly gender-based, partners aim to reduce the distance from households to WASH services, to ensure toilets are lockable, to build facilities with strong structures and to be gender sensitive to beneficiary demands. A minimum of 10 per cent of facilities are adapted to people with disabilities. Specific services are also provided to older persons and people with disabilities, as per cluster guidelines.

When relevant and feasible, cluster partners will integrate their activities with other sectors. With the Nutrition and Health clusters, they deliver WASH services in health facilities. They also identify and target communities and settlements where access to water and sanitation is low and there are high malnutrition rates and/or diarrheal disease outbreaks. With the Education Cluster, WASH partners address infrastructure gaps in schools. To contribute to school retention, they identify and target communities and settlements with high incidences of diarrheal diseases, where children must walk long distances to fetch water and/or where they're at risk when they access communal facilities. With the Food Security Cluster, partners ensure that safe water is provided to the beneficiaries of food distribution programmes. They also ensure that water supply systems are well-designed to prevent contamination and deliver sufficient quantities of safe water for human consumption where infrastructures are also used for animal consumption and agriculture. Regarding protection, the cluster has identified priority protection risks and corresponding mitigation measures.

In 2020, through its Task Force, the cluster will continue its efforts to scale-up and build partners' capacities on the use of Market Programming and Cash and Voucher Assistance (MBP/CVA). The cluster will develop and deliver a training programme to build up the capacity of WASH partners to deliver using MBP/CVA as a complementary modality. In 2020, the cluster also will continue to implement its core function strategy, enhance its collaboration with its government counterparts (MoEWR and FMOH) and strengthen its Information Management framework.

Cost of response

The cluster demand stands at USD 90 million in 2020, which represents a decrease of USD 13 million as compared to 2019. The decrease in the demand is partially due to a reduction in people in need, mainly observed in some of the prioritized locations targeted with sustainable solutions in 2019.

Overall, the cost per beneficiary is relatively high, mainly because partners were requested to implement sustainable solutions directly

after emergency responses, when feasible, and converge toward RRF collective outcomes in strategic locations. Other factors contributing to a higher cost per beneficiary include the implementation of disaster risk reduction measures to mitigate future shocks, insecurity and access constraints, heavy infrastructure costing in drought affected locations and increased quality requested to partners in project outputs/outcomes in compliance to cluster guidance and accountability framework.

The total cluster requirement was estimated by reviewing partners' projects against criteria, including level of compliance to cluster strategy, attachment of guidance, budget feasibility and timeliness. Other WASH-specific criteria included the quality of WASH infrastructure designs proposed, disability inclusion and protection mainstreaming in action.

Monitoring

Cluster indicators mainly relate to the strategic objective two, the protection of living standards. However, the three cluster-specific objectives related to hygiene promotion and emergency water and sanitation will also contribute by reducing malnutrition and preventable diseases related morbidity and mortality and risk of outbreaks.

The WASH safety index will also contribute to the Protection Objective in promoting beneficiary participation in WASH services locations, reducing distances and risk of violence when accessing services, and identifying and removing barriers to access, especially for women, children, people with disabilities and older people. The cluster targets 0.9M people under this objective.

In 2020, the WASH Cluster will allocate one focal person to monitor WASH projects. This will improve quality of services delivered and identify poorly designed outputs and non-compliance to cluster minimum requirements. There is an urgency to ensure that outputs are provided according to guidelines, responding to minimum quality criteria and satisfying beneficiaries, as specified in the new cluster AAP framework. This cluster core function will be prioritized in 2020 and discussed systematically at cluster meetings at both national and sub-national levels.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	CLUSTER OBJECTIVE	INDICATOR	PIN	TARGETED
S02	SP3	Deliver life-saving WASH assistance to reduce acute needs among most vulnerable settlements and communities	Number of people reached with emergency water services in vulnerable settlements and communities.	2.4 M	2.2 M
S02	SP3		Number of people reached with sanitation services in vulnerable settlements and communities.	1.8 M	1.0 M
S03	SP3		Number of people reached with hygiene promotion activities in vulnerable settlements and communities.	2.7 M	2.4 M
S02, S03 and S04	SP3	Provide or restore sustainable access to safe water services in targeted settlements and communities	Number of people reached with sustainable access to safe water services in targeted settlements and communities	1.4 M	1.2 M
S03	SP3, SP7	Reduce risks of violence against women, children and other vulnerable groups when accessing WASH services. ⁸³	Percentage of households with a WSI ranking from Severe to Catastrophic	37%	30%

Part 4

Refugee Response Plan

BAIDOA/SOMALIA

Photo: OCHA/Edmore Tondhlana



Refugees

PEOPLE IN NEED

59k

PEOPLE TARGETED

59k

REQUIREMENTS (US\$)

\$35.8M

PARTNERS

1

PROJECTS

1

Somalia hosts 41,820 refugees and asylum seekers (RAS), as well as a total of 108,000 refugee returnees (mainly from Kenya and Yemen). The absence of a federal legal framework for refugee protection increases their vulnerability. Given the existing pressure already on limited basic services, many returnees choose not to return to their areas of origin. RAS and returnees mostly live in urban or peri-urban poor areas amongst the host community. RAS face a range of protection problems, including xenophobia, risk of refoulement, arbitrary arrest, sexual violence, exploitation and abuse, and lack of clan affiliation. Many disputes in Somalia are settled through the clan system, and RAS accessing the formal legal system most of the time face retaliation. Lack of education and skills for many RAS reduces the chances for economic opportunities. As a result, they engage in informal manual labour, that further exposes them to abuses from the host community. Military operations by security forces, inter-clan clashes and natural disasters may worsen the protection environment in return areas.

Target and response priorities/boundaries

UNHCR's response will target 41,820 refugees and asylum seekers (23,001 men and 18,819 women) with multi-sectoral assistance, encompassing both direct and indirect assistance. In addition, UNHCR will support the voluntary repatriation of 17,000 returnees projected to return from various countries of asylum in 2020. This projected number of returnees fall within the overall People in Need (PiN) figure of 108,000 persons, which also includes 91,000 returnees already in country, who are still considered vulnerable despite receiving the initial assistance from UNHCR upon return. To the extent possible, sectorial responses for the vulnerable returnees have also been factored into the various cluster responses.

