

2017

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2017 —

NOV 2016

Photo: UNOCHA



SOMALIA

TOTAL POPULATION

PEOPLE IN NEED

PEOPLE TARGETED

REQUIREMENTS (US\$)

HUMANITARIAN PARTNERS

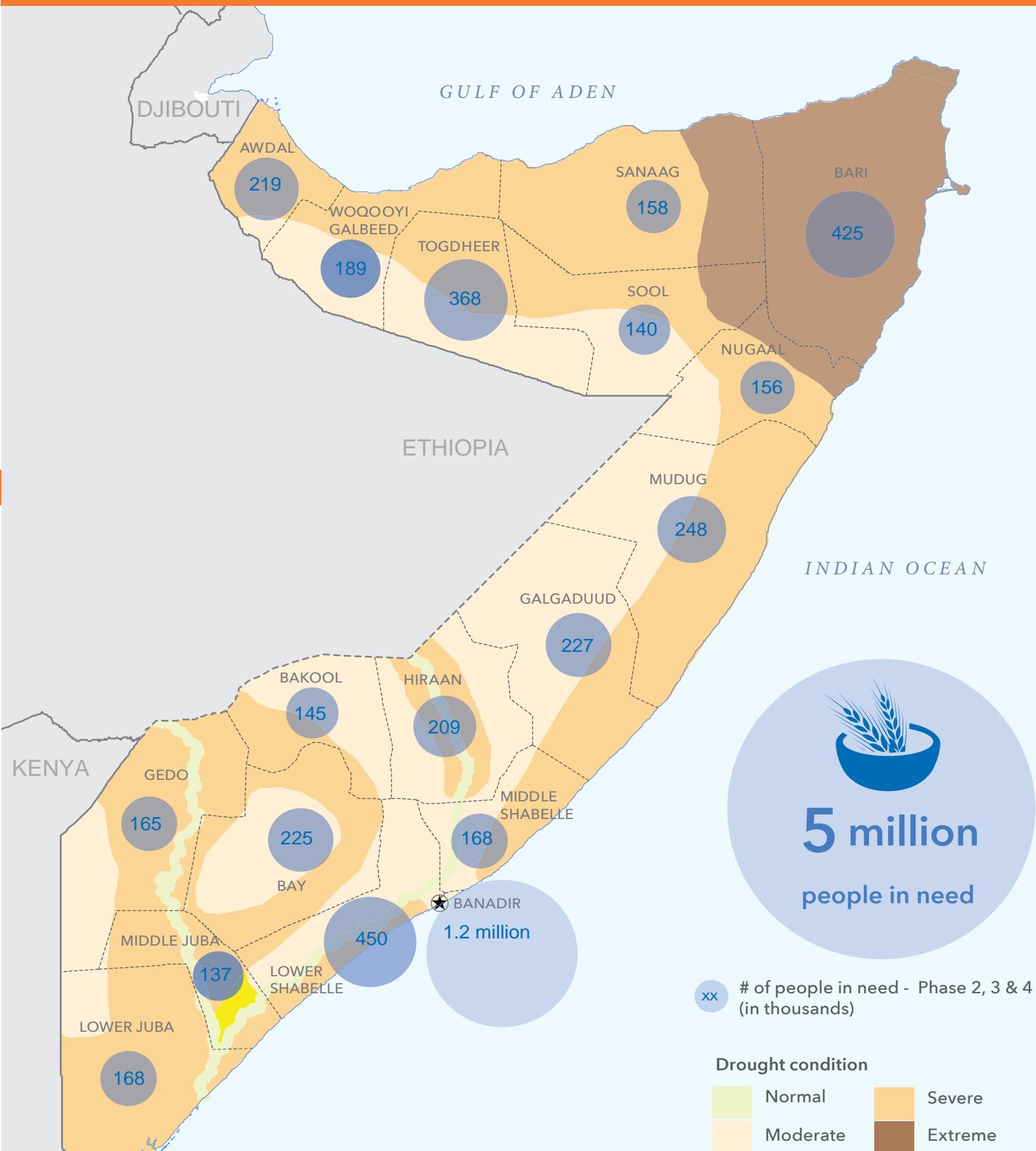
12.3M

5M

3.9M

864M

285



Data Sources: 1 Drought condition as of November 2016: FAO - SWALIM
 2. People in need, projection (September - December 2016): FAO - FSNAU

The boundaries and names shown and the designations used on the maps in this document do not imply official endorsement or acceptance by the United Nations.

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FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Over the past four years, notable progress has been made in Somalia on the political front. The political progress has not, however, yielded similar gains in terms of socio-economic development or reducing vulnerability. Recurring humanitarian crises — whatever their nature — further strain the fragile political dispensation. The Federal Government and the international community have re-affirmed their commitment to addressing humanitarian needs through collaboration and partnership in the three-year Humanitarian Strategy (2016-18) launched at the Somalia side event at the World Humanitarian Summit in 2016. This strategy articulates our vision to reduce humanitarian needs and link humanitarian action with development programming as part of our commitment to end need.

In the 2016 Humanitarian Response Plan (HRP), we made a strong effort to prioritize rigorously the most urgent humanitarian needs under three key objectives: (1) providing life-saving and life-sustaining assistance; (2) restoring and strengthening livelihoods and basic service delivery to build resilience; and (3) strengthening the protection of vulnerable people and catalysing durable solutions. Our efforts to effectively implement these objectives were undermined by the lack of adequate resources, ongoing conflict and irregular weather patterns. Drought in the wake of the El Niño phenomenon is the main driver of vulnerability in Somalia as we enter 2017, with the lack of access to basic services, conflict, persistent protection challenges and disease outbreaks contributing to the crisis.

Drought conditions in Puntland and Somaliland have threatened lives, stripped hundreds of thousands of people of their means of survival and increased vulnerability levels. We launched a 'Call for Aid' in March 2016, for US\$127 million to respond to drought conditions in the north of the country. President Hassan Sheikh Mahmoud and various state and regional administrations have issued appeals for support based on coordinated assessments done in tandem with humanitarian partners. By end of 2016, drought conditions continued to deepen — especially in the north, spreading to southern and central regions of Somalia, and unlikely to abate. Unlike the north, where our access is relatively unfettered, we have far less access in the south, a principal contributor to the catastrophic 2011-12 famine.

Overall, some five million people are already in need of humanitarian assistance. More than one million of these are

in 'crisis' and 'emergency', and this figure is now projected to increase to over 1.3 million by May 2017. More than 320,000 acutely malnourished children are in need of urgent nutrition support, including life-saving treatment for more than 50,000 who are severely malnourished.

Widespread human rights violations, political instability and insecurity are increasing protection risks, driving displacement and weakening the already depleted resilience of the most vulnerable. Some 3.3 million people lack access to emergency health services and require improved access to water, sanitation and hygiene. Around 3 million school-age children are still out of school. Protection concerns remain at the centre of the humanitarian crisis in Somalia, including violations of international human rights and humanitarian law. At least 1.1 million internally displaced persons (IDPs) and other vulnerable people are exposed to protection risks. This underscores the need to centralize protection throughout our response.

In developing the 2017 HRP, the Somalia Humanitarian Country Team (HCT) took these factors into account by focusing on the centrality of protection. The 2017 HRP requires \$864 million to reach 3.9 million people with life-saving assistance, while at the same time strengthening linkages between humanitarian action and durable solutions to end need. We will strive to strengthen emergency response preparedness measures, in collaboration with federal and local authorities, to mitigate the impact of predictable shocks and continue to build stronger linkages between life-saving and development-based durable solutions.

Timely international support is required immediately to prevent a humanitarian crisis. Given the early warning provided by the humanitarian community and the Federal Government on the drought situation, early action is the only way to demonstrate that we have learnt the lessons from the past to avert another catastrophe.

I therefore call on the international community to step up their support. Through the non-governmental organizations and UN agencies taking part in this response plan, the resources provided will continue to save lives and livelihoods, provide much-needed basic services, protect vulnerable people and foster the resilience of the Somali people.



Peter de Clercq
Humanitarian Coordinator,
Mogadishu, Somalia

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



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

STRATEGIC OBJECTIVE 2



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

STRATEGIC OBJECTIVE 3



Reinforce the protection of the displaced, and other vulnerable groups at risk, and enable durable solutions.

STRATEGIC OBJECTIVE 4



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

PEOPLE IN NEED



5M

PEOPLE TARGETED



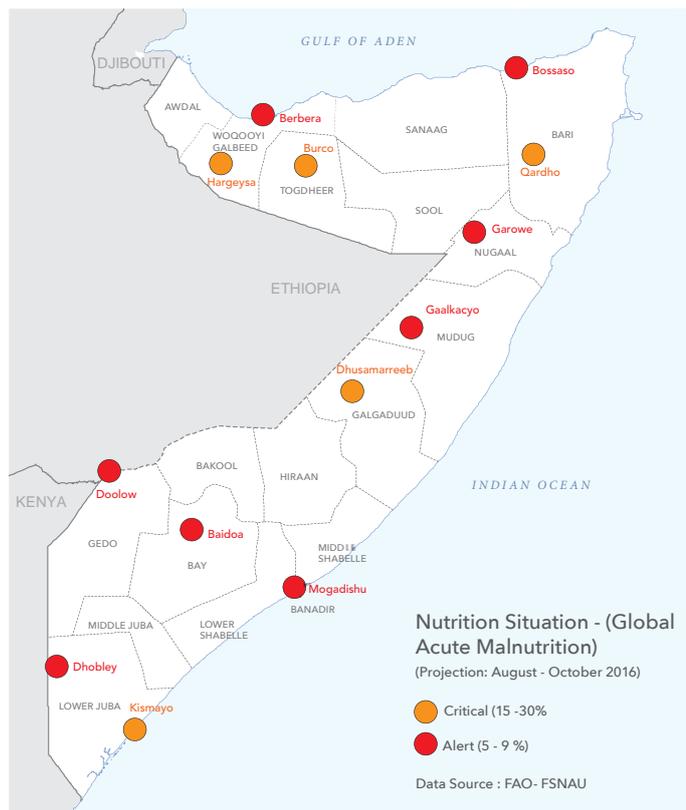
3.9M

REQUIREMENTS (US\$)

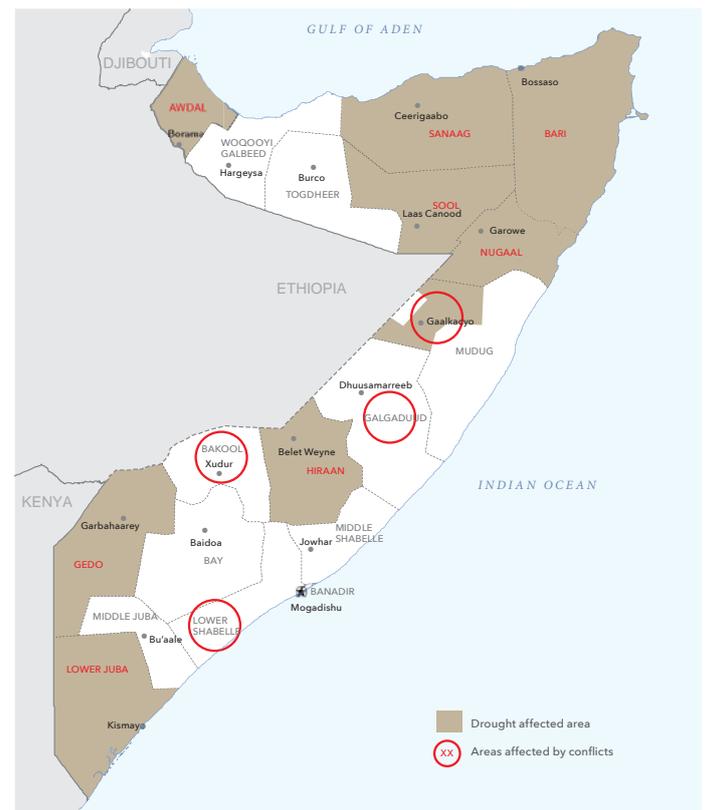


\$864M

NUTRITION SITUATION: GAM* RATES AMONG IDPS SETTLEMENTS



AREAS AFFECTED BY DROUGHT AND CONFLICT



* GAM: Global Acute Malnutrition

OVERVIEW OF

THE CRISIS

The ongoing drought and other climatic shocks, exacerbated by the global El Niño phenomenon and La Niña-like conditions, continued insecurity and armed conflict in some areas, recurrent human rights violations, political instability and lack of basic services continue to drive humanitarian needs and create high levels of vulnerability among millions of Somalis.

Despite a positive trajectory, humanitarian needs increase

In spite of the political progress made since 2012, and an increasing focus on durable solutions to some of the long-standing humanitarian issues in Somalia, armed conflict is ongoing and clan violence continues to be prevalent. Political developments are yet to translate into better basic services or livelihood opportunities for most, with the end result that Somalia remains mired in a complex and protracted humanitarian crisis. Nearly three decades of resurgent conflict, lack of governance, rule of law and long-term development programmes, coupled with recurrent natural hazards, notably the ongoing drought, continue to negatively impact the lives of vulnerable Somalis, especially women, children, the elderly and the disabled. While concerted humanitarian assistance has helped to prevent a deterioration of the situation and mitigate the worst impacts of the drought,

limited resources, severe drought and the absence of basic services means that humanitarian needs continue unabated, vulnerability to risks remains high, and basic social indicators remain very low.

Drought caused by successive failure of seasonal rains continues to be the most significant driver of humanitarian needs since early 2015 in northern Somalia and since early 2016 in southern and central parts of the country. Starting from June 2015 the humanitarian situation has deteriorated from season to season primarily due to climatic shocks, notably poor rain performance. When rains have performed well, they have been insufficient to mount sustained recovery in the face of massive asset losses. Various state and regional level administrations in Somalia have issued individual appeals for support on drought response, with the President of the Federal Government of Somalia issuing an appeal to all Somalis and the international community on 12 November

06

EVENTS TIMELINE

February 2016



Partners respond to drought. Assessment reveals worrying food security situation.

April 2016



Drought situation in Puntland deteriorates from severe to extreme. Humanitarian partners step up response in drought-hit areas.