The focus of UNHCR's work in Somalia has been to support the Government to provide protection and assistance to Refugee and Asylum Seekers. UNHCR will extend the same support to both federal and member states in 2020 and will continue to advocate for the inclusion of RAS in the NDP 9, including, aligning its actions with other relevant member state initiatives to ensure that Refugees and Asylum seekers have safe, dignified and meaningful access to life-saving assistance in line with the Comprehensive Refugee Response Framework's (CRRF) 'whole-of-society' approach. The development of the National Strategy on Durable Solutions will be supported, among others through national capacity building, with the aim of mainstreaming protection and solutions as well as galvanising joined-up solutions programming that enhances the humanitarian-development-peacebuilding nexus.

Support to government capacity building on registration, status determination and strengthening its legal architecture (including a national refugee law and other relevant policies) will continue to be a priority in 2020. As Somalia continues to be a nexus of movements in the region towards Yemen and north towards the Mediterranean, identification-of and response-to refugees in situations of mixed flows will also be provided. UNHCR will continue to support the voluntary repatriation and reintegration of Somali refugees, and to prioritise its role in providing country of origin information, to ensure that returns are informed and voluntary. In addition to UNHCR managing seven-way stations and reception centres in the various entry and exit points in the country, UNHCR will provide direct assistance to refugee returnees, and will continue to monitor their reintegration into their societies. UNHCR also provides education grants to refugee returnee children of school going age, and shelter. UNHCR will further strengthen its evidence base by, for instance, expanding Post Return Monitoring (PRM) to refugee returnee groups.

Access to services and systems will be pursued with an inclusivity lens that aims to harmonise assistance provided to all vulnerable populations within an area profile. UNHCR will continue to advocate for the inclusion of refugee returnees in ongoing area based/ community based programmes and strategies targeting IDPs and host communities.

The development of the National Strategy on Durable Solutions will be supported, among others through national capacity building, with the aim of mainstreaming protection and solutions as well as galvanising joined-up solutions programming that enhances the humanitarian-development-peacebuilding nexus. Skills training and other livelihood initiatives will be promoted. Best-practice multi-partner programmes such as the UNHCR-led REINTEG 3 will be up scaled; which incorporates livelihoods, access to basic services, Housing Land and Property rights, governance and GBV components. Age, Gender and Diversity considerations will be streamlined in all programmes, from data gathering and analysis, to programme design and implementation. Innovation projects such as a predictive analysis machine-learning tool for predicting forced displacements (project Jetson) will be expanded.

Response strategies and modalities

In 2020, UNHCR Somalia will continue to support the Government, especially the FGS Durable Solutions framework under the new DS Secretariat and the BRA Durable Solutions Unit, in working towards the attainment of durable solutions for refugees, asylum-seekers, returnees and IDPs in Somalia. Pursuing a rights-, community- and

area-based approach rather than status-based approach will promote greater engagement of all affected communities (including host and stateless communities) at all levels of decision making. This will be coupled with a strengthened feedback/ complaint mechanism which in turn needs to inform strategic decisions at the HCT. New opportunities such as supporting access to complementary pathways will be explored. UNHCR will further strengthen its evidence base by, for instance, expanding Post Return Monitoring (PRM) to all returnee groups as well as other data collection related to movements of people in mixed flows which provide information on protection risks and needs refugees and migrants encounter.

UNHCR will continue to support the voluntary repatriation and reintegration of Somali refugees, and to prioritise its role in providing COI to ensure that returns are informed and voluntary. UNHCR will continue to provide an enhanced return package to refugees who return with the support of UNHCR, and to advocate with partners for greater engagement in areas of return. All UNHCR's return engagement will be informed by the Protection & Return Monitoring Network. The reintegration process is supported through public infrastructures rehabilitation and shelter projects. For RAS in Somalia, UNHCR will support voluntary repatriation where an interest is expressed, resettlement in cases of protection needs, all while pursuing the strengthening of self-reliance, access to rights and services. In line with the objectives of the CRRF, UNHCR is also increasingly exploring the option of complementary pathways. UNHCR is closely following the development process of the IGAD protocol on free movement. For persons at risk of statelessness, UNHCR will prioritise a strengthening of the legal environment, advocating for ratification of the two statelessness Conventions and adoption of the draft Citizenship Bill and greater access to identity documentation, as well as an improved evidence base on statelessness in Somalia.

UNHCR will continue to use cash as the assistance modality of choice, while assistance will also be delivered through in-kind support (esp. CRIs and sanitary materials to girls and women of reproductive

age). Cash-Based Interventions Post-Distribution Monitoring is strengthened by introducing new survey questions to better monitor the protection and reintegration impact of CBIs.

Cost of response

The total requirement for the Refugee Response is US\$ 35,752,455 broken down as below. The main cost drivers are procurement of core relief items (CRIs/NFIs), shelter kits, assessments, subsistence allowances through cash payments, staffing and consultancies, logistics, cost of engaging partners among others. UNHCR and partners will employ the most appropriate and cost-effective mechanisms as much as possible in delivery of protection and assistance. CBIs will be the most preferred option of delivery where applicable. Monitoring implementation and ensuring proper use of resources will be ensured through UNHCR project control unit.

Monitoring

UNHCR, through sub-offices found in all regions, will conduct regular monitoring of the entire response programme and will ensure that each indicator will be strictly tracked and reported in a disaggregated manner by age, gender and vulnerability as appropriate.

STRATEGIC OBJECTIVE	REQUIREMENT	PERCENTAGE
Favorable Protection Environment and Durable Solutions	10.7 M	30%
Fair Protection Processes and Documentation	1.8 M	5%
Security from Violence and Exploitation	5.7 M	16%
Basic Needs and Essential Services	13.1 M	36%
Community Empowerment and Self-Reliance	4.5 M	13%
TOTAL	35.8 M	100%

HRP STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE	UNHCR STRATEGIC OBJECTIVE	INDICATOR	PIN	PEOPLE TARGETED
S03	SP2	Favorable Protection Environment and Durable Solutions	Law and policy developed or strengthened	42 K	42 K
			Access to legal assistance and legal remedies improved	42 K	42 K
S03	SP4	Fair Protection Processes and Documentation	Quality of registration and profiling improved or maintained	42 K	42 K
			Access to and quality of status determination procedures improved	42 K	42 K
S03	SP5	Security from Violence and Exploitation	Protection from effects of armed conflict strengthened	42 K	42 K
			Risk of SGBV is reduced and quality of response improved	42 K	42 K
S02	SP1, SP2 and SP3	Basic Needs and Essential Services	Population has sufficient basic and domestic items	59K	59K
			Population has optimal access to education	59K	59K
S04	SP2, SP3	Community Empowerment and Self-Reliance	Community mobilization strengthened and expanded	59K	59K
			Self-reliance and livelihoods improved	59K	59K

Part 5

Annexes

BAIDOA/SOMALIA

Photo: Edmore/OCHA



5.1

Response Analysis

During the HNO workshop, on 17 September 2019, the HCT Clusters and humanitarian actors agreed on the main causes and factors, associated with the humanitarian consequences, which were analysed to inform the response options and approaches, in the 2020 HRP.

KEY DRIVERS OF THE CRISIS

Climate shocks (mostly drought and floods)

Conflict and Insecurity, affecting human security, restricting access and driving displacement in some parts of the country

High level of vulnerability across different population groups whose coping capacity to withstand shocks is limited and for whom systematic support and safety nets are absent

CAUSAL FACTORS

High levels of chronic and acute food insecurity

Persistently high malnutrition rates

Limited provision and reach of basic services that affects the most vulnerable across all target groups

Overarching protection concerns across all groups of affected population targeted by the Plan

Access to affected populations remains a major challenge in Somalia

Based on the main issues affecting the humanitarian situation as well as key drivers (above), partners identified target population groups, the four humanitarian consequences to be prioritized, key response options and the HRP strategic elements.

Partners will continue striving to develop an efficient response strategy, to maximize effectiveness through coordination, by:

- Continuing the promotion of cross-cluster and whole-system action, including through support for multisectoral responses when and where possible.
- Empowering and strengthening field-level coordination and strengthening engagement between national and sub-national coordination structures.

- Strengthening the engagement of humanitarian and development partners to ensure complementarity in planning and response (RRF, NDP9, UNSF, etc.).
- Utilizing multi-purpose cash to maximize efficiency gains.
- Continue focus on localization in line with the Grand Bargain.

The Centrality of Protection will still be central in designing the different interventions and programmes throughout Somalia, through action and advocacy, including by:

- Ensuring the proactive engagement and prioritization of protection issues by humanitarian leadership.
- Strengthening evidence – based protection advocacy at both, national and local levels esp. in areas where communities cannot

access services and where armed conflict/violence has strongest impact on communities.

- Proactively monitoring, recording, tracking protection concerns and rights violations and strengthening already-existing mechanisms for reporting.
- Consulting, engaging and working with all groups within affected communities to improve understanding of patterns of exclusion and marginalization; protection threats, vulnerabilities, coping capacities and priorities
- Identifying, within each cluster, contributions to protection efforts and prioritizing projects that will help address protection risks and rights violations esp. among displacement affected communities.

Humanitarian actors in Somalia will still be committed to advocate and bring forward a principled humanitarian action, by:

- Advocating for safe access by people in need to assistance and protection, as well as for safe access to people in need by humanitarians.
- Undertaking monitoring, advocacy, safe and conflict-sensitive programming to identify (and mitigate, to the extent possible) the risks faced by communities seeking to access humanitarian assistance and protection.

tance and protection.

- Identifying the best response option in any given situation, including utilizing local partners where these are most suitable, while also acknowledging when this results in risk transfer.

In developing their response programmes and activities, humanitarians will still place communities at the center of response and increase accountability to affected people, through:

- Ensuring effective and transparent two-way communication and inclusive participation from information-sharing to informed decision making by all social groups among the affected communities.
- Building on, and integrating wherever possible, feedback mechanisms to strengthen accountability and inform adjustments in the response, including safe reporting mechanisms on the Prevention of Sexual Exploitation and Abuse (PSEA).
- Providing for meaningful participation and engagement of community groups in all aspects of the Humanitarian Programme Cycle (needs assessment, response planning and monitoring).
- Empowering communities and engaging local knowledge and resources in the humanitarian response to promote self-reliance and ownership.



HARGEISA/SOMALILAND

Photo: Edmore/OCHA

5.2

Costing Methodology

The HCT, ICCG and all the humanitarian actors engaged with the HPC 2020 have discussed, on different occasions and within various forums, which costing methodology to use to calculate the financial requirements of the 2020 HRP. Back in July 2018, ahead of starting the 2019 HPC, OCHA presented the different costing methodologies available based on the global standards, and the HCT discussed the eventuality of adopting a unit-based costing approach. However, because of the restraint time to the launch of the HPC process and the limited capacity and resources to transition to a new methodology, it was agreed to postpone to the following year.

In 2019, because of the roll out of the “HPC.Tools” approach, which required extensive communication both at the technical (ICCG) and decision-making (HCT) levels, it was agreed to give partners one year to familiarize themselves with the new process, before introducing the unit-based costing methodology.

Therefore, partners agreed to continue using the project-based methodology, summing the funding requirements of all projects submitted in the Project Module by different agencies and NGOs, by cluster. OCHA organized a series of trainings for about 150 partners from all clusters and organizations, on the use of the Project Module system, as well as on other related planning issues, such as the Gender with Age Marker questionnaire, and concerning how to mainstream protection and ensure disability inclusion in programming. Before the projects’ submission online, clusters and their partners determined their cluster objectives and key activities, as linked to the country-level strategic and specific objectives, which then serve as the basis for project development. Cluster coordinators established internal vetting criteria, jointly with their Strategic Advisory Group (SAG), to review all projects uploaded for each cluster, once the submission would be completed. OCHA developed a “scorecard” with general vetting criteria and guidance, which was also used by clusters in their review. Other guidance notes were provided to support clusters in the vetting exercise: 1) a technical guidance note on protection mainstreaming, developed by the Protection Cluster to guide partners on how to ensure that protection is well mainstreamed in the project proposals; 2) a guidance note on cash, to ensure that Cash Transfer Programming (CTP) is used effectively as a response modality alongside other response tools throughout the Humanitarian Programme Cycle; 3) the protection ‘tip sheet’, to assess the appropriateness and feasibility of cash, as well as a revised cash 3w matrix; 4) an OCHA-UNHCR technical note, including a section on the registration of projects targeting refugees

in the Project Module. Cluster peer-review committees were organized once all projects had been uploaded in the Project Module, to review them based on the agreed-upon vetting criteria. All approved projects were then sent to the Humanitarian Coordinator for his final approval, together with a thorough analysis highlighting differences in costing from cluster to cluster and comparing financial requirements by cluster in the last few years.