January 2016



Drought affects thousands in Puntland and Somaliland. Partners respond to AWD/cholera in Baidoa and Kismayo.

March 2016



Access to health services deteriorates.

May 2016



Partners respond to a spike in cases of AWD/cholera in southern and central Somalia.

May 2016



Joint FGS/UN Somalia side event at WHS

2016 to provide support to drought-stricken communities throughout the country. The impact of the drought and the demand on humanitarian resources has been further magnified by a number of emerging crises, including an increase in conflict-related displacements and refugee returns from Kenya.

As of the end of September 2016, the number of people who cannot meet their daily food requirements had increased by 20 per cent from six months earlier, from 935,000 to 1.14 million¹. Additionally, 3.9 million people will struggle to meet their daily food needs through the end of the year. Overall, five million people are in need of humanitarian assistance, which is 41 per cent of Somalia's population. More than 60 per cent of the people who require multi-sectoral integrated humanitarian assistance are in urban centres and are highly vulnerable to food insecurity. Coverage and quality of basic social services in the country is also low, mainly due to the absence or weakness of existing governance structures. The nutrition situation has deteriorated compared to six months ago and malnutrition rates remain high with 320,000 children under age 5 acutely malnourished, of which 50,000 are severely malnourished and more vulnerable than any other group. Disease outbreaks are common. As of October 2016, the number of reported cases of AWD/cholera (13,728) was 161 per cent higher in 2016 than for the whole of 2015 (5,257). Malnutrition levels among internally displaced persons (IDPs), mainly in Baidoa, Bossaso, Doolow, Garowe and Gaalkacyo, persist at 'critical' levels over the past two years, while others are fluctuating between 'serious' and 'critical' levels, namely: Dhobley, Dhusamareeb, Kismayo, and Mogadishu. As the majority of Somalis depend on subsistence farming and pastoralism for their livelihoods, predictable

seasonal shocks like flooding and drought cause a fluctuation in humanitarian needs and displacement, and impacts the economy significantly. Rural and urban livelihoods are highly susceptible to seasonal variations, and have been severely affected by the El Niño phenomenon that prevailed in 2015 through mid-2016 and La Niña-like conditions witnessed at the end of 2016. Further, rapid deforestation has increased desertification in semi-arid livelihood zones. As the current *Deyr* (October - December) rains are performing worse than predicted, the situation is likely to deteriorate in the coming months to early 2017. According to FEWSNET, forecasts suggest that rainfall performance will not improve significantly during the remainder of the season, meaning that both December/January crop harvests and livestock productivity are expected to decline sharply. Analysis for the March to May 2017 season also suggest the possibility of below-average rainfall that will mean an intensification of the crisis². Within a context that is already experiencing a myriad of challenges, the result will be an increasing number of acutely food insecure poor households, malnutrition rates, disease outbreaks, and possible further migration to urban centres in search of livelihoods opportunities and humanitarian assistance.

The displacement crisis continues, with protection risks concurrent due to emerging hazards

Notwithstanding a recognition in the Somali National Development Plan (NDP) of a developmental approach to displacement issues, dynamics continue to be driven by violence, drought, flooding and, more increasingly, secondary displacement due to forced evictions in urban settings related to insecure land tenure and growing property values.

¹This is according to FAO's Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWSNET) post-Gu rains food security and nutrition assessment technical release, September 2016.

² FEWSNET alert, 'East Africa October rainfall fails; Vegetation conditions worst on record in many areas', 11 November 2016 - <http://www.fews.net/east-africa/somalia/alert/november-11-2016>

July 2016



Refugee returns from Kenya to Somalia continue. Post-*Gu* assessment projects a gloomy food security outlook.

September 2016



Food security situation worsens - 5 million Somalis now food insecure.

November 2016



Gaalkacyo: Conflict displaces over 90,000 people.

June 2016



Floods subside in Belet Weyne but impact remains. Cholera outbreak continues.

August 2016



In response to continuing drought, Puntland authorities appeal for assistance.

October 2016



Drought persists in Somaliland, Puntland and parts of southern and central Somalia. High malnutrition levels in drought-affected areas. Jubaland and Puntland issue appeals for assistance.

November 2016



President of the Federal Government issues appeal for support to drought-affected communities. Somaliland also issues an appeal.

Protracted internal displacement in Somalia has become an urban phenomenon and depicts a grim picture of structural inequality, social marginalization and discrimination. As a result, an estimated 1.1 million IDPs live in urban settings, most of whom are food insecure, live in deplorable conditions, and require access to basic services and improved livelihoods, protection, shelter and household items. Population shifts associated with urbanization, conflict-induced and climatic displacement, and transnational commerce have replaced pastoral migrations as the major drivers of change and conflict. A review of existing IDP profiling and infrastructure mapping carried out in various settlements from 2014 to June 2016³ suggests an increase of protracted internal displacement by 180,000 to almost 200,000 people⁴ since the last estimate. In 2016 alone, nearly 150,000 people were newly displaced, while almost 75,000 have been forced out of their homes by evictions, divorcing them of livelihood opportunities and basic services and thus lowering their coping capacity and resilience.

Endemic inter-klan fighting for control of land, pasture or water sources, a phenomena intensified during drought conditions, also continues to lead to the displacement of civilians. Insecurity also drives displacement and heightens humanitarian needs. Fighting between the African Union Mission in Somalia (AMISOM)/Somalia National Army (SNA) forces and non-state actors or among non-state actors in Lower Shabelle has caused displacement and left an estimated 29,000 people without basic services, non-food items, protection and shelter. Withdrawal of international troops in eight locations in Bakool, Hiraan and Galgaduud regions has also prompted displacement and increased protection risks. The ongoing conflict in Gaalkacyo, Mudug region, flared up most recently in October 2016 causing the displacement of an estimated 90,000 people. Based on inter-agency rapid assessments in Gaalkacyo, up to 60 per cent of IDPs are facing secondary displacement, and over 80 per cent of the displaced are women, children and elderly. The priority needs include emergency shelter, food, WASH as well as protection and health services. All the schools in the town have been closed due to fighting, affecting over 20,000 learners, who require emergency education. Commercial activities are also impacted, leading to the disruption of livelihood activities, especially for IDPs.

Protracted internal displacement situation in Somalia has also led to the loss of social protection networks. Many have been displaced from their homes for decades, are marginalized and at risk of forced evictions, discrimination and pervasive gender-based violence (GBV), including rape, sexual assault, exploitation and abuse. Female-headed households within internally displaced communities are particularly vulnerable and often have limited access to justice, services and assistance, including medical care and

³ Data provided by UNHCR's Protection and Return Monitoring Systems implemented by the Norwegian Refugee Council (NRC), NRC's eviction tracker, assessments and profiling by the Protection Cluster and its members, the infrastructure mappings of the Shelter Cluster as well as information provided by other Clusters and organizations.

⁴ Internal displacement in Somalia – briefing note, Protection Cluster, September 2016

KEY ISSUES



Ongoing armed conflict and access constraints



Alarming food insecurity and malnutrition rates



Cyclical disease outbreaks



Persistent and expanding drought weakens coping capacity and erodes livelihoods



Increased protection risks, and new and protracted internal displacement, including refugee returnees from Kenya

psycho-social support. Children are especially vulnerable to various forms of abuse, including female genital mutilation, forced and early marriage, family separation, child labour and forced recruitment into armed groups. Such risks are further compounded by lack of access to justice and weak law enforcement and judicial infrastructure, which results in a culture of silence and impunity for serious crimes. As a result, affected people continue to face serious and life-threatening protection risks, combined with a lack of adequate protection, land, housing and property rights and durable solutions.

Lack of basic service delivery exacerbate negative trends

Insufficient infrastructure, development and resultant lack of basic service delivery, including education, health and other income-generating activities, undermines the resilience of vulnerable people. Somalia scores extremely low across a range of human development indicators and the country is consistently at the bottom of development and humanitarian ranking lists, ranking 165 out of 170 countries in the Human Development Index (UNDP 2012). According to the World Bank, the income per capita in Somalia is estimated at US\$435, making it the fifth poorest country in the world. Extreme poverty, reliance on remittances and lack of employment opportunities leave many young Somalis with few prospects for the future. Remittances amounted to approximately \$1.4 billion in 2015 and not only provide a vital bulwark for the economy but also a lifeline to large segments of the population by protecting household economies and creating a buffer against shocks⁵, as detailed in the book

⁵ Background on the economy, Somalia, World Bank, April 2016 ⁶ Famine in Somalia: Competing Imperatives, Collective Failures, 2011-12, Daniel Maxwell & Nisar Majid, May 2016

⁶ Famine in Somalia: Competing Imperatives, Collective Failures, 2011-12, Daniel Maxwell & Nisar Majid, May 2016

'Famine in Somalia: Competing Imperatives, Collective Failures, 2011-12'⁶. Although the country continues to be on a positive trajectory towards peace, there is still limited access to education, and poor access to health and water, sanitation and hygiene (WASH) services, necessitating the need for continued humanitarian interventions, combined with an injection of development resources in social sectors to the national capacity required to break the dependency on humanitarian support.

Health conditions remains worrisome given the lack of access to health services, including facilities, drug and supplies, and personnel. Lack of access to reproductive healthcare can be life-threatening for women. Access is dwindling as detailed in the NGO Consortium position paper on declining funding in the health sector⁷ and the end of the UN Joint Health and Nutrition Programme with no obvious successor. Only one in every three Somalis has access to safe water and the minimal provision of sanitation facilities continues to cause health problems, especially recurrent disease outbreaks. Women and girls, also due to their needs linked to reproductive health, bear the brunt of poor sanitation facilities and the practice of open defecation is common and notably undertaken after dark, which is a severe protection risk and exposes them to physical and sexual assault, including rape. The impact of this lack of basic services is felt strongly among IDPs who are worst affected by cyclical disease outbreaks, including acute watery diarrhoea (AWD)/cholera and vaccine preventable diseases such as measles and whooping cough.

Somalia has one of the world's lowest gross enrolment rates for primary school-aged children with only 30 per cent of children at primary education level and 26 per cent for secondary education. The lack of education services, as well as scarce employment opportunities, continue to affect the economic environment and necessitates the need for significant livelihood support, especially in urban centres where access to livelihoods opportunities remains limited. An underlying strategy in the Somalia Humanitarian Country Team's 'Call for Aid' in response to drought in the north, launched on 31 March 2016 was reliance on schools as catchments for at risk children, a strategy that is undermined

by insufficient educational funding. With almost half of the population under 15 years old and nearly three quarters of the population under 30⁸, employment, the provision of basic services, notably education, is vital to ensure a better future for young Somalis.

Returning refugees may put pressure on existing services and urban livelihoods

According to UNHCR, overall, since January 2015, some 64,000 Somali refugees have returned to Somalia from Eritrea, Kenya and Yemen. A total of 32,065 Somali refugees returned primarily from Kenya to Kismayo (5,645 returnees), Mogadishu (4,461 returnees), Diinsoor (3,580 returnees), Baardheere (2,277 returnees) and Saakow (2,308 returnees). Nearly 26,000 Somalis have voluntarily returned from Dadaab, Kenya, since the start of 2016. The majority have returned to Baidoa, Kismayo, Luuq and Mogadishu. UNHCR will continue its support to the voluntary repatriation of Somali refugees from Kenya in collaboration with the governments of Kenya and Somalia. Returning refugees receive a return package, comprising of a one-time unconditional return grant of \$200 per person, unconditional monthly subsistence allowance of \$200 per family for health care assistance and other needs, and six months food rations. Returnees also receive up to \$25 education assistance per child for one school year, non-food items and up to \$1,000 conditional shelter package per family, including livelihood and community-based project support.

Despite the assistance, returnees may face major obstacles in the mid to long-term if livelihood and integration projects are not successfully implemented. This could lead returnees to face similar humanitarian needs as host communities, or force more returnees to join IDP settlements or as a strategy to conserve resources. In either case, the pressure on humanitarian services in IDP settlements in the south of the country are additionally taxed. An estimated 60 per cent of the returnees are women and children, who may encounter risks related to family separations, GBV (including domestic violence, rape, sexual exploitation, female genital mutilation, child labor and early and forced marriages) and recruitment of children into armed groups.

1.1 million
IDPs live in urban areas in deplorable conditions



In 2016



150,000
were newly displaced



75,000
were forced out of their home by evictions



90,000
were displaced in Gaalkacyo district due to conflict

29,000
were displaced because of conflict in Lower Shabelle region

⁷ Joint partners position paper: health prioritization and increased funding for Somalia, Somalia NGO Consortium, February 2016

⁸ Population estimation survey Somalia, UNFPA, October 2014

On arrival to their areas of origin or return, returning refugees will require shelter, either permanent or transitional, household items, protection and access to basic services, including education, health and WASH. Host communities will also require support to ensure sustainable livelihoods and to increase absorption capacity.

Further, 47 per cent of the returnees are school-aged children in need of education services. Absorption capacity is a huge challenge as there are limited education facilities in the areas of settlement. Education is one of the highest priorities for affected people but the lack of education opportunities in Somalia is a significant driver inhibiting Somali refugees from willingly returning to their homeland. Efforts are also ongoing within the framework of a comprehensive plan for durable solutions for Somalia's displaced, led by the DSRSG/RC/HC and the Office of the Prime Minister, for the sustainable reintegration of returnees in areas of return in Somalia. According to UNHCR, an estimated 75,000 refugees are projected to return to Somalia in 2017. According to press reports on 16 November, Kenya said it will delay the closure of the Dadaab refugee camp by six months. Nevertheless, this process will require improved coordination and information sharing between all relevant stakeholders, as well as timely provision of resources, to ensure that returnees and host communities are assisted effectively to enable sustainable reintegration.

In Ethiopia, discussions facilitated by UNHCR have taken place between Ethiopia and Somalia on providing support to, for now, a limited number of refugees who have expressed a desire to repatriate from Ethiopia. In Djibouti, UNHCR will support an organized voluntary return of 236 Somali refugees from Djibouti by December 2016, as agreed by the respective

governments. In Yemen, the security situation continues to give rise to serious concern for the civilian population and contingency capacity is needed in Somalia to respond to the humanitarian and durable solutions needs of an estimated 30,000 Somali refugees who may choose to return to Somalia in this context in 2017. Since March 2015, a total of 28,815 Somali refugees returned from Yemen.