Although cost drivers and average per capita cost vary depending on a wide range of parameters related to the different clusters and their interventions, including different locations and specific groups targeted, more broadly all humanitarian partners acknowledge that costs are driven by the difficult operating environment. This environment includes logistical barriers and insecurity, which both affect the effective delivery of humanitarian assistance throughout all of Somalia. For example, the security situation, combined with and overall shortage in qualified medical providers, increases recruiting and retention costs, leading partners to opt for mobile services for access to care, which significantly increases operating costs for security. Regarding the WASH Cluster, the cost has decreased by USD 13 million (from USD 104 million in 2019) partially due to a reduction in the observed people in need across some of the locations that were prioritized in 2019, and targeted with sustainable solutions. Similarly, the funding requirements for the Protection Cluster are slightly lower than those for 2019, despite the slightly increased target. While the average cost per targeted person of that cluster is about USD 40, some activities require a significantly higher budget, such as the reintegration of children released from armed groups/forces, which is estimated to go as high as USD 1,500 per child. The Protection Cluster will complete a costing guidance in 2020, to be used for next year planning season.

If comparing programming, targets, budget and average per capita cost in 2019 and 2020, we observe that:

- Targets have decreased for CCCM, Shelter, WASH, and Nutrition;
- Budget has decreased for Health, Protection, WASH, and Enabling programmes;
- Per capita cost has decreased for Education, FSC, Health, Protection and WASH.
- Multi-Sectoral Assistance has been absorbed into Multi-Purpose Cash, and refugee returnees are now tracked under Refugees.

5.3

Participating Organizations

ORGANIZATION	REQUIREMENTS (US\$)	SECTORS	PROJECTS
A Welzijn Initiatief	496K	Food Security	1
Aamin Organization	368K	Health	1
ACF – USA	1.9M	Nutrition	1
ACT Alliance/Norwegian Church Aid	2.6M	Education / Food Security / Protection / WASH	3
Action Against Disasters Somalia	1.6M	Food Security / WASH	2
Action Against Hunger	4.2M	Health	1
Action Contre la Faim	5.6M	Food Security / WASH	2
Action for Relief and Development	695K	Health / WASH	2
ActionAid International Somaliland	1.5M	Multi-Purpose Cash / Protection	2
Active in Development Aid	1.3M	Food Security / Health / Nutrition	3
Adventist Development and Relief Agency	1.4M	Education / WASH	2
African Volunteers for Relief and Development	3M	CCCM / Shelter / WASH	3
Agency for Development and Environmental Care	338K	Food Security	1
Agency for Technical Cooperation and Development	4.2M	CCCM / Enabling Programmes / Food Security / WASH	4
Agricultural Development Organizatoin	1M	Food Security / Nutrition	2
Aid Vision	2.7M	Education / Food Security / Health / Nutrition / Protection	5
Al Ta'awun Social Service	495K	Food Security	1
Albustaan Handicap Association	3.5M	Food Security	1
Alta Juba Relief and Rehabilitation Organization	498K	Food Security	1
American Refugee Committee (Alight)	7.5M	Health / Nutrition / Protection / Shelter / WASH	5
ASAL Youth Development Association	493K	Food Security	1
AW-MOS Development and Relief Organization	388K	Food Security / WASH	2
AYUUB Organization	3.3M	Education / Food Security / Health / Nutrition / Protection / Shelter / WASH	7
Burhakaba Town Section Committee	600K	Nutrition / WASH	2
Candlelight for Health, Education and Environment	699K	Food Security	1
CARE International	2.8M	Protection / WASH	2
CARE Somalia	3.3M	Enabling Programmes / Health / Nutrition	3
Catholic Relief Services	4M	Health / Protection	1
Centre for Peace and Democracy	3.7M	Food Security / Health / WASH	3

Centre for Peace and Development	2M	CCCM / Shelter	2
Comitato Internazionale per lo Sviluppo dei Popoli	5.4M	Education / Health / Nutrition / Protection	4
Community Development and Humanitarian Network	899K	Food Security / Health	2
Concepts for Community Programmes	710K	CCCM / Food Security	2
Concern Worldwide	7M	Food Security / Health / Nutrition / WASH	3
Cooperazione Internazionale - COOPI	3.9M	Food Security / Multi-Purpose Cash / Health / WASH	3
Danish Refugee Council	20M	CCCM / Food Security / Protection / Shelter / WASH	5
Deeg-Roor Medical Organization	3.7M	Nutrition	1
DEH Relief and Development Organization	642K	Food Security / Health	2
Diakonie Katastrophenhilfe	5.9M	CCCM / Education / Food Security / Shelter / WASH	5
Direct Aid	457K	Nutrition / WASH	2
Disability Protection Association	961K	Food Security	1
Food & Agriculture Organization of the United Nations	118M	Enabling Programmes / Food Security / Nutrition / WASH	5
Formal Education Network for Private Schools	450K	Education	1
Gedo Women Development Organization	1.1M	Food Security / Nutrition / WASH	3
General Service Agency	763K	WASH	1
Ground Truth Solutions	278K	Enabling Programmes	1
Gruppo per le Relazioni Transculturali	853K	Protection	1
Hadful Cooperative Construction and Development for Social Affairs	302K	Health	1
HADO	615K	Protection	1
HALO Trust	760K	Protection	1
Hidig Relief and Development Organization	1.7M	Food Security / Health / Nutrition / Protection / WASH	5
Himilo Organization for Development	1.8M	Food Security / Nutrition / Shelter / WASH	4
Himilo Relief and Development Association	1.1M	Education / Health / Nutrition	3
Himilo Relief and Development Organization	310K	CCCM / Protection	2
HIWA	592K	Protection	1
Horn of Africa Aid and Development Organization	615K	Protection	1
Horn of Africa Peace Network	2.5M	Food Security / Shelter / WASH	3
Horsed Relief and Development Organization	250K	Nutrition	1
Human Appeal UK	1.6M	Food Security / Protection / Shelter / WASH	4
Human Development Concern	870K	Health	1
Humanitarian Africa Relief Development Organization	583K	Nutrition	1
Humanitarian Initiative Just Relief Aid Organization	1.8M	Health / Nutrition / WASH	3
Humanitarian Initiative Organization	180K	Multi-Purpose Cash	1

IDIL Relief Rehabilitation and Development Organization	820K	Food Security / Health	2
Iimaan Relief and Development Organization	1.5M	Food Security / Protection / WASH	3
International Medical Corps	550K	Protection	1
International Media Support	496K	Enabling Programmes	1
International Medical Corps	1.8M	Health / Nutrition / Protection	3
International Medical Corps UK	490K	WASH	1
International NGO Safety Organization	2M	Enabling Programmes	1
International Organization for Migration	337.1M	CCCM / Health / Nutrition / Shelter / WASH	7
International Rescue Committee	7.2M	Food Security / Health / Protection / WASH	4
INTERSOM Relief and Development Organization	284K	Protection	1
INTERSOS Humanitarian Aid Organization	6.4M	Education / Health / Nutrition / Protection / Shelter / WASH	6
IRDO	500K	Protection	1
Islamic Relief Worldwide	2.5M	Food Security / Health / WASH	3
Jubaland Development Organization	670K	Food Security	1
KAALO Aid and Development	395K	Health	1
Kanava Youth Development Organization	719K	Food Security / Protection	2
Kulmiye Development Organization	368K	Food Security	1
Manaal Relief Foundation	357K	CCCM / Protection	2
Mandher Relief and Development Organization	699K	Food Security / WASH	2
Marginalized Communities Advocates Network	215K	Protection	1
MEDAIR	3.3M	Health / Nutrition / WASH	3
Mercy Corps	4.3M	Education / Food Security / Shelter / WASH	4
Mercy-USA for Aid and Development	3.4M	Education / Food Security / Nutrition / WASH	4
Mines Advisory Group	1.1M	Protection	1
Muslim Aid	1.6M	Health / Protection / WASH	3
Nagaad Network	449K	Food Security	1
New Ways Organization	3.8M	Education / Food Security / Health / Nutrition / Protection / WASH	6
Nomadic Assistance for Peace and Development	999K	Food Security / WASH	2
Northern Frontier Youth League	3.2M	CCCM / Protection	3
Norwegian Refugee Council	20M	CCCM / Education / Protection / Shelter / WASH	5
Norwegian Refugee Council	7.5M	Multi-Purpose cash-Food security	1
Ocean Training and Promotion	950K	CCCM / Food Security	2
Office for the Coordination of Humanitarian Affairs	11.1M	Enabling Programmes	2
Onkod Relief and Development Organization	700K	Shelter	1
OXFAM	1.7M	WASH	1

OXFAM Nederland (NOVIB)	1.6M	Food Security / Multi-Purpose Cash / Protection	2
Pastoral and Environmental Network in the Horn of Africa	400K	Food Security	1
Peace Action Society Organization for Somalia	1.1M	Food Security / Nutrition	2
Peace and Development Action	317K	Food Security	1
Physicians Across Continents	2.6M	Health / Nutrition	2
Polish Humanitarian Action	528K	WASH	1
Puntland Minority Women Development Organization	1.3M	Health / Protection	2
Puntland Youth Peer Education Network	258K	Protection	1
Qatar Red Crescent Society	1.8M	Food Security / Health / Nutrition / WASH	4
READO	500K	Protection	1
Relief International	6.6M	Education / Food Security / Health / Nutrition / Protection / WASH	6
Riverine Relief Program	1.5M	Food Security / Health / Nutrition / WASH	4
Rural Education and Agriculture Development Organization	2.9M	CCCM / Education / Food Security / Health / Nutrition / Protection / WASH	7
SADO	724K	WASH	1
Save Somali Women and Children	3.9M	CCCM / Food Security / Protection / Shelter / WASH	5
Save the Children	24.9M	Education / Food Security / Health / Nutrition / Protection / WASH	6
Secours Islamique France	376M	Food Security	1
Shabelle Humanitarian and Relief Organization	699K	Food Security / Health	2
Skills Active Forward	2.8M	Food Security / Health / Nutrition / Protection / WASH	5
Social Life and Agricultural Development Organization	1.8M	CCCM / Food Security / WASH	3
Society Development Initiative Organization	350K	Health	1
Socio-Economic Development and Human Rights Organization	650K	Protection	1
Solutions for Humanity International	478K	Food Security	1
Somali Aid Organization	882K	Health / Nutrition	2
Somali Awareness for Agriculture and Promotion of Health	500K	Food Security	1
Somali Children Development Association	295K	Food Security	1
Somali Community Concern	736K	Protection / WASH	2
Somali Development and Rehabilitation Organization	554K	Nutrition / WASH	2
Somali Foundation for Relief and Development	400K	Food Security	1
Somali Human Rights Association	194K	Protection	1
Somali Lifeline Organization	271K	Nutrition	1
Somali Organic Agriculture Development Organization	1.2M	Food Security / Nutrition	2
Somali Relief and Development Action	1M	Nutrition / WASH	2

Somali Relief and Development Society	264K	Nutrition	1
Somali Relief, Rehabilitation and Development Organization	375K	Nutrition	1
Somali Women Association	360K	Food Security	1
Somali Women Development Centre	977K	Protection	1
Somali Women Vision Organization	391K	Food Security	1
Somali Young Ambassadors for Development	363K	Food Security	1
Somali Young Doctors Association	4M	CCCM / Food Security / Health / Nutrition / Protection / WASH	6
Somali Youth Development Foundation	550K	Protection	1
SOS Children's Villages	4.5M	Health / Nutrition	1
Southern Aid	1.2M	Food Security / Health / Nutrition	3
Sustainable Development and Peace Building Initiatives	3.2M	CCCM / Food Security / Nutrition / Shelter	4
Sustainable Livelihoods Relief Organization	500K	Food Security	1
Tadamun Social Society	715K	Education / Protection	2
Trocaire	2M	Education / Health / Protection / WASH	4
Umbrella for Relief and Rehabilitation Organization	931K	Food Security / Health / Nutrition	2
Union pour un Avenir Ecologique et Solidaire	350K	Nutrition	1
United Nations Children's Fund	127M	Education / Health / Multi-Purpose Cash / Nutrition / Protection / WASH	7
United Nations High Commissioner for Refugees	115M	CCCM / Education / Multi-Purpose Cash / Protection / Refugee Response / Shelter	6
United Nations Population Fund	9M	Health / Protection	2
United Somali Women Roots Organization	451K	Protection	1
Urban and Rural Development Organization	296K	Nutrition	1
Vétérinaires sans Frontières (Germany)	2M	Food Security	1
Wajir South Development Association	700K	Food Security / WASH	2
Wamo Relief and Rehabilitation Services	6.7M	CCCM / Food Security / Health / Nutrition / Protection / Shelter / WASH	7
Wardi Relief and Development Initiatives	2.9M	Food Security / Nutrition / Protection / WASH	4
Windle International	610K	Education	1
WISE	287K	Protection	1
Women and Children Child Care Organization	2.1M	Food Security / Nutrition / Protection / WASH	4
Women Initiative for Society Empowerment	287K	Protection	1
Women Pioneers for Peace and Life	1.6M	Protection / Shelter	2
World Food Programme	295K	Enabling Programmes / Food Security / Nutrition	3
World Health Organization	7M	Health	1
World Vision International	12M	Education / Food Security / Health / Nutrition / Protection / WASH	7
YME Foundation	492K	Food Security	1
Zamzam Foundation	1.5M	Education / WASH	2