Political progress promising, but has yet to translate into an improvement in humanitarian situation

While important progress has been made politically in Somalia, the Federal Government of Somalia (FGS) and the newly established Federal States do not yet have the institutional capacity to coordinate response to disasters, or put in place preparedness measures to mitigate the impact of shocks. Efforts are ongoing among humanitarian partners to engage more strategically in catalyzing durable solutions and reducing risk for the most vulnerable, including through engagement in the NDP for 2017 - 2019. This is in line with key outcomes of the World Humanitarian Summit held in Istanbul in May 2016, which include a commitment among humanitarian and development partners to ensure better leadership and coordination between humanitarian and development programming; to strengthen engagement with national and local actors to achieve measurable collective outcomes; and, to continue to link with planned development projects is vital in the coming years, particularly on capacity-building, disaster risk management, and increasing resilience of vulnerable communities. As the programmes planned under the NDP come into effect, humanitarian partners will seek to ensure that humanitarian programmes complement and enable durable solutions and that 'ending need' and reducing risk is prioritized within development programming.

Photo: UNOCHA/Matija Kovac



STRATEGIC

OBJECTIVES

Four core humanitarian objectives in 2017



LIFE-SAVING

1

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



NUTRITION

2

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



RESILIENCE

4

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

STRATEGIC OBJECTIVES

SOMALIA

Four strategic objectives for humanitarian response in 2017 developed in recognition of the centrality of protection in humanitarian action in Somalia.

PROTECTION

3



Reinforce the protection of the displaced, and other vulnerable groups at risk.

1

Programming will deliver integrated life-saving assistance to the 1.1 million people in 'emergency' and 'crisis'. This includes improved household access to food, including conditional and unconditional cash vouchers and food vouchers, integrated nutrition, health and WASH support to reduce morbidity and mortality among vulnerable girls, pregnant and lactating women, boys and men, as well as vital emergency education and protection services. The centrality of protection will remain central to preparedness actions and life-saving efforts.

3

The objective is to strengthen protective services in a multi-faceted approach to improve the protective environment, prevent and respond to protection risks, and provide access to protection services community-based improve protection structures in hard to reach areas; and provide support to internally displaced persons to achieve durable solutions through technical advice, analysis, strategy development, advocacy and direct interventions.

2

Within the broader framework of the previous strategic objective, the aim of this objective is to reduce malnutrition levels in a sustainable manner, including 320,000 malnourished children, who are unable to meet their minimum food needs. This will be achieved through the provision of multi-sector programming, such as integrated health, nutrition and WASH services, to IDPs and host communities with high prevalence of malnutrition.

4

Programming will promote access to food, education, shelter and WASH (including among internally displaced persons) to ensure that basic needs are met. For individuals and households at risk, the provision of targeted and predictable safety nets will help them mitigate the effects of seasonal risks and avoid them slipping into acute insecurity.

RESPONSE**STRATEGY**

Under the umbrella of the overarching three-year humanitarian strategy for Somalia for 2016-2018, the humanitarian community has developed a prioritized, response plan in 2017 to save lives, ensure the protection of the most vulnerable, strengthen resilience, support the provision of basic services and enable durable solutions through a coordinated, comprehensive and multi-sectoral approach. Throughout the implementation of this plan, the humanitarian community will embed the principle of the centrality of protection by means of a humanitarian response to protect the most vulnerable groups. The plan has been developed in consideration of and in complementarity with ongoing and planned development programming.

The lack of significant longer-term development programmes in a context of conflict, recurrent climatic shocks, such as the ongoing drought, cyclical displacement, extreme poverty, and inadequate basic social services continually undermines the resilience of millions of Somalis who remain vulnerable to both natural and man-made disasters. A combination of these factors continues to perpetuate the vicious cycle of humanitarian emergencies in the country and given the current situation of drought and poor rain forecasts has the potential to escalate without timely action. Recognizing that the persistent vulnerabilities and the urgent needs arising from them are interlinked with underdevelopment and fragility, and the little prospects of recovery in the short term, the humanitarian community in Somalia continues to take longer-term outlook for humanitarian action. The low absorption capacity and absence of services for many host communities, the displaced and returning refugees underscore the requirement for moving towards durable solutions. As secondary displacement occurs during the onset of natural or man-made disasters, durable solutions to protracted displacement is vital.

In the second year of the three-year humanitarian strategy spanning 2016 - 2018, the overall goal is to maximize available humanitarian assistance and resources. Basic life-saving assistance targets the most vulnerable and the resilience of people susceptible to vulnerability is strengthened by concurrent programming until sustainable development assistance is provided. Therefore, understanding that the scope and acuteness of needs continue to increase despite concerted effort to save lives and livelihoods, the 2017 response strategy integrates resilience initiatives as indispensable to building the capacity of the most vulnerable

to current and future shocks. While entirely humanitarian in scope, the plan also encompasses continued efforts to ensure that the humanitarian response enables enhanced engagement with development programmes to catalyze initiatives that will shrink humanitarian needs and reduce risk, and eventually address the underlying causes of crises, and to strengthen the resilience of Somali people and communities to prepare, respond and recover from crises. Additionally, discussions are ongoing with donors and partners about a strategic developmental resource mobilization effort alongside and in complementarity to the Humanitarian Response Plan.

Response priorities

The response strategy embeds the centrality of protection as the starting point for humanitarian action. Multi-sectoral life-saving humanitarian response will be prioritized throughout the year to focus on providing assistance to the most vulnerable and to those most at risk. Protection of all people affected and at risk will inform humanitarian decision-making and response across all clusters and will be central to preparedness efforts, as part of immediate and life-saving activities, and throughout the humanitarian programme cycle. In practical terms, this means there will be increased focus on identifying who is at risk, how and why and thereafter, taking into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and internally displaced persons, the elderly, people with disabilities, and people belonging to other minorities.

The response strategy is developed based on the identification of the needs of the most vulnerable people, and with a rigorous approach to response prioritization based on vulnerability and chronic needs. Responding to identified

protection risks and violations is central to the provision of all activities within the humanitarian response and beyond, which will be outlined in a comprehensive protection strategy aimed at halting the recurrence of protection violations. This underlines the significance of protection to all aspects of the response and reinforces the accountability of the HCT towards affected people, particularly in relation to addressing protection risks and violations appropriately. Under the overarching three-year humanitarian strategy, which remains existing, the one-year response plan is refined to reflect changes in the humanitarian and development context.

As a result, the following response priorities were set by the Somalia Humanitarian Country Team (HCT) with due consideration of boundaries such as access, capacity to respond to emergencies, funding availability, lessons learned from previous response and priority humanitarian needs identified in the 2017 Humanitarian Needs Overview (HNO):

- Protect the rights of children and victims of sexual and gender-based violence, as well as civilian victims of violations in the conduct of armed conflict. Enhance protection information monitoring and analysis systems. Promote respect of humanitarian principles by military actors;
- Prevent and treat communicable diseases, control outbreaks and increase immunization coverage, especially for measles and polio;
- Tackle food insecurity and prevent food security crises through diversified programming, including resilience-building;

- Bring malnutrition and mortality rates below ‘emergency’ levels through a holistic approach and integrated health, WASH, nutrition, shelter and food security programmes, especially in IDP settlements;
- Protect freedom of movement, prevent forced evictions and promote and support the return and reintegration of the internally displaced persons and returnees.

The HCT also recognized the need to commit to continuing efforts on the following cross-cutting issues:

- Enhance collaboration with development partners on reducing risk and ending need, and explore options for a more joined-up approach to addressing immediate emergency needs and underlying causes in a more sustainable manner;
- Strengthen coordination and engagement with national NGOs and local authorities, including emerging states;
- Develop a robust, principled and accountable system based on seasonal planning and early warnings based on reliable data that advocates and monitors for appropriate responses to emergencies;
- Sustained advocacy on the humanitarian situation in Somalia to ensure that international attention and funding is available to respond to humanitarian needs presenting the situation in a way that is complementary and linked to the centrality of protection;
- Improve humanitarian access, including through enhanced analysis of access constraints in priority areas and by addressing administrative impediments.

Photo: UNOCHA/Gemma Sanmartin



Scope of the strategy

Establishing four key strategic objectives to work towards in 2017 has enabled clusters to focus strategic response plans on delivering against key cluster-level objectives, as well as monitor response through quarterly periodic monitoring reports by reporting on strategic-level indicators, which will allow better prioritization and flexibility of response⁹. Clusters have identified the number of people they plan to reach in 2017 based on priority needs, access, and funding and technical capacity considerations. The targeting exercise also factored in ongoing interventions by various stakeholders outside of the HRP, including the International Red Cross/ Crescent Society, the Organization of Islamic Cooperation, international and local NGOs, bilateral aid organizations and development programmes implemented through the Somalia National Development Plan (NDP).

Clusters will align their response planning according to predictable Somalia seasons in order to ensure the timeliness of the response and improve the effectiveness of the humanitarian operation, as well as enable better emergency preparedness actions according to seasonal shocks and stresses. An inter-sector approach to identify the most pressing needs also served to foster cross-cluster cooperation and the development of multi-sectoral integrated response strategies that maximise impact of effort and resources. In this sense, multi-sector responses will be systematically triggered in support of priority interventions. Gender and protection are mainstreamed across cluster operational

response plans and partners will ensure that all assistance is delivered in a way that promotes the safety and dignity and in accordance with humanitarian principles. The humanitarian community commits to stronger monitoring and advocacy for humanitarian access, protection risks, humanitarian principles and human rights, as well as improved two-way communication with affected people.

Preparedness and seasonal readiness to respond

During **dry seasons**, traditionally between January-April (*Jilaa*) and July-October (*Hagaa*), acute water shortages, deteriorating food security and livelihoods situations, and an increase in water borne diseases, global acute malnutrition (GAM) and severe acute malnutrition (SAM), and resulting displacement are recurrent triggers that require humanitarian response. Dry seasons are the periods when humanitarian partners must pre-position humanitarian supplies and stocks, utilize better road access, as well as conduct sanitation and hygiene awareness-raising and distribute hygiene kits for potential epidemics such as AWD/cholera during the rainy season.

Dry season preparedness measures also include strengthening the river banks at the flood-prone areas, flood awareness-raising amongst the communities, ensuring water supply and life-saving nutritional assistance, emergency health care services and pre-position of health kits, repairing water infrastructure and emergency assistance to rebuild community assets in order to restore livelihoods.

2016 - 2018 HUMANITARIAN STRATEGY

2016

2017 HRP

2018

Humanitarian

2013

2016

2017

2018

2019

Development

New Deal Compact
2013-2016

NDP 2017 - 2019

Integrated Strategic Framework (ISF)

Strategic Review

⁹ Refer to annex II for details on strategic indicators for monitoring, as well as operational response plans and cluster-level objectives and indicators

Wet seasons, traditionally in April-July (*Gu*) and October-December (*Deyr*), include localized flash and riverine floods, disease outbreaks, limited livelihood activities, displacement, destruction and damage of crops, infrastructure and farmlands that also impact on food security. Therefore, the preparedness measures in terms of providing food assistance, emergency nutrition support, non-food items and shelter materials, emergency health services and means to control communicable disease outbreaks, provision of safe drinking water, and scaled-up hygiene and sanitation services for AWD and cholera are crucial. In addition, rainy season preparedness measures also should take into account options for livelihood support, emergency education, livestock disease surveillance and vaccination programmes.

Timely and seasonally predictable funding is vital to ensure that stocks are pre-positioned in flood and drought-prone areas, and that immediate needs are responded to quickly to prevent mortality and morbidity.

The latest climate model from the International Research Institute for Climate and Society confirmed the presence of weak La Niña conditions in October/November, and suggests that these conditions will persist (55 per cent chance) through December 2016 - February 2017. Historically, La Niña conditions are associated with below-average rains and drought conditions in Somalia and neighbouring countries in the Horn of Africa. This could potentially mean worsening and expansion of current drought conditions across Somalia. The expanding drought conditions in Somalia are expected to lead to a further deterioration of acute humanitarian needs well into 2017. The worsening and expanded drought, and the current failure of the 2016 *Deyr* (October - December) rainfall points to an increase in the number of acutely food insecure poor households, reduced pasture and water availability and further disease outbreaks, the humanitarian community plans to work closely with Government partners at the national and regional levels to put in place emergency preparedness measures to mitigate both natural and man-made shocks throughout 2017.

Supporting the Federal Government of Somalia (FGS), state, regional and local authorities, and strengthening linkages with development programmes to end need

Drawing on lessons from previous experience, including the 2011 - 2012 famine, the El Niño phenomena of 1997-8 and 2006-7 and other chronic shocks and stresses, including the most recent flooding and drought that was exacerbated by

El Niño in 2015, the humanitarian community in Somalia developed a humanitarian strategy extending from 2016 to 2018.

The aims are to save lives, strengthen community livelihood systems to withstand shocks and manage disasters, and improve access to basic services. At the same time, the strategy also prioritizes the protection of vulnerable groups, including seeking durable solutions for IDPs. By pursuing these overriding objectives, the strategy utilizes life-saving humanitarian assistance as a platform for vulnerable people to withstand and build resistance to natural and man-made shocks, while at the same time closely linking with current and planned development activities to address the root causes of vulnerability and solve protracted displacement by supporting durable solutions.

The strategy also seeks to strengthen community, individual and local and national authorities' capacity by placing individuals, communities, as well as national and local authorities at the centre of emergency preparedness and response, which is necessary to prevent and mitigate the effects of short-term crises. National and local authorities' ability to prepare and respond to emergencies will be strengthened through continued collaboration and capacity-building by close cooperation, consultation and coordination with regional and federal line-ministries throughout the humanitarian programme cycle, especially by ensuring alignment between humanitarian and development planning and programme implementation, including advocating for appropriate legislation and supporting the establishment of institutional structures.