PHOTO/WHO FOZIA BAHATI
WHO/Fozia Bahati Somalia



5.4

Planning Figures by Sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
Coordination and Camp Management	2.4 M	1.4 M	\$34 M
Education	1.37 M	361	\$42 M
Enabeling Programme	5.2 M	3 M	\$31 M
Food Security	4.7 M	3 M	\$384 M
Health	3.15 M	2.5 M	\$85 M
Multi-purpose Cash	N/A	N/A	\$32
Nutrition	1.4 M	618 K	\$165 M
Protection	3.2 M	1.9 M	\$83 M
Shelter	2.15 M	1.45 M	\$64
WASH	2.7 M	2.4 M	\$90 M
Refugees	59	59 K	36 M
Total	5.2 M	3 M	\$1.05 B

OPER. PARTNERS	NUMBER PROJECTS	BY GENDER MEN / WOMMEN (%)	PEOPLE IN NEED IDP/ NON-IDP	WITH DISABILITY (%)
21	21	49 / 51 <div></div>	1.714 M / 0	15%
23	23	49 / 51 <div></div>	397 K / 978 K	15%
9	10	49 / 51 <div></div>	1.714 M / 3.4 M	15%
81	81	49 / 51 <div></div>	1.6 M / 3.1 M	15%
51	51	49 / 51 <div></div>	1.7 M / 1.440 M	15%
N/A	7	N/A	N/A	
90	54	49 / 51 <div></div>	322 K / 1.1 M	15%
55	58	49 / 51 <div></div>	1.7 M / 1.2 M	15%
19	19	49 / 51 <div></div>	1.550 M / 600 K	15%
62	62	49 / 51 <div></div>	841 K / 1.8 M	15%
1	1	N/A	N/A	15%
412	379	49 / 51 <div></div>	1.710 M / 3.450 M	15%

COLLECTIVE OUTCOMES FOR SOMALIA

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

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



Lead: WFP/FAO

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

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

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



Lead: Durable Solutions Unit in Integrated Office/UNHCR

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

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

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



Lead: UNICEF

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

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

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

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

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

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



Lead: UNDP

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

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

5.6

What if We Fail to Respond?

Food Security

NUMBER OF PEOPLE IN ACUTE FOOD INSECURITY WILL FURTHER INCREASE

Trend analysis shows that, at any one time, approximately 43 per cent of the Somali population are in acute food security. With climatic shock an ever-lasting threat, constant humanitarian surveillance is required to save them from peril; without a sustained response, 2.1 million people will not receive crucial monthly food assistance.

Child Protection

AN ESTIMATED THREE MILLION CHILDREN WILL REMAIN WITHOUT EDUCATION

Life for a child in Somalia can be very dangerous. From January to October 2019 alone, 1,302 children were recruited into armed groups and 596 children were killed or maimed as part of the ongoing conflict. Education can protect children from these and other threats by keeping them safe in a healthy and conducive learning environment and give them better opportunities for a peaceful future. Without adequate funding, more than 307,000 children will be at increased risk of dropping out of school or not being able to access school in the first place, thereby making them even more vulnerable to forced recruitment, child labor, early marriage and the negative impacts of reoccurring natural hazards.

Health

LACK OF ADEQUATE HEALTH SERVICES WILL LEAD TO EXCESS DEATHS AND DISEASE OUTBREAKS

Without the provision of essential health service over 2.5 million people will lack adequate and equitable health care, further contributing to one of the world's highest maternal and child mortality rates. Lacking vaccinations will leave hundreds of thousands of children susceptible to preventable illness and disease. GBV survivors will have no access to necessary healthcare. Mental health issues and disabilities will worsen people's wellbeing in the long-term.

CCCM

DISPLACED PEOPLE WILL REMAIN IN SUB-STANDARD LIVING CONDITIONS

An estimated 2.6 million people continue to be displaced in Somalia. Almost 845,000 are currently displaced into Mogadishu. This trend extends across Somalia, with major urban centers such as Baidoa and Kismayo hosting large numbers of IDPs. The majority of these people live in overcrowded sites in urban centers and depend on humanitarian aid to meet their basic needs. Should migration of IDPs continue, the quality of service provision to residents, including the host communities and IDPs, will be stretched.

Protection

FORCED EVICTIONS WILL CONTINUE TO DISPLACE THOUSANDS OF IDPS

Without cooperation and coordination between humanitarian and development actors, including the Federal Government of Somalia, and municipalities, more of the 2.6 million IDPs currently in the country will be subjected to secondary – or even tertiary – displacement. In 2018, over 313,000 people were evicted. About 220,000 cases of evictions have been recorded in 2019 (as of October), indicating that eviction remains a critical obstacle to the recovery of IDPs and their integration.

Water, Sanitation and Hygiene

WOMEN WILL BE DISPROPORTIONATELY AFFECTED BY VIOLENCE

In communities facing socio-economic destitution, as a result of humanitarian shocks, women take on the role of breadwinners in more houses, the risks of gender-based violence (GBV) for them are higher, as well as for girls, often exposed to forced marriage. If we fail to provide an integrated response, especially in IDP settlements, incidents of GBV will increase in 2020. Practical solutions, such as segregated latrines or lighting after dark, can have a major impact, while access to food and livelihoods limit the use of negative coping mechanisms.

Protection

RISK TO PHYSICAL SAFETY AND INTEGRITY IGNORED AND AGGRAVATED

Vulnerable people, because of their age, gender, disability, or origin, are excluded and exposed to risks of neglect, violence or exploitation. Without protection monitors and workers on the ground, these people remain invisible within their communities, continue to be exposed to abuses and have no access to lifesaving services. Protection concerns relating to armed conflict and violence are not necessarily reported and humanitarians risk further aggravating these concerns if not adequately identified and addressed.

Protection

CHILDREN LEFT IN DISTRESS

Unaccompanied or separated children will be left without support and face severe risks of exploitation, abuse and violence. Children released from armed groups and forces will remain excluded from communities and risk being recruited or used again by parties in conflict, fuelling further armed violence in Somalia. Children victims of abuse and trauma will not be protected and will be deprived of psychosocial support.

Food Security

LACK OF ADEQUATE WASH SERVICES WILL AFFECT OUTCOMES RELATED HEALTH, NUTRITION AND FOOD SECURITY

The 2019 JMCNA indicates that lack of access to WASH services was one of the two main drivers of the crisis in Somalia. Without a substantial increase in funding allocated to WASH in 2020, more than 1.2 million people will not have access safe water and 0.8 million people to adequate sanitation and outcomes to health, nutrition and food security will be minimal.

Nutrition

ACUTELY MALNOURISHED CHILDREN WOULD BE AT RISK WITHOUT TREATMENT

Acute malnutrition is a major cause of death in children under 5, and its prevention and treatment are critical to child survival and development. Acute malnutrition in Somalia has been consistently high above the 15 per cent WHO emergency threshold. Estimates indicate that over a million children will be acutely malnourished in Somalia in 2020. Children with acute malnutrition are nine times more likely to die than well-nourished children. If we fail to respond, there will be direct deaths as a result of the malnutrition, as well as indirect deaths as a result of childhood illnesses, like diarrhoea and pneumonia, that malnourished children are too weak to survive.

Shelter

LACK OF SHELTER AND NON-FOOD ITEMS WIL AFFECT HEALTH, DIGNITY AND SAFETY OF WOMEN AND GIRLS

The shelter needs of the targeted 483,000 people will not be met, resulting in targeted people living in shelters with no adequate privacy or protection from weather elements such as rain, sun, wind and heat.

The lack of adequate shelter adversely affects the health, dignity and well-being of households and in particular, the security and safety of women and girls. Similarly, basic non-food items need of targeted 1.24 million people will not be met adversely affecting health and dignity.

5.6

How to Contribute

Support for activities within the Somalia Humanitarian Response Plan

The Somalia HRP is developed in-country, based on solid analysis of response contexts and engagement with national and international humanitarian partners; direct financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in emergencies.

<http://www.unocha.org/somalia/>

Contribute through the Somalia Humanitarian Fund (SHF)

The Somalia Humanitarian Fund (SHF) is a multi-donor country-based pooled fund (CBPF) that ensures timely allocation and disbursement of donor resources to address the most urgent humanitarian needs and assist the most vulnerable people in Somalia. The SHF enables timely, coordinated and effective humanitarian response and it is distinguished by its focus and flexibility. The SHF funds are prioritized locally; they help save lives, strengthen humanitarian coordination and humanitarian system in Somalia. SHF grants are received by local, national and international NGOs, but also UN agencies and other partners. Individuals can contribute to the SHF instantly at bit.ly/GiveToSomalia.

www.unocha.org/somalia/shf

Contribute through the Central Emergency Response Fund (CERF)

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response globally. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are welcome year-round, from governments, private companies, foundations, charities and individuals. In 2019, CERF allocated almost \$50 million to support response to the lingering impact of drought and floods in the country. To ensure the CERF is able to sustain its support to humanitarian operations in 2019, donors are encouraged to make their contributions as early as possible.

<https://www.unocha.org/cerf>

Acronyms

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

End Notes

1. *The NDP 9 has been finalized in November 2019, concurrently with the ongoing 2020 HPC process.*
2. *As the UNSF is soon coming to an end, UNCT partners met during a retreat in December 2019 to agree on the pillars of the upcoming UN Development Cooperation Framework, which is a new framework taking over from the former UNDAF approach.*
3. *Chaired by MoPIED and a gathering 14 ministries.*
4. *The total number of submitted projects has also decreased by 29 per cent, from 531 projects in 2019 to 377 projects in 2020.*
5. *Accuracy implies that indicators measure the purported concept and produce results close to estimated or anticipated values.*
6. *60 percent of Somalia's population are pastoralists whose livelihoods depend on rainfall. See 2020 HNO for more information.*
7. *Although the JMCNA included both refugees and returnees' households, the proportion of these groups captured by the assessment and key findings was very low (refugees households surveyed were 116, that is 1.10%; returnees households surveyed were 205, that is 1.95%) compared to the IDPs (28%) and non-IDPs (70%).*
8. *Persons with disabilities are defined as "those that have long term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in the society on an equal basis with others", as stated in the Convention on the Rights of Persons with Disabilities (CRPD 2006), and as reflected in the understanding proposed in the IASC Guidelines on disability inclusion, 2019. Sensory impairments are those that include hearing, seeing and communication difficulties.*
9. *The Framework was presented to and endorsed by the HCT in November 2019.*
10. *Persons with disabilities are defined as "those that have long term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in the society on an equal basis with others", as stated in the Convention on the Rights of Persons with Disabilities (CRPD 2006), and as reflected in the understanding proposed in the IASC Guidelines on disability inclusion, 2019. Sensory impairments are those that include hearing, seeing and communication difficulties.*
11. *While analysis still being finalized as of December 2019, 540,000 people have been affected and over 370,000 people were displaced by riverine flash flooding in middle and lower Juba, Bay, and middle shabelle and Hiraan regions.*
12. *Total number of people displaced by drought in 2019 stands at 136,000 (as of end October), which is lower than the equivalent 2018 figure (256,000): <https://bit.ly/2FtykPe>.*
13. *UNDESA (2018). Data from the 2018 triennial review.*
14. *"Urban" in Somalia is defined by any human settlement with more than 1.500 inhabitants, which is quite low for international and East African standards (Lloyd-Jones, T. & Papachristodoulou, N. (2019). Urbanization analysis and options for entry points for policy engagement and programmatic investments in Somalia.*
15. *UNDESA (2018), Ibid.*
16. *The Cabinet of Ministers of the Federal Government of Somalia met in Mogadishu, on September 26, and adopted the ninth national development plan submitted to the council by the ministry of planning, investment and economic development.*