During the formulation of the three-year humanitarian strategy for Somalia for 2016 to 2018, consultations between humanitarian partners, Government counterparts, development partners and donors led to better linkages with ongoing development efforts, such as finding durable solutions for internal displacement and ensuring complementary programming for returning refugees. As per previous years, the strategy is linked with other state-building and development-focused activities in order to address many of the underlying causes of recurrent humanitarian crisis in Somalia and to strengthen the resilience of Somali people and communities to prepare, respond and recover from future crises. The strategy also envisions that, by the end of 2018 sufficient resources be made available, the current caseload of people in need of assistance would have reduced as a result of increasing development and humanitarians will only focus on emerging and urgent needs – such as those of newly displaced people and the severely food insecure – with the longer-term needs to build more resilient livelihoods and basic services, strengthening disaster risk management, and ensuring durable solutions for IDPs and returning refugees being addressed by development assistance.

In the first year of the three-year strategy, humanitarian response was aligned with the New Deal Compact¹⁰ to enable the people of Somalia and its international partners to address a range of development challenges, factoring in humanitarian action, to improve people's ability to be self-reliant and strengthen access to basic services. This was done to the extent that the New Deal Compact prioritized development activities in comparison to political and security priorities. At the culmination of the New Deal in 2016, and throughout its preparation and formulation, the strategy will closely assimilate with and complement the Somalia's NDP for 2017-2019 in order to avoid duplication.

While not yet translating to improved socio-economic conditions, the political progress seen in Somalia in recent years has enabled steps towards more sustainable strategic planning and approaches to reducing risk and vulnerability, including as reflected in the upcoming NDP. While the scale and scope of development programmes in Somalia continues to be limited, the humanitarian community will capitalize on the opportunities this has provided so far to strengthen linkages between humanitarian and development programmes and help strengthen the capacity of the people who are most vulnerable and at risk, to keep them from sliding further into 'crisis' and 'emergency'.

As a result of environmental degradation, diminishing natural resources, notably pasture, and increasing urbanization, it is important to strengthen collaboration and support Government structures at national, state, regional and local levels to establish effective disaster management, preparedness and response. In this sense, the 2017 HRP will closely assimilate with and support the Resilience Chapter in the NDP, especially to reduce vulnerability, mitigate risk and the impact of natural disasters. This will be enabled through strengthened engagement with national and regional authorities through close collaboration in planning and prepositioning exercises, and information sharing, while improving the early warning mechanism and identification of triggers, and build capacity to prepare and respond to humanitarian crises. This also addresses the humanitarian-development divide and works toward ending need by breaking the chronic cycle of humanitarian emergency.

Further, as the programmes planned under the NDP come into effect, humanitarian response will focus on complementing programming, increasing and decreasing in scale and focus where necessary to ensure the most vulnerable people continue to be provided with vital humanitarian assistance, and act as an enabler in providing basic services and livelihoods, disaster risk management and prevention, and building resilience during the transition to development programming, as well as catalyzing durable solutions for returning refugees and to end cyclical displacement.

Response to refugee returns

UNHCR will provide return packages to Somali returnees who avail themselves of support upon their arrival in Somalia to address their most immediate needs in areas of return. This will be followed by interventions in support of early reintegration in close coordination with relevant resilience and development actors under the Comprehensive Solutions Initiative to allow access to basic services and livelihoods. UNHCR will develop and initiate the Comprehensive Refugee Response Framework (CRRF) in close coordination with partners.

Through continuous engagement with the federal and state governments of Somalia, and governments in countries of asylum including Kenya, Ethiopia, Djibouti and Yemen,

Photo: DRC/ Axel Fassio



UNHCR and partners will support and monitor the voluntary repatriation of Somali refugees. Support and assistance will be provided at various border and home way stations established in strategic areas (Dhobley, Kismayo, Baidoa, Luuq, Afmadow and Mogadishu) through the means of mobile technology to ensure the safety and dignity of persons of concern. Protection, return and post-return monitoring will be focused on knowing the conditions during return movements, upon arrival in areas of origin and during the six months to one year post arrival. This is to ensure that most urgent needs of returnees and their communities are addressed in a timely manner and that returnees are sustainably reintegrated in their communities.

Return and reintegration packages developed in 2016 will be pursued in 2017 and joint initiatives with humanitarian and development actors to create conditions conducive for return will be promoted to sustain returns/reintegration and avoid secondary displacement. Reintegration activities (permanent shelter/NFI kits, livelihood activities, medical assistance, food rations, reinstallation grants, access to education and

¹⁰ The "New Deal" also defined a set of principles and mutual commitments to ensure an accountable, effective and transparent relationship between the Somali Government and the international community. This includes a section on humanitarian principles whereby the Government reaffirms that it will help facilitate full humanitarian access and that it will not interfere with humanitarian actors' neutrality, impartiality or independence from political, economic and military processes. It also established a Somalia Development and Reconstruction Facility (SDRF) to be jointly managed by the Somali Government and international partners. The SDRF will oversee the alignment of international financing with government priorities, reduce fragmentation of aid, and increase Somali ownership and leadership in the transition out of fragility. It will have several funding windows including a UN Multi-Partner Trust Fund that will record donor funds in the Somali Government budget with the aim to increasingly channel funds through the treasury.

community-based project) will follow an area-based and/or community-based approach in close coordination with development actors to ensure that assistance benefits entire communities including refugee returnees, IDPs and the resident population in areas of return. Humanitarian clusters will focus specifically on ensuring humanitarian services for the most vulnerable are sustained and that emergency services are available while more sustainable solutions are developed. Under the leadership of the Resident and Humanitarian Coordinator, and with the oversight of the UN programme monitoring team, a Durable Solutions Initiative has been launched. The initiative has been conceived with the full cooperation and participation by federal and regional authorities and civil society. At the core of the Durable Solutions Initiative is to provide area-based approaches to displacement in Somalia that combine humanitarian, development and governance elements.

Cash-based programming as a modality

Cash-based programming has a long history in Somalia and has been increasing in recent years. In the 2016 Somalia HRP, it was estimated that 40 per cent of the financial requirements were for cash-based programmes. Global processes including the Grand Bargain and the IASC Principals attempted to address some of the wider issues related to the scale of cash and multi-purpose cash in the system, and at the country-level it was agreed that a coherent approach to cash and voucher programming is used as a modality across and within a response. Therefore, humanitarian partners have committed to explore, where it is feasible and appropriate, further space across the response strategy to include cash-based programming that can meet multiple objectives (multi-purpose cash). Coordination and monitoring of multipurpose cash is being included in the HRP due to its importance as a cross-cutting modality, based on needs and beneficiary preference. Partners have developed multi-purpose assistance projects that aim to reduce alarming food insecurity and malnutrition levels in Somalia by supporting basic services through the provision of unconditional cash.

Gender considerations

The Somalia crisis is exacerbated by deep-rooted and structural gender inequality and discrimination, which undermines the rights, welfare and coping mechanisms of women and girls across the country. Somalia ranks the fourth lowest country globally for gender equality (UNDP 2012) and women score consistently lower than men on most key indicators. For example, nearly 75 per cent of women between 15-24 years are illiterate and women are severely disadvantaged with regard to education, livelihood, employment opportunities, political participation and decision-making¹¹. In addition, women and girls remain at risk of various forms of sexual and gender-based violence, including rape and sexual assault, in both the public and private sphere at the hands of State and non-state armed actors and, in some cases, members of their family or community. The consequences of such violence are often devastating, including loss of life, injury and disability, in particular when combined with lack of access to medical help and other services and assistance. Women and girls also suffer due to various harmful traditional practices, in particular related to forced and early

marriage, early pregnancy and female genital mutilation, which pose a threat to the health and well-being of girls and young women. While limited data exists, reports indicate that men and boys may also be subject to various forms of gender-based violence, and in most cases are more exposed to forced recruitment by armed actors. Despite recent commitments by the Government, GBV in Somalia is exacerbated by weak or non-existent law enforcement and judicial infrastructure, which combined with cultural sensitivity about such violence results in a climate of impunity that facilitates further violence. The humanitarian crisis has compounded gender inequality and discrimination in Somalia, in particular among internally displaced people, the majority of whom are women and children

The lack of sex- and age-disaggregated data in Somalia remains an ongoing challenge. Gender and social analysis will be part of all planned responses across four strategic objectives of the Somalia plan and will be integrated into the targets and defined indicators at cluster-level, as well as at strategic-level. Response-monitoring plans will cover gender in monitoring and, in 2017, there will be more focus on disaggregating results as indicators will be broken down by sex and age. Dashboard indicators, containing cluster-level response indicators, will be revised to include better gender-sensitive response monitoring.

Taking into account the different needs of women, girls, boys and men makes humanitarian response more effective and equitable. The use of the IASC Gender Marker ensures that gender is effectively mainstreamed throughout projects and allows for gender-sensitive programme implementation. As such, humanitarian organizations working under the Somalia HRP are required to make clear and operational commitments to gender equality in line with gender in emergencies minimum standards, and ensure this forms an integral part of all of their programmes. In promoting risk and vulnerability analysis, priority will be placed on data disaggregation by age, sex and diversity to ensure that protection and assistance activities respond to the different concerns and risks of women and men of all ages and background. For example, women's limited access to assets such as land, water and livestock perilously restricts their ability to ensure the well-being and survival of their families and themselves. Hence the need to ensure that women's as well as men's access to and control over production means (credit, agricultural inputs, farming tools and land) are fully recognised and addressed. In tackling life-saving needs such as malnutrition and food insecurity, a strong focus will be placed on the gender aspects of poverty, as women are often the poorest, yet, culturally primarily responsible for household food and nutrition security. Providing equitable education opportunities will lie at the core of ensuring that livelihoods and employment opportunities for girls, women and youth are ensured in the future. Lastly, ensuring the centrality of protection is placed at the core of humanitarian action in 2017 is vital to ensure that humanitarian response is geared towards saving lives, ensuring safety and security, alleviating suffering providing dignity to all women, girls, boys and men, especially marginalized groups such as IDPs, old people, people with disabilities, and minority groups.

¹¹ World Bank, March 2015

Accountability for affected populations (AAP)/ communicating with communities (CwC)

As part of the Humanitarian Response Plan for 2017, the HCT and the ICCG will seek to establish a collective approach on AAP/CwC to bring together the individual efforts of agencies and NGOs and ensure that community voices inform HCT strategic decision-making and help adjust operational plans appropriately. Clusters will build and expand on what is currently obtained by ensuring feedback and accountability mechanisms are integrated into project activities, monitoring and reporting. Programming will be adapted to the feedback where possible. Clusters will also provide accessible and timely information to affected populations so they can make informed decisions and choices, including putting in place mechanism that promote dialogue between humanitarians and affected populations. This will entail identifying opportunities to work with local authorities, community structures and local leadership. Vulnerable groups with special needs such as women, girls, unaccompanied minors, the elderly, disabled persons, female headed households and survivors of different forms of abuse, will be prioritized. Building on the above action, the development of a 4W on accountability activities will minimize duplication and identify areas where agencies can coordinate at field/level and/or identify where there is potential for harmonization of feedback and complaints mechanisms between agencies. The ICCG will also report to the HC/HCT on trends identified and outcomes from community consultations.

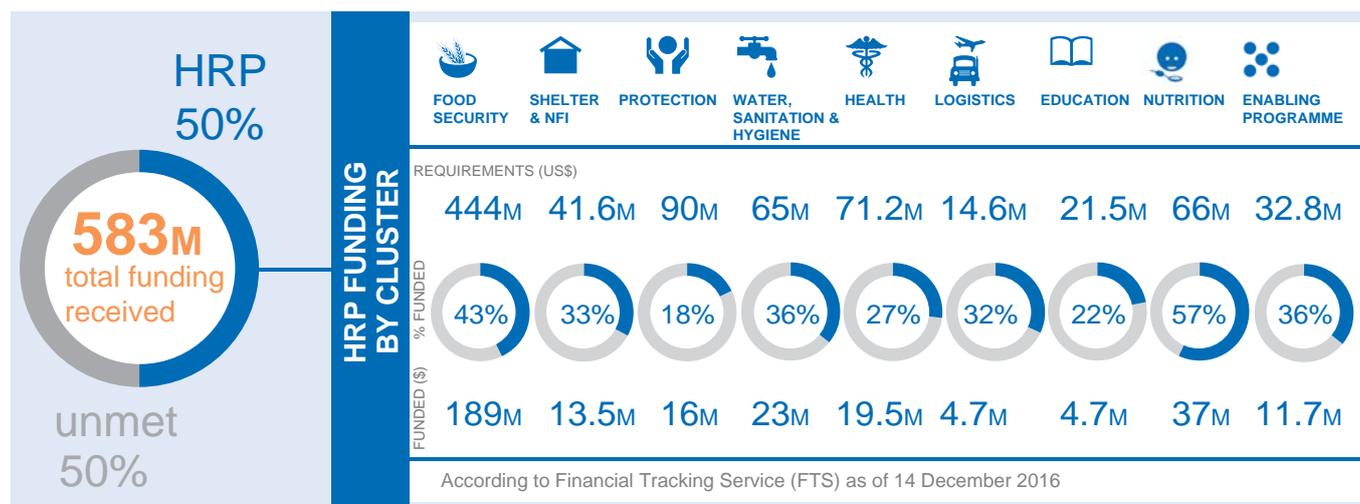
Strategic use of pooled funds to ensure timely, coordinated and effective humanitarian response

Pooled funds remain key for enabling timely, coordinated and effective humanitarian response to the most urgent needs in Somalia. The Somalia Humanitarian Fund (SHF) and the United Nations Central Emergency Response Fund (CERF) provide flexible funding for highest priority and life-saving interventions and empower the Humanitarian Coordinator and the HCT to lead and steer response. Combined, the two pooled funds typically cover 15 per cent or more of the total annual contributions to humanitarian needs in Somalia.

SHF is a critical source of predictable, quick and flexible funding for humanitarian response across Somalia. Relying on its standard and reserve allocation modalities, SHF will continue to provide a lifeline for national and international partners assisting the most vulnerable people in Somalia. Depending on available resources and anticipating seasonal cycles, SHF funding will be prioritized for the most strategic and impactful emergency interventions that will save lives, boost response and strengthen coordination.

In the event of sudden or slow onset emergencies, when situation has deteriorated rapidly, or when the overall availability of resources for response has been critically, CERF funds have been a lifeline to kick-start and boost response in Somalia. Humanitarian responders will continue to rely on CERF's resources to support the strategically prioritized life-saving interventions. The use of the two funds will continue to be closely aligned to ensure complementarity and the most effective use of the limited available resources.

HUMANITARIAN FUNDING - DECEMBER 2016



OPERATIONAL

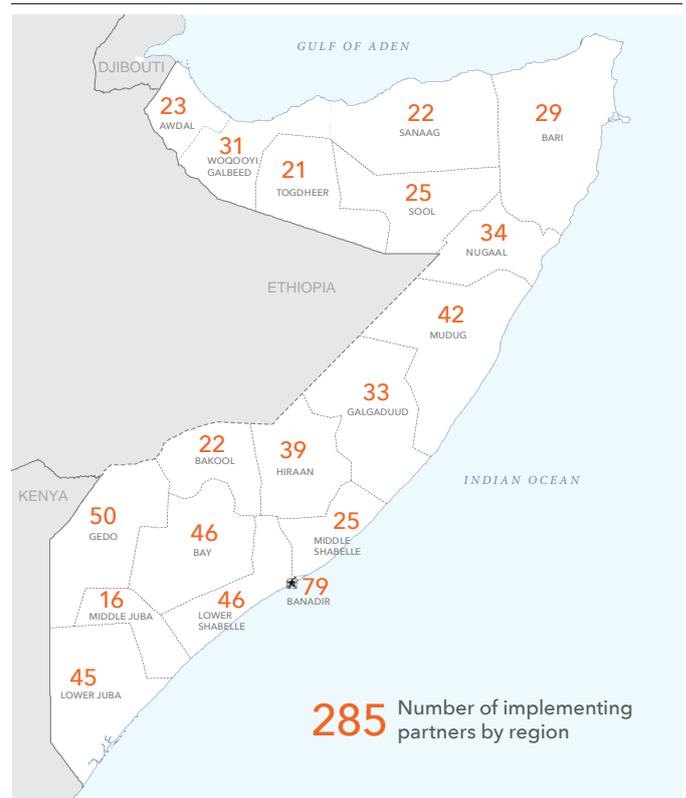
CAPACITY

The Government still needs support to respond to emergencies, in particular in southern and central Somalia, and humanitarian partners continue to rely on national staff to implement programmes within the country due to insecurity.

In 2016, over 280 humanitarian partners including UN agencies, national and international NGOs are actively implementing projects in Somalia. This is a significant expansion from 2015, where a total of 182 partners were operational delivering assistance. In southern and central Somalia, there are 7 UN agencies and 191 NGOs delivering assistance. Humanitarian access is still constrained in large parts of southern and central Somalia due to insecurity. As the capacity of key and collaborative Government institutions still requires support and resources, it is vital that the humanitarian community works closely with key Government counterparts throughout the humanitarian programme cycle. Members of the Inter-Cluster Coordination Group will continue to work closely with relevant Government line-ministries to strengthen cooperation and linkages with development programmes through the sectors. The relevant counterpart institutions are the Ministries of Interior and Federalism, Planning and International Cooperation and the Disaster Management Agency, which is the nominal Federal-level interlocutor for humanitarian partners. Limited resources and funding for Government institutions continues to affect their ability to carry out their constitutional mandates. In many areas local administrators have assigned humanitarian focal points as main counterparts for humanitarian partners. These are positive developments and demonstrate the Government's increased commitment to lead humanitarian response efforts.

In Puntland, there are close to 70 humanitarian agencies with operational presence. However, humanitarian partners continue to operate with minimal funding and frequent turnover of implementing and field staff. Funding constraints have been the main challenge to timely and appropriate response. With the support of OCHA and humanitarian partners, the Puntland Humanitarian Affairs and Disaster Management Agency (HADMA) mobilises humanitarian partners, coordinates assessments, advocates for prioritization of response and ensures timely information sharing. Humanitarian action is coordinated through thematic areas or clusters. HADMA as government agency coordinates humanitarian forum and disaster meetings with partners but does have its own resources for response. It reports directly to Office of the President and Ministry of Planning. Six regional clusters are active: education, food security, health, nutrition, shelter/non-food-items and WASH. OCHA regional hubs and offices also provide leadership and coordination through Regional Inter-Cluster Coordinating Groups (RICCG) to identify emerging cluster specific needs, gaps and recommend

OPERATIONAL PRESENCE: NUMBER OF PARTNERS



priority actions.

In Somaliland, more than 60 humanitarian organisations are currently operational. There are sectors, led by government line ministries, which play a pivotal role in preparedness and response activities. The Somaliland administration has emergency response structures and mechanisms, which are activated in times of drought. The National Disaster Council provides overall leadership, while the focal agency for the coordination of emergency responses is the National Environmental Research and Disaster Preparedness Agency (NERAD). NERAD does not have adequate capacity to respond to emergencies and has no properly resourced disaster risk management system. The humanitarian cluster system was reactivated during the recent drought with five active clusters (food security, non-food items and shelter, nutrition, protection and WASH). The existing sector and cluster coordination mechanisms are under review to better align the two and ensure greater complementarity.

HUMANITARIAN

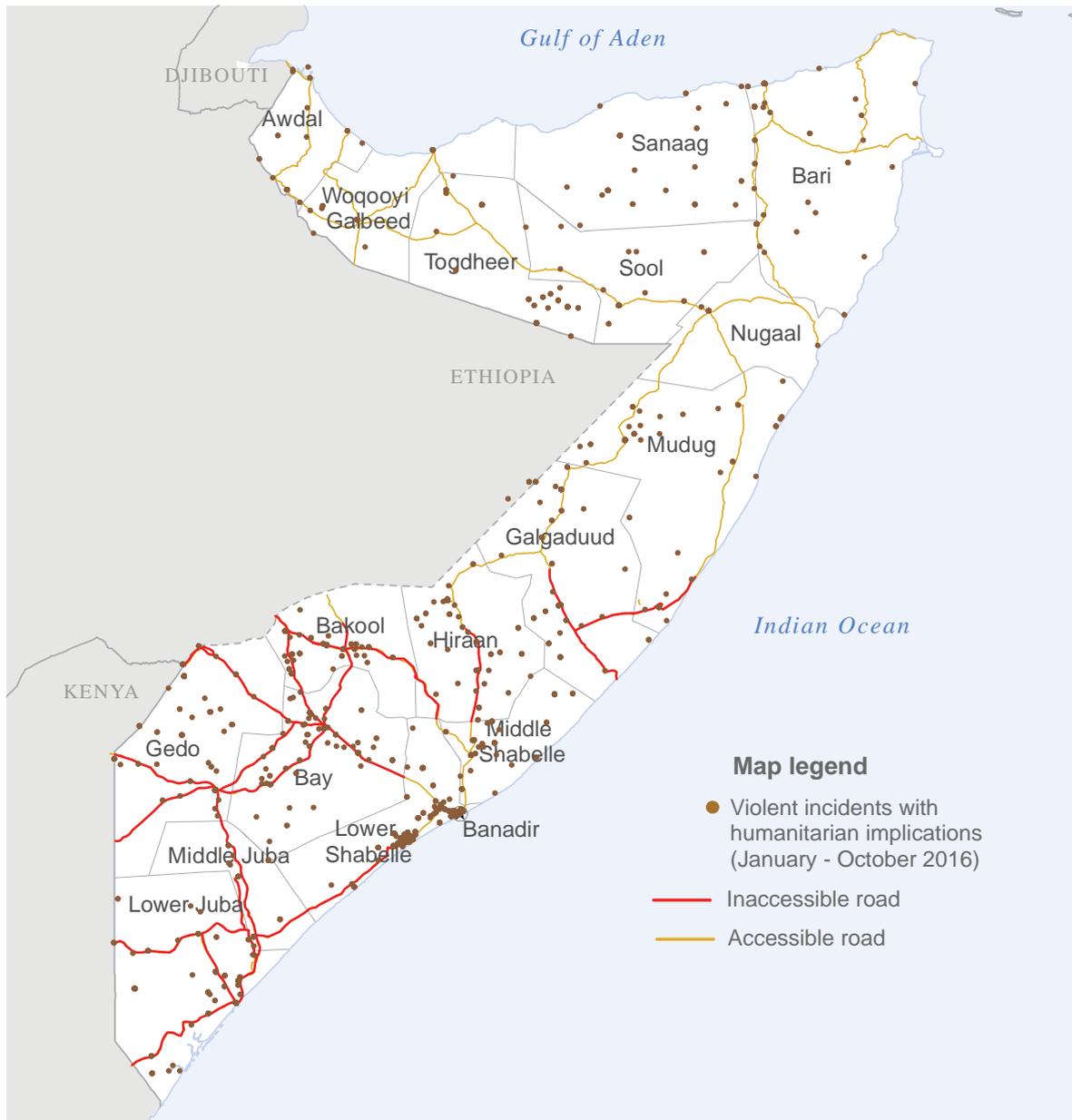
ACCESS

Humanitarian organizations continue to face a demanding and risky operating environment in Somalia. The continuation of humanitarian assistance remains vital to address the immediate needs of the over 4.9 million people in need. As highlighted in the 2017 Humanitarian Needs Overview (HNO), regular and sustained access remains a challenge due to surging insecurity, limitations on capacity, limited infrastructure and funding constraints. Staff safety and security remains a major concern. Road access limitations continue to increase operational and transportation costs for humanitarian agencies delivering relief supplies to areas with severely restricted access in southern and central Somalia and to increase commercial food prices as traders transfer the high cost of operating in unregulated areas to consumers,

making it difficult for vulnerable people to access food and other essential commodities. Administrative impediments have also been on the rise and continue to result in delays and interruptions in aid programming. Further, funding related constraints are significant and include limited funding compared to the vast humanitarian needs, funding conditionality related to programmatic profile, restricted geographic locations of projects, short duration of projects, and counter-terrorism measures. In November 2015, the Somalia Humanitarian Country Team (HCT) established a humanitarian access taskforce led by OCHA to spearhead initiatives to contribute to the maintenance and establishment of humanitarian access, including through joint inter-agency

OF SECURITY INCIDENTS IN 2016

2,080



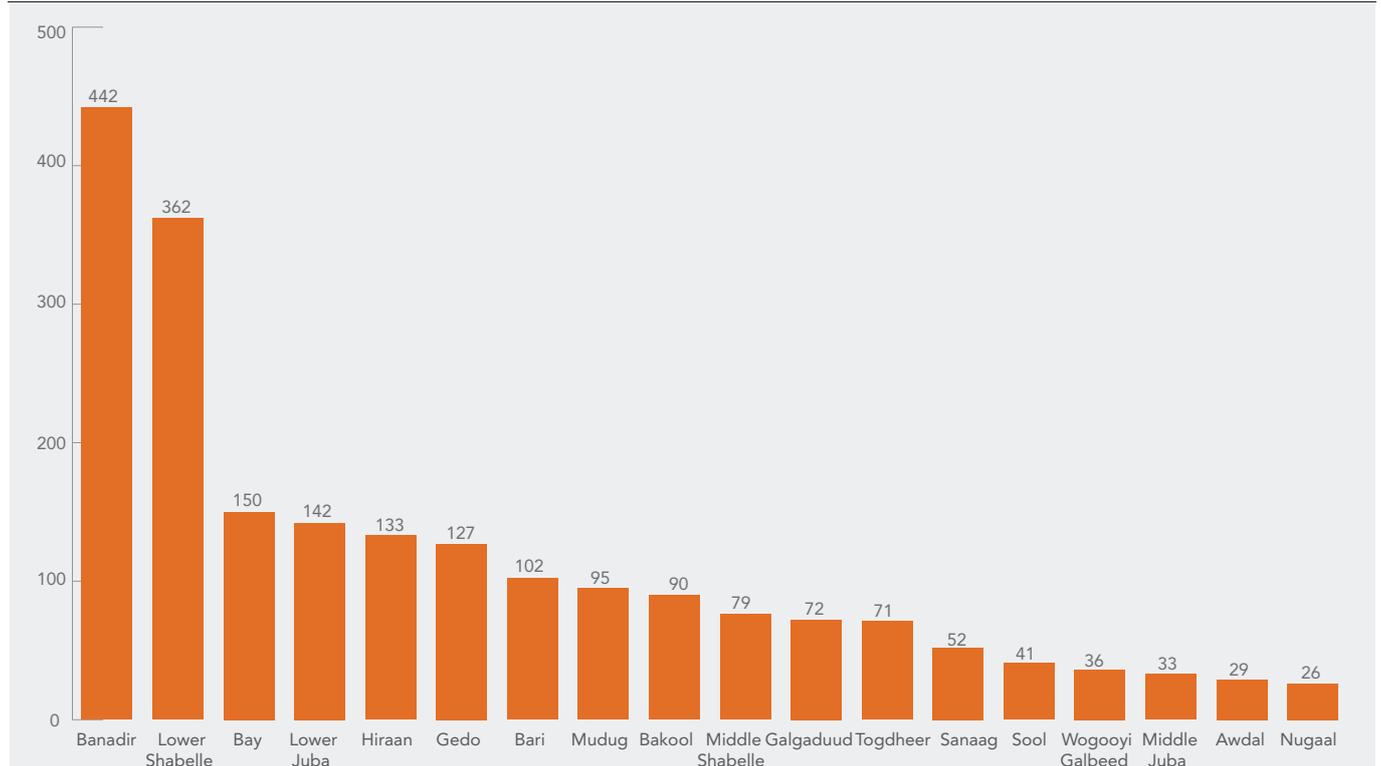
access analysis, collaborative efforts to facilitate access and to coordinate actions to establish and maintain access. Through in-depth analysis of humanitarian access constraints and needs in Somalia, the taskforce developed an access strategy and action plan for the period September 2016 to August 2017. The strategy builds on the analysis of the findings of the April 2016 Somalia humanitarian access survey, components of the May 2014 HCT access discussion paper, and reports generated through the OCHA humanitarian access monitoring and reporting framework (AMRF) that was rolled out in Somalia in June 2014.

In 2017, the HCT-Access taskforce aims to scale up the promotion of systematic and collective approaches to tackle humanitarian access constraints, through ensuring the provision of accurate and timely evidence-based analysis, ensuring appropriate attention to humanitarian access issues and concerns by scaling up engagements with key stakeholders through evidence-based advocacy and support to access negotiations' efforts. The Taskforce will also work closely with relevant security information and management structures (including NGO security focal points, and the UN department for Safety and Security (UNDSS) to contribute to an enabling environment, based on a clear analysis of security risks, programme criticality, and potential mitigating measures. It will also continue to prioritize advocacy with government authorities at the national and regional levels to expedite the processes to put in place harmonized enabling regulatory frameworks for NGOs and international organizations, and to undertake measures to, simplify

administrative procedures, streamline reporting lines and address the rising bureaucratic impediments. Dialogue, tailored capacity building and as appropriate trainings will be provided to government authorities and humanitarian partners to promote adherence to the humanitarian principles and protect humanitarian space.

Dialogue with the national and regional level senior government authorities to remove checkpoints and facilitate the movement of humanitarian supplies and other essential supplies will continue in 2017. Following the initiation of dialogue with the authorities on the need to address extortion at checkpoints manned by pro-government security forces, assurances were obtained from the South West Administration and Middle Shabelle regional authorities, and the Federal Government of Somalia's Ministry of Interior and Federalism. Advocacy with the authorities to sustainably address the problem has been prioritized and will continue. Humanitarian organizations will also continue to call upon AMISOM to strengthen the implementation of its facilitation of humanitarian access role, particularly in relation to securing roads. Emphasis will also be placed on continued advocacy with AMISOM for greater responsibility for actions of troops aligned to them under principled command responsibility, including Somali National Armed (SNA) and militia groups fighting alongside the SNA, to ensure that they are able to interact with civilian populations and humanitarian organizations in accordance with International Humanitarian and Human Rights Laws.

REPORTED INCIDENTS PER REGION (JANUARY - OCTOBER 2016)



RESPONSE

MONITORING

The Somalia HCT has identified a number of clear and measurable strategic outcome-level indicators against each of the four strategic objectives. Progress against these key indicators will be monitored regularly through quarterly periodic monitoring exercises and coupled with analysis of risks and gaps to inform response preparedness activities and prioritisation of resources. Cluster coordinators will also work with partners to collect data against the cluster-level objectives and indicators, used for reporting through the monthly Humanitarian Dashboard.

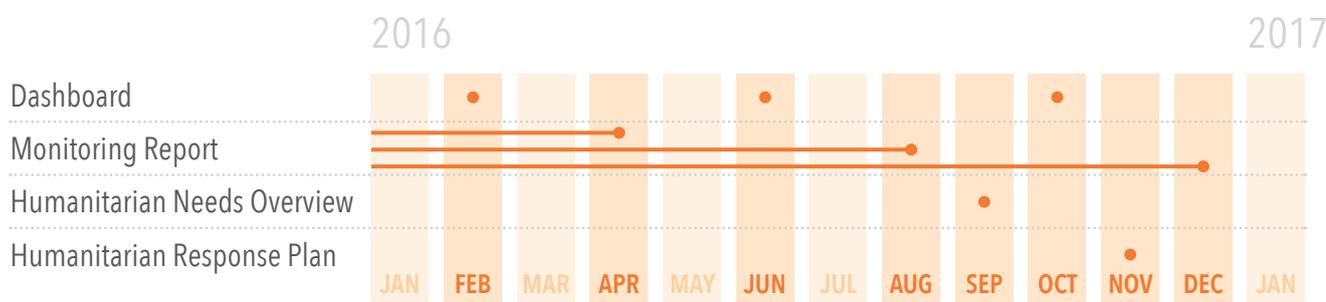
At the operational level, the HRP online project system (OPS) database provides greater detail on projects, including regional and district-level breakdown of targeted beneficiaries. Project vetting at the cluster level was based on regional and district level breakdown of the beneficiaries targeted for humanitarian response in 2017. This information is available for donors and humanitarian partners via the Financial Tracking System (FTS). The main challenge has been to ensure that humanitarian assistance reaches target beneficiaries, particularly in areas where access is difficult and in settlements for displaced people where gatekeepers systematically siphon off assistance delivered to displaced people. The reliability of data on response reported in standard reporting and monitoring tools, such as implementation reports and 4Ws, will be enhanced through third party monitoring¹² and triangulation. Agencies will also be exploring the use of phone-based surveys and SMS feedback technology to further enhance data points and strengthen the understanding of programme progress. In

areas where access is less challenging, field supervision by implementing and funding agencies will be the primary monitoring tool. As more areas open up in southern and central Somalia, field supervision--which incorporates community feedback mechanisms--is expected to be scaled up, thereby improving the reliability of monitoring reports. .

Risk mitigation and management Remote

Remote management of operations involves high risk of misuse and diversion of assistance. However, humanitarian organizations continue to strengthen efforts to identify and detect risks, evaluate the capacity of implementing partners and track programmes with stronger reporting and auditing tools to ensure delivery of critical, life-saving programmes. The Risk Management Unit (RMU) in the Resident Coordinator's Office and OCHA's Somalia Humanitarian Fund (SHF) four-pillar accountability framework are two of the main risk mitigation mechanisms that have increased humanitarian partners' capacity to prevent and detect misuse of resources. The approach to risk management is based on four mutually reinforcing objectives: to maximize the impact of assistance provided; to protect beneficiaries; to build local project and risk management capacities; and to avoid corruption and aid diversion. The United Nations Somalia Risk Management Unit provides the United Nations system with risk management advice, risk management training, monitoring services and risk assessments for potential and existing partners. Risk assessments contain

HUMANITARIAN PROGRAMME CYCLE TIMELINE



designed to help agencies address or mitigate identified risks, including fiduciary, fraud, programme, integrity and reputational risks.

¹² Third party monitors are Somali consultants/contractors who can access areas that are not accessible to funding agencies and monitor the quality and progress of activities delivered.

tailored recommendations designed to help agencies address or mitigate identified risks, including fiduciary, fraud, programme, integrity and reputational risks.

The Somalia Risk Working Group (RWG), chaired by the Risk Management Unit, shared information on high-risk partners and collaborated in seeking common approaches to risk management challenges. The working group developed a minimum partner information collection standard, which was endorsed by the United Nations Country Team. This standard is intended to provide consistency in partner information collection for the benefit of all United Nations agencies in Somalia. The Risk Management Unit also chairs the Multi-Party Risk Working Group (MPRWG) made up of UN agencies, donors and NGOs

Process and participation

The 2017 HRP process started in September, when the ICCG agreed on the outline and elements of the HNO. Cluster coordinators submitted inputs based on agreed guiding questions for single sector data and information. OCHA drafted multi-sectoral analysis based on FSNAU food security and nutrition assessment results, data from other clusters and

secondary sources, and information from FEWSNET, Somalia Water and Land Management Information System (SWALIM) and the 2013 UNDP Human Development Index for Somalia, as well as the World Bank.

On the basis of the key priority needs identified in the 2017 HNO, the HCT endorsed the 2017 strategic objectives and agreed on the overall implementation and budgeting strategy for 2017. Subsequently, OCHA and the ICCG organized follow-up technical-level discussions to identify key outcome indicators under the HCT strategic objectives, geographical focus, and the number and type of people to be targeted with humanitarian assistance in 2017. Consultations at the sub-national level took place in Garowe, Hargeysa, Kismayo and Mogadishu to ensure regional inter-cluster feedback and insight into response priorities in 2017, as well as Government participation and consultation in the development of the 2017 HRP. At the same time, clusters developed their response plans and partners uploaded their projects on the OPS. The HC reviewed the projects and after suggested revisions were incorporated, the list of 2017 Somalia HRP projects was finalized on 25 November.

Photo: UNOCHA



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



5M

PEOPLE TARGETED



3.9M

REQUIREMENTS (US\$)



864M

	TOTAL		REQUIREMENTS
	People in need	People targeted	Total
 Education	3,000,000	210,000	27,000,000
 Enabling programmes	N/A	N/A	28,000,000
 Food Security	5,000,000	3,900,000	396,000,000
 Health	3,300,000	2,000,000	70,000,000
 Logistics	N/A	N/A	14,600,000
 Nutrition	850,050	420,000	110,000,000
 Protection	1,100,000	922,000	77,000,000
 Shelter	1,165,000	540,000	53,000,000
 WASH	3,300,000	2,300,000	59,000,000
 Refugee Response	32,232	32,232	31,000,000
TOTAL	5,000,000	3,900,000	\$864,000,000

PART II: OPERATIONAL RESPONSE PLANS

	Education	26
	Enabling Programmes	28
	Food Security	30
	Health	32
	Logistics	34
	Nutrition	35
	Protection	36
	Shelter	38
	Water, Sanitation & Hygiene (WASH)	40

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PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



EDUCATION OBJECTIVE 1:

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

RELATES TO SO1 & SO3

EDUCATION OBJECTIVE 2

2 Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion

RELATES TO SO3 & SO4

EDUCATION OBJECTIVE 3

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

RELATES TO SO4

EDUCATION

Overview

The capacity of the education system and limited outreach of the Ministry of Education (MoE) in southern and central Somalia to address the education rights and needs of affected girls, boys and adolescents remains weak. Protracted emergencies and continued emerging emergencies – conflict, drought and flooding - have heavily impacted education. Access to education continues to be inadequate, with only 30 per cent of children accessing primary education countrywide, and 3 million children still out of school, with the majority in southern and central Somalia. As a result, the country has the highest score on protection risk level in the world

Low rates of enrolment, learners' retention and high gender and regional disparities prevails across the country. The recent Education baseline survey indicated that an average of 90 per cent of schools do not have access to safe drinking water and 61 per cent of school do not have functional latrines across southern and central Somalia excluding Banadir .

Many children, especially girls, are not only denied of their educational development but also other important benefits such as psychosocial support, protection from threats including sexual exploitation, physical attack and recruitment to armed groups. Direct attacks on education and other broader protection issues are also of concern in areas affected by conflict. Long term closure of schools and lack of schooling activities in the previously inaccessible areas has deprived girls and boys access to other complementary life-saving services that use learning centres as entry points, such as health (deworming, immunisation programmes), nutrition and WASH such as hygiene promotion.

Continued inadequate financial support has impaired the delivery of humanitarian education and, further displacement from ongoing conflict and forced evictions in urban centres in southern and central Somalia have further strained the precarious

community-level social service capacity and the need for education has increased significantly.

Strategy

The Education Cluster will continue with its emergency education interventions for vulnerable and marginalized girls and boys, including IDPs, and returnees affected by conflicts, drought, and flooding in southern and central Somalia, Puntland and pockets in Somaliland. This will ensure that children and youth affected by acute emergencies have inclusive access to quality life-saving education. Education Cluster partners aim to improve access and capacity for the provision of emergency education.

The Education Cluster will work closely with Health, Nutrition, Protection, and WASH clusters to promote an integrated approach, with learning spaces serving as a safe environment and entry point to obtain health services such as screening and immunizations, hygiene and sanitation, nutrition, child protection referrals and creating awareness of child rights issues. Learning centres also provide psychosocial support through peer groups. The Education Cluster will continue to work in close collaboration with humanitarian partners and Government authorities to promote education for future social cohesion and peacebuilding as envisioned in the NDP. It will work on finding sustainable solutions such as transitioning protracted IDP children from temporary learning spaces into the permanent school system, as well as advocating for the right to education for returnee children to be reflected in the development of sector policies and plans.

Response

Education Cluster partners will provide access to education for 230,000 school-age-going girls and boys and youth, focusing on vulnerable and marginalized groups in both rural and urban communities, and internally displaced children, and refugee children returning to Somalia. The Education Cluster is also striving to improve access to girls' education by addressing barriers such



EDUCATION



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as early marriage, lack of awareness of the benefits of girls' education, teachers' gender responsiveness and gender appropriate facilities. Priority activities include: an education package comprised of immediate educational activities in a protective learning environment; emergency incentives for teachers and school administrators; teacher trainings on school safety, life skills and

psychosocial support; essential teaching and learning materials, including recreational; establishment/rehabilitation of safe and protective learning spaces with friendly sanitation facilities for girls and boys; and, strengthen the capacity of community education committees cluster partners and the MoE in emergencies preparedness and response.

Photo: UNOCHA



ENABLING PROGRAMMES

REQUIREMENTS (US\$)

 28M

OF PARTNERS

 7

Enabling better coordination, communications and advocacy, security and information sharing

OCHA, UNDSS, FSNAU, SWALIM, Radio Ergo, REACH, the International NGO Safety Organization (INSO) and the NGO consortium, as members of this cluster, collectively work to provide an enabling environment for humanitarian organizations to deliver life-saving assistance and save livelihoods.

Overview

Well-coordinated humanitarian response and preparedness is critical given the large number of partners and the myriad of man-made and climatic shocks that continue to drive the protracted humanitarian situation in Somalia. In collaboration with all humanitarian partners and in support of the Federal Government of Somalia, the Humanitarian Country Team, led by the Humanitarian Coordinator, with the support of OCHA, provides civil-military and inter-cluster coordination, information management, contingency planning and preparedness, and resource mobilization and advocacy. Expert analysis and the provision of timely and relevant information through regular needs assessments is vital to ensure that decision-making is well informed and evidence-based. There are also still major gaps in sex and age-disaggregated data and overlaying of risks analysis to enable better analysis, and the operating environment continues to be very dangerous and challenging due to the evolving and complex nature of protracted armed conflict and insecurity. Therefore, close collaboration of partners within the cluster is important to enable implementing partners to make efficient and well-coordination decisions, as well as garner enough financial resources to continue to respond to people in need.

Strategy

Strengthening coordination and the capacity of national and sub-national coordination forums and partners will be prioritized in 2017. The cluster leads will continue to work with relevant Government entities and humanitarian organizations to ensure

strategic and operational coordination, with support from OCHA. Coordination with the Government will be facilitated through participation in Government-led coordination mechanisms, both at the national and sub-national levels, which will further enhance the capacity of relevant Government line ministries and departments to better support disaster preparedness and response, including on protection and internal displacement. Regional inter-cluster coordination forums will be strengthened to ensure better regional contextual needs and risk analysis and to highlight gaps in the response while improving seasonal planning, in line with IASC Emergency Response Preparedness approach. As local and international NGOs remain key providers of humanitarian assistance, the NGO consortium will support the NGO coordination mechanism, which continues to improve aid coordination and raise the presence and profile of NGO representation within the coordination structures in Somalia. Further, the NGO consortium will focus on supporting the capacity building of national NGOs to improve front-line response through in-country training and expertise support.

As the humanitarian community will focus on better collaboration with development partners in addressing chronic needs and vulnerabilities in the country in 2017 and beyond, further coordination with development partners will be prioritized. The clusters, at the operational level, will continue to identify priority needs through well designed needs assessments, as well as ensure timely reporting and monitoring to eliminate gaps and duplications in response. Continuous strengthening of the cluster approach at the sub-national level to strengthen regional coordination mechanisms to timely and effective humanitarian action, as well as the need to promote broad based analysis and collective needs identification within and between the clusters will be a core focus in 2017. FSNAU will support humanitarian organizations to continue to identify people in food security crisis and malnutrition by livelihood and inform the nutritional status of the

ENABLING PROGRAMMES

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population to support targeted interventions. In addition to its early warning function, FSNAU carries out relevant livelihood studies and applied research for an improved understanding of underlying causes for food, nutrition and livelihood insecurity in order to better inform longer-term programme response. SWALIM will continue to provide early warning information to improve flood risk management along the Juba and Shabelle rivers and develop the flood risk management capacity of FAO Somali partners, particularly the Government's Disaster Management Agency. Radio Ergo will produce and air daily humanitarian programming including life-saving and disaster risk reduction messaging to communities across Somalia using shortwave and FM rebroadcasts. The

radio also carries advocacy programming and facilitates dialogue with communities in support of the overall delivery of humanitarian aid.

INSO Somalia will contribute to international and national NGOs operating safely and securely in Somalia by providing timely and relevant information and analysis of the Somali context, as well as support on crises management and training in individual safety and security management. UNDSS also continues to enhance security in Mogadishu and southern and central Somalia for UN agencies, as well as provide medical emergency response teams that are capable of delivering rapid advanced life support intervention 24/7 to UN and INGO staff within Somalia.

Photo: UN/David Mutua



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



FOOD SECURITY OBJECTIVE 1:

1 Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods

RELATES TO S01  & S02 

FOOD SECURITY OBJECTIVE 2

2 Increase productive capacity of rural and urban livelihoods through provision seasonally-appropriate and livelihood-specific inputs and investing in human capital formation to promote integration into the formal and informal economy

RELATES TO S01 , S02  &

S04 

FOOD SECURITY OBJECTIVE 3

3 Support rehabilitation and/or restoration of household and community productive assets and capacity to build resilience to withstand future shocks and prevent further deterioration

RELATES TO S04 

FOOD SECURITY

Overview

The levels of acute of food insecurity in Somalia have increased in 2016 despite the concerted efforts of humanitarian actors and Somalia authorities. The severe and extended drought conditions in Puntland and Somaliland have adversely affected pastoral and agro-pastoral livelihoods and partly contributed to increasing acute needs. The intermittent “hydrological drought” and “localized” flooding along the Shabelle river basin has also affected local production and aggravated the precarious food insecurity situation in the area. The drought conditions will persist in Puntland, eastern parts of Somaliland and pockets of southern and central Somalia, which had a poor rainfall performance in the previous season. The situation in Puntland has further deteriorated and Government authorities have recently declared a “state of drought emergency”. According to SWALIM, the *Deyr* season rainfall performance is already “below normal” and will result in an increase in the number of people in need. In line with the NDP, a strong drive towards enhanced food production needs to complement the continued need for major humanitarian action in this sector.

Addressing the existing and emerging acute food insecurity needs of affected people, as well building their adaptive capacities to withstand such shocks in the future, is the primary focus of the Food Security Cluster (FSC) and its partners in the 2017 HRP. FSC partners, in their planned food security assistance, will ensure that activities will be implemented in non-discriminatory and impartial ways to promote safety, dignity and integrity of the people receiving assistance.

The envisaged plan of the FSC in the HRP will help to closely monitor the precarious and rapidly changing food security situation in Somalia and respond in a timely and adequate manner so that Government/development actors are not forced to divert “scarce” development resources to address humanitarian needs that will weaken achievement of the goals set in NDP.

Strategy

The FSC will adopt the following key

strategies in order to achieve the cluster objectives and contribute to the overall strategic objectives of the HRP, including strengthening the protective environment of vulnerable population in Somalia:

- Targeting of the affected population based on the outcomes of seasonal food and nutrition security assessments (IPC and others)
- Adapting the type and scale responses based on the severity of food insecurity, seasonality, livelihoods, community dialogue and gender analysis
- Ensuring participation of affected people and local authorities in better targeting of affected people and adapt the various types of FSC responses
- Ensuring complementarities of life-saving and livelihoods investment depending on the context through advocacy and resource mobilization
- Ensuring programmatic and geographical integrated response with the Nutrition Cluster in regions/districts with sustained high levels of acute food and nutrition insecurity
- Scale up emergency livestock assets protection in drought-affected regions
- Build the capacities of the local authorities and community-based institutions capacities in disaster risk management
- Ensuring protection mainstreaming in FSC activities planned and implemented by partners. The protection mainstreaming checklist developed by the cluster, tailored for Somalia context, will be used to ensure mainstreaming.

Cluster Objective 1: Population groups facing severe levels of food insecurity (‘crisis’ and ‘emergency’) will be targeted through responses aiming at increasing immediate access to food, including safety-net activities (IASN). These activities include unconditional transfers (e.g. targeted general food distributions, unconditional e-transfers), and conditional transfers. Safety-net activities (wet feeding, maternal and child health and nutrition, family targeted supplementary feeding programmes,



FOOD SECURITY



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school meals) entail the provision of regular and predictable food access to vulnerable people with chronic illnesses, malnourished children and targeted households using existing public services or community mechanisms. Overall improved access and safety-nets activities target over 1 million people and contribute to ‘protecting’ households against distress sale of assets to meet their basic food need and directly contributes to strategic objective 1.

Cluster Objective 2: Provision of livelihood-specific (vocational training programmes) and seasonally-appropriate inputs (animal vaccinations/treatment, fodder production, provision of seed packages/farm inputs, support to fisher folks) will be directed at population groups in ‘emergency’, ‘crisis’ and ‘stressed’ (pastoral, agro-pastoral, fishermen, agricultural household, urban poor and IDPs) to enable these population groups to produce and exchange food (by generated incomes) to sustain their livelihoods. The cumulative target for these activities is 2.7

million people. This activity contributes directly to strategic objective 1 and strategic objective 2 of the HRP and indirectly to strategic objective 4 .

Cluster Objective 3: FSC partners will prioritize activities related to the restoration and building of households and community productive assets and capacities. Restoration/rehabilitation of water structures, rangeland resources improvement, strengthening community-based management structures (water/rangeland users committee, disaster risk /drought management committees) and other related activities to the livelihoods of the affected population will be prioritized based on community dialogue. Conditional transfers is one of the key modalities for this objective and will help in the short term to address the “entitlement gaps” and in the mid-term enhance households and community assets and capacities to address their acute food insecurity. These activities, which contribute to strategic objective 4, will directly benefit 1.7 million people.

Photo: WFP



PEOPLE IN NEED

 3.3M

PEOPLE TARGETED

 2M

REQUIREMENTS (US\$)

 70M

OF PARTNERS

 84

HEALTH OBJECTIVE 1:

1 Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality

RELATES TO S01 

HEALTH OBJECTIVE 2

2 To contribute to the reduction of maternal and child morbidity and mortality

RELATES TO S01 

FOOD SECURITY OBJECTIVE 3

3 Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner

RELATES TO S01  & S04 

HEALTH

Overview

Despite efforts from both humanitarian and development sectors in the last years, access to basic and lifesaving health care services remains a challenge that needs to be prioritized in Somalia. Immunization coverage is considerably low, and AWD/ cholera, measles, malaria, and other communicable diseases outbreaks are constantly reported in many areas including in IDP settlements across Somalia, especially among communities located in Gaalkacyo, Doolow, Baidoa, Bosasso, Kismayo and Mogadishu. The rapid movement of IDPs has overwhelmed health facilities, while the national supply chain has been severely disrupted and is unable to rapidly redirect support to the areas of need. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rupture of the cold chain.

A number of factors such as overcrowding, poor health seeking practices and population awareness, lack of functioning referral systems, limited access to health services, unsafe water use and hygiene practice, and underlying malnutrition pose major challenges for control and prevention of disease outbreaks. Without addressing the mentioned underlying factors, outbreaks of epidemic-prone diseases are likely, especially in the southern and central regions.

In 2016, child mortality rates are expected to increase, as by the end of September 13,643 cases and 497 deaths (CFR 3.6 per cent) were reported. Of these 6,471 (47.4 per cent) are women while 7,918 (58.0 per cent) are children under age 5. This is a significant increase from the 5,257 cases reported in all of 2015. Measles is one of the commonest illness affecting children under age 5 in the country. As of September 2016, a total of 2,578 cases of suspected measles were reported in southern and central regions. However, there was a 41 per cent decrease in the number of measles cases reported in from 1,759 cases in June 2015 to 1,256 cases in June 2016. Chikungunya and malaria cases are also prevalent, especially in Mogadishu.



The dire situation of the health services in the country is expected to worsen with the soon expiration of major sector and development programmes like GAVI HSS, supporting expanded programme on immunization and the Joint-Health and Nutrition Programme (JHNP), which was the country's largest health sector development program financing the roll out of essential package of health services in nine regions across the country

Strategy

The Health Cluster plans to provide critical life-saving interventions to vulnerable people and work jointly to prevent avoidable morbidity, mortality, and disability.

While the NGOs remain the prime provider of health care services in Somalia, cluster partners provide key front-line health services in targeted geographical areas, including mobile medical units for services in hard-to-reach and overwhelmed areas, camp-based clinics, and support to existing facilities unable to cope with increased demands. These provide life-saving health care services for the particularly vulnerable, such as primary healthcare, emergency reproductive health and nutrition and trauma care. With needs expected to further increase, front-line health care providers will need to scale up life saving interventions, complementing and building upon existing national health structures whenever possible.

The efficient response to disease outbreaks, timely identification, treatment, and case management of communicable diseases and prevention of outbreaks will be managed through functional early warning system and increased availability of stocks of medicines, vaccines and medical supplies.

Health Cluster activities will also contribute to the reduction of maternal and child morbidity and mortality through maternal and child-focused interventions that include emergency immunization campaigns of measles and polio. Emergency obstetric and neonatal care will be put in place addressing major causes of new-born and childhood

HEALTH



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morbidity and mortality.

Cluster partners will contribute to building and strengthening emergency preparedness and response capacities of health partners and emergency units of Ministry of Health, both at Federal and state level.

Response

Health Cluster activities will also contribute to the reduction of maternal and child morbidity and mortality through maternal and child-focused interventions that include emergency immunization campaigns of measles and polio, Emergency obstetric and neonatal care will be put in place addressing major causes of new-born and childhood morbidity and mortality.

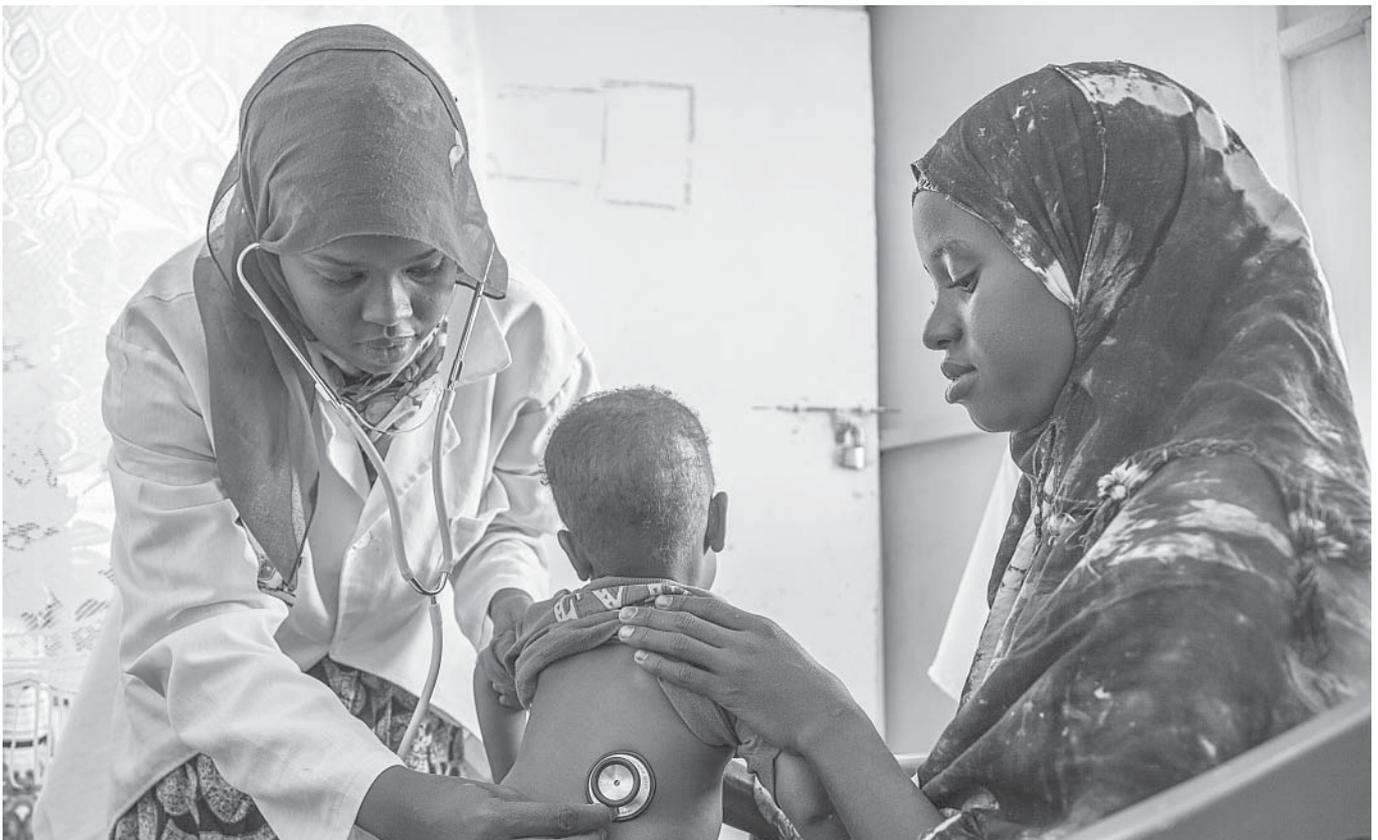
The cluster partners will as well contribute to building and strengthening emergency preparedness and response capacities of health partners and emergency units of MoH both at Federal and state level.

The Health Cluster partners will boost their efforts to increase access to quality life-saving emergency health care services and emergency assistance including high impact critical life-saving health services for women

and children in both rural and urban areas severely affected by the ongoing droughts, while also expanding immunization coverage for children under age 5. This includes pre-positioning of humanitarian health emergency supplies in high-risk-areas prone to natural disasters and epidemics, and settlements where displaced people reside; provision of medical supplies to primary and secondary health care facilities; capacity building of front line health workers on topics including essential use of medication, emergency management, and public health promotion. The Health Cluster partners will support the establishment of health care facilities to cover gaps and provide quality primary healthcare services to the most vulnerable people, including women and children.

In alignment with NDP, cluster partners will also support the development of emergency preparedness and response capacities at all levels including early warning systems to mitigate, detect and respond to disease outbreaks in a timely manner.

Photo: IOM



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



LOGISTICS OBJECTIVE 1:

1 Optimize and utilize available agency logistics capacity

LOGISTICS OBJECTIVE 2

2 Provide logistics coordination and information management

LOGISTICS OBJECTIVE 3

3 Fill identified logistics gaps

LOGISTICS



Overview

Access constraints continue to impede humanitarian partners' ability to timely reach people in need. Interruptions of humanitarian operations have been experienced in, Bay, Bakool, Hiraan, Galgaduud, Gedo, Lower Juba, Lower Shabelle and Sanaag regions. Ground-level transport has been significantly hampered, leaving the humanitarian sector with limited options to deliver lifesaving cargo to displaced people across the country. Air services are the most viable option to deliver relief to locations that cannot be accessed by road, conduct assessment missions and identify the needs in the affected regions. An increased need for coordination is also projected due to the large number of returnees coming from the Dadaab refugee camp in Kenya

Planning assumptions

Regular and sustained access for humanitarian organizations remains a challenge because of limited infrastructure, surging insecurity, limitations on capacity, and funding constraints. As a result, humanitarian agencies will continue to require logistics coordination services at inter-agency and inter-cluster level. Humanitarian partners will require information management services in order to support operational decision making. Humanitarian partners will also require emergency transport to assist with an upscale of operations caused by increasing humanitarian needs.

Logistics response services

The Logistics Cluster will continue to provide strategic logistics coordination support to the logistics community ensuring life saving humanitarian items are delivered effectively and efficiently to beneficiaries, other clusters and relevant organisations and entities. Logistics information management services will be provided in support of operational decision making to improve the efficiency of the logistics response in Somalia. These services include consolidation and dissemination of logistics data and maps,

regular road access assessments, as well as guidance to organizations, updates on logistics gaps and bottlenecks and support to assessment missions. A Logistics Capacity Assessment will be carried out to evaluate the overall logistics capacity in the country and the access availability for humanitarian response. Cluster meetings for all partners will be organized on a monthly basis in Nairobi or in the most suitable location as per response needs. Information will be made accessible to partners via a purpose-built mailing list and a dedicated webpage.

The Logistics Cluster will also support the humanitarian community facilitating access to common services – sea and road transport, airlifts and storage – provided by WFP on a cost recovery basis. All services ensure timely and safe dispatch of aid cargo to people in need.

The Logistics Cluster, in collaboration with WFP and UNHAS, will facilitate air transportation services to all accessible regions of Somalia. UNHAS will continue to provide regular scheduled services and special flights for the humanitarian community to enable the implementation and monitoring of humanitarian projects. Serving 26 destinations with the ability to promptly expand when required, UNHAS currently serves nine regular destinations and a further six locations on an ad hoc basis using a fleet of six aircrafts with varied capacity and performance capability, strategically based in Mogadishu, Hargeysa and Nairobi, transporting approximately 24,000 humanitarian staff each year. In 2017, UNHAS plans to continue serving the same locations using the current fleet and, if the security situation improves, accommodate additional locations to the flight schedule.

Exit Strategy

When partner organizations are fully capable of addressing their operational logistical needs and gaps and a strong coordination role will no longer be required, the Logistics Cluster will be transferring existing assets to partners that have a continuing presence in the country and can expand their operational scale benefiting from additional capacity.

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PEOPLE IN NEED

850,050¹³

PEOPLE TARGETED



420,000

REQUIREMENTS (US\$)



110M

OF PARTNERS



50

NUTRITION OBJECTIVE 1:

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

RELATES TO SO1 , SO2 

NUTRITION OBJECTIVE 2

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

RELATES TO SO1 , SO2  &SO4 

NUTRITION OBJECTIVE 3

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

RELATES TO SO1 , SO2  &SO4 

NUTRITION OBJECTIVE 4

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

RELATES TO SO1 , SO2  &SO4 

NUTRITION

Overview

Somalia one of the top ten countries with highest prevalence of malnutrition in the world and the third highest in the eastern and southern Africa region at 15.6 percent global acute malnutrition (GAM) amongst children under age 5, with 3.6 per cent being severely malnourished, which both are above emergency threshold as per global standards. As per the recent FSNAU *Gu* 2016 food security and nutrition assessment findings, the current global acutely malnourished population quantified from both IDPs settlements and rural livelihood zones nutritional assessments have increased by 19 per cent and 6 per cent respectively. The *Gu* 2016 result had also revealed that the current poor nutritional situation will either deteriorate or sustain in 'serious' or 'critical' situation with no nutritional improvement expected.

Strategy

The cluster will focus on basic life-saving activities and community resilience-building activities in priority hotspot geographical areas (all high GAM/SAM and IDP areas), and preventive nutrition programmes across the country in all 'emergency' areas, as well as in the northern part of country where the nutrition situation remains stable. The cluster will build upon the current success and achievements and support the Government and other implementing partners to enhance equitable access to and utilization of quality, high impact mother and child nutrition interventions that will result to reduction of acute malnutrition and contribute in lowering, child mortality and morbidity aiming to achieve the Sustainable Development Goals (SDGs).

A combination of strategies and approaches including a multi sectoral approach, nutrition sensitive and nutrition specific service delivery ensuring equal access to all people in need. There will be greater and equal focus on promotion of multi-sectoral approach to emergency nutrition and building the resilience of affected people. Multipurpose assistance in 2017 will support the provision of flexible financial support through cash transfers to emergency-affected households, targeting priority IDPs, returnees, and

households impacted by climatic or conflict-related shocks. This response will support the access of affected households to basic services, reduce their reliance on harmful coping strategies, and support basic human capital development. In line with the commitments during the World Humanitarian Summit and the High Level Panel on Humanitarian Cash Transfers, this assistance will allow households to direct resources towards their priority needs. An information component will encourage households to prioritize spending on health and education, which are core investments to overcome the intergenerational transmission of poverty and decrease household and individual exposure to and impact of shocks in the medium- and long-term. In this regard, it will contribute to reducing malnutrition in situation emergencies. The cluster will support the development of the capacity of the Government at national and regional level, local and international actors to enable them to steadily lead and manage different components of the emergency nutrition response plan.

Response activities

- Regular identification of acutely malnourished children and pregnant and lactating women
- Therapeutic feeding support for treatment of acute malnutrition cases
- Micronutrient support for vulnerable groups (pregnant and lactating women and children under age 5) e.g with Vitamin A and multiple micro-nutrients (MMN)
- Food based and non-food based preventive actions including nutrition sensitive activities
- Integrated multi sectoral nutrition, health, hygiene (NHHP) preventative, food-security and promotional support
- Infant and young child feeding support (promotional and preventative), especially support to caregivers for feeding sick children.

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¹³ Acute malnutrition among children under age 5 (SAM + MAM)

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



PROTECTION OBJECTIVE 1:

1 To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or natural disaster

RELATES TO S01 & S03

PROTECTION OBJECTIVE 2

2 To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs

RELATES TO S03 & S04

PROTECTION OBJECTIVE 3

3 To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues

RELATES TO S03 & S04

PROTECTION



Protection concerns at the centre of Somalia's humanitarian crisis

Somalia's 1.1 million IDPs and an increasing returning refugee population are in dire need of durable solutions that offer them a way out from the diverse range of protection risks associated with their displacement. IDPs are among the most affected by rights violations, including to large scale and at times brutal forced evictions, to pervasive gender-based violence (GBV), and child rights violations. Children are particularly at risk of rights violations in emergencies, for example if and when they get separated from their families.

IDPs, returning refugees and other civilians witness unprecedented impediments to their freedom of movement in safety. The unabated armed conflict characterized by a fragmentation of armed groups, the conduct of hostilities using means with indiscriminate and disproportional impact on civilians, the establishment of illegal checkpoints, as well as the presence and use of explosive hazards have forced those on the move to use unconventional routes, avoid main roads, and increasingly have to accept a greater risk exposure.

The political processes in 2016 have also led to outbursts of violence, significant new internal displacement and a myriad of protection violations, ranging from targeted killings to destruction of civilian property. 2017 is anticipated to continue in the trajectory set by political process and conduct of armed conflict in 2016, meaning continued destabilization, an exacerbation of the protection of civilians, and new internal displacement. If unaddressed these trends will result in a deterioration of the broader humanitarian situation and undermine development and peacebuilding prospects of the communities.

From protection emergency response to solutions for internally displaced persons and an improved protective environment for all civilians

The Protection Cluster aims to improve the protective environment, prevent and respond to protection risks, and provide

access to protection services in times of armed conflict, during military offensives and other humanitarian emergencies, notably when new displacement is caused. Improved community-based protection structures, particularly in hard to reach areas, will be key to build prevention and response capacity at the community level, which can become a relevant source and provider of protection.

The longer the displacement lasts, the more dire and protracted the needs of displaced people become, as evidenced in IDP settlements across Somalia. The scale of forced evictions affecting IDPs and other civilians in many urban centres, regularly results in secondary displacement and interrupts durable solution processes necessitating to improve land tenure rights as a matter of priority.

The Protection Cluster is strengthening its catalytic role to support IDPs and returnees in achieving a durable solution through technical advice, analysis, strategy development, advocacy and direct interventions as applicable. In doing so, the Cluster speaks directly to the National Development Plan (NDP) for 2017-2019 and supports the Somalia IDP Solutions Initiative.

In pursuing the centrality of protection, the Protection Cluster will work with other clusters to ensure that protection of the civilian population, particularly the most vulnerable and the internally displaced, is at the centre of the humanitarian response and strategically lead into efforts to support durable solutions.

Humanitarian protection negotiations, dialogues and capacity development will be an integral part of all activities under this operational response plan in order to enhance the response capacity of authorities, members and communities themselves.

Under the three cluster objectives the response priorities are as follows:

- Protect against and prevent rights violations related to humanitarian crises, notably in situations causing new displacement, and provide timely and

PROTECTION



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effective protection responses and services to people affected by rights violations, such as GBV or child rights violations, to support a holistic recovery and to reduce vulnerability to further violations.

- Improve safe and dignified freedom of movement of IDPs and other civilians through advocacy, humanitarian protection dialogue and negotiation, explosive hazard area clearance and risk education.
- Advocate and support protection sensitive multi-sectoral durable solution interventions for IDPs in line with the durable solutions chapter of the NDP.
- Strengthen prevention of and response to housing, land and property rights violations and improve access to effective mechanisms to restore land, housing and property rights for IDPs and others affected by the same rights violations.
- Build community protection capacity to prevent and respond to rights violations and contribute to an improved protective environment for IDPs in areas of displacement and solutions as well as other vulnerable groups.
- Strengthen the capacity of civil society, formal and informal authorities to prevent and respond to protection needs, negotiate humanitarian protection outcomes where required, facilitate durable solutions and to promote the centrality of protection in the humanitarian response and beyond.

Photo: UNOCHA/Rita Maingi



PEOPLE IN NEED¹⁴

1.2M

PEOPLE TARGETED



570,000

REQUIREMENTS (US\$)



54M

OF PARTNERS



14

SHELTER OBJECTIVE 1:

1 Contribute to the protection of newly displaced people and those affected by natural hazards

RELATES TO S01  & S04 

SHELTER OBJECTIVE 2

2 Improve the living conditions of the protracted internally displaced persons

RELATES TO S03 

SHELTER OBJECTIVE 3

3 Facilitate access to durable solutions for IDPs that are willing to locally integrate or return

SHELTER

Overview

The Shelter Clusters' main target population was previously restricted to the internally displaced persons (IDPs). However, since the beginning of 2016, the refugee return component has been added to the cluster coordination system. There remain an estimated 1.1 million protracted IDPs in Somalia. Since the end of 2014 until August 2016, in total 50,152 people have returned from both Yemen (28,458) and Kenya (21,694). An estimated 75,000 Somali refugees are projected to return to Somalia by the end of 2017. The needs of different categories of IDPs and refugee returnees vary. For IDPs, people who have been displaced for nearly two decades and those displaced more recently have different needs in terms of shelter solutions. Whereas for refugee returnees, the needs vary depending on whether the return they seek is urban or rural. Since the beginning of 2016, more than 98,000 people have been assisted with emergency non-food assistance, needs arising mainly from displacements related to flooding, offensive, clan-conflict and evictions. More than 27,000 refugee returns have also been assisted with non-food item (NFI) packages. The Shelter Cluster has not been able to cover the emergency needs due to lack of funding and availability of stocks. Drought is expected to aggravate the situation further in Puntland and Somaliland.

Strategy

The Shelter Cluster strategy has three main objectives: emergency, transitional and durable solutions. A strong capacity building/coordination component has been embedded