17. *Integrated Office of the DSRSG/RC/HC, Towards Sustainable Urban Development in Somalia and IDP Durable Solutions at Scale: Durable Solutions Initiative; September 2019.*
18. *See Somalia Humanitarian Needs Overview 2019 – in particular note ratification of Kampala Convention 2019.*
19. *Somalia Humanitarian Needs Overview 2019.*
20. *Persons with disabilities are defined as "those that have long term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in the society on an equal basis with others", as stated in the Convention on the Rights of Persons with Disabilities (CRPD 2006), and as reflected in the understanding proposed in the IASC Guidelines on disability inclusion, 2019. Sensory impairments are those that include hearing, seeing and communication difficulties.*
21. *Through Washington Group Set of Short Questions and corresponding capacity building and inclusion in assessment tools.*
22. *Including Ratification of Convention on Rights of People with Disabilities by Somalia in January 2019, as well as new Action Plan (26/11).*
23. *This included a TOT with the PSEA Task Force and the NGO Consortium.*
24. *Specific questions re durable solutions were based on the following lens: Can the project be linked to longer-term durable solutions to displacement?*
25. *UNICEF Somalia, December 2019.*
26. *Ibid.*
27. *Ibid.*
28. *Banadir (14.8%); Shabelle (11%); Bay (8.8%); Hiran (6.1%); Woqooyi Galbeed (5.6%); and Gedo (5.4%).*
29. *UNICEF, Somalia Annual Report 2018, 2018.*
30. *WHO Regional Office for the Eastern Mediterranean, <https://bit.ly/36BZ63M>.*
31. *UNICEF Humanitarian Situation Report, September 2019.*
32. *According to the 2019 JMCNA, both IDP and non-IDP households report to have persons with disabilities.*
33. *The post-Gu 2019 nutrition assessment findings showed a marginal decrease in the median prevalence of Global Acute Malnutrition (GAM), to 13.8%, down from 14% of post-Gu 2018 and 17.4% of post-Gu 2017. The corresponding median SAM prevalence are: 2.3% (Gu 2019), 2.2% (Gu 2018) and 3.2% (Gu 2017).*
34. *FSNAU post-Gu assessment, 2019.*
35. *These include treatment of common childhood illnesses, as well as emergency obstetric and neonatal care for pregnant and lactating women.*
36. *REACH, JMCNA 2019, September 2019.*
37. *Ibid.*
38. *Ibid.*
39. *Ground Truth Solutions (GTS) Somalia, Strengthening accountability to affected people, September 2019.*
40. *Health Cluster, as of October 2019.*
41. *Ibid.*
42. *1 in 10 children under the age of five are acutely malnourished, with the median national Global Acute Malnutrition (GAM) of 13.8 percent at Serious level (a slight decrease from the median GAM of 14% in 2018).*
43. *Ground Truth Solutions (GTS) Somalia, Strengthening accountability to affected people, September 2019. Cash recipients surveyed report feeling more empowered (38% mostly or completely) by the humanitarian support they receive than non-cash recipients (28% mostly or completely). Beneficiaries sustain that income-generating activities (60%), education (36%), vocational training (29%) and agricultural support (27%) would enable them to become self-reliant.*
44. *<http://www.ipcinfo.org/>*
45. *AWD/Cholera hotspots, drought historical hotspots or long-term IDP settlements at low risk of eviction.*
46. *Doolow, Mogadishu, Baidoa, Guri Ceel, Dhuusamareeb, Gaalkacyo, Hargeisa, Berbera, Bossaso, Qardho.*

47. See also Strategic Objective 3, Specific Objective 1.
48. IPC 3 and above.
49. For a more detailed analysis of protection priority problems and humanitarian consequences, see *Somalia Humanitarian Needs Overview 2019*.
50. <http://www.ipcinfo.org>
51. Ministry of National Resources.
52. IPCC, Climate Change 2014: Synthesis Report, Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change, R. K. Pachauri and L. A. Meyer, IPCC: Geneva, 2014.
53. *National Development Plan 9*, December 2019.
54. The current UN Strategic Framework (UNSF, combining UNDAF and Integrated Strategic Framework) is set to expire at the end of 2020. According to this timeframe the new Cooperation Framework would be rolled out from the beginning of 2021. The Cooperation Framework development process will begin with a review of the existing UNSF and a Common Country Analysis (CCA). UN entities will develop their programme plans in parallel to this process, as they will need to be directly derived from Cooperation Framework outcomes.
55. Somalia Economic Update: Rapid growth in mobile money: stability or vulnerability? August 2018, Edition No.3., The World Bank.
56. This amount only includes humanitarian cash assistance that is coordinated through OCHA.
57. IPC 4 and above.
58. www.reach-initiative.org/wp-content
59. The MEB revision will use the Somalia Household Economic analysis (HEA) as a foundation.
60. Produced by OCHA, CWG and ICCG. The document was endorsed in August 2019.
61. Somalia HCT Humanitarian Access Strategy, 2019.
62. <https://bit.ly/37LhcAE>.
63. Population Estimation Survey of Somalia, UNFPA, 2014
64. REACH, JMCNA 2019, September 2019.
65. The Education Cluster PiN was calculated considering IPC phases 3-5, while the Food Security Cluster considers IPC phases 2-5 a humanitarian priority. If IPC 2 is included in the Education PiN, the number of school-aged children in need of humanitarian assistance increases to 1.9 million.
66. Children with disabilities are far less likely to go to school than their peers without disabilities and hence other ways to reach out to children with disabilities must be found. Mizunoya, S., & Mitra, S. (2013).
67. Elevating Education in Emergencies, Global Education Cluster, 2018
68. Although social transfers to poor families have been shown to improve school attendance rates in general, there is little evidence they make an impact on the school attendance of children with disabilities. Mizunoya, S., Mitra, S., & Yamasaki, I. (2018).
69. FSNAU post-Gu assessment, 2019.
70. Children's Voices Survey, Somalia Education Cluster, May 2019.
71. REACH, JMCNA 2019, September 2019.
72. Children's Voices Survey, Somalia Education Cluster, May 2019.
73. REACH, JMCNA 2019, September 2019.
74. Ibid.
75. The Integrated Education-Child Protection Response Framework, and supporting guidelines/tools, can be found on the Education Cluster webpage: <https://bit.ly/2N80raX>.
76. The Logistics Cluster was discontinued in 2018.
77. The monitoring framework for Enabling Programmes can also be found on the Somali page of the Response Planning and Monitoring (RPM) module.
78. FSNAU post-Gu assessment, 2019.

79. *The CWG uses the FSNAU MEB as the basis for calculating transfer value recommendations. As per a decision of the CWG, transfer value recommendations will remain fixed for three months at a time, and will only be subject to change if the MEB in the region changes by more than +/- 10%.*
80. *FSNAU post-Gu assessment, 2019.*
81. *<https://bit.ly/2upYPmk>.*
82. *<https://bit.ly/2Fwwuxe>.*
83. *This objective will be monitored yearly using the WASH Safety Index. It will not be captured through the 4ws. However, partners are requested to indicate how many of their beneficiaries will benefit from safety/protection WASH related services as per the definition of the WASH Safety Index.*

**HUMANITARIAN
RESPONSE PLAN**
SOMALIA

ISSUED JANUARY 2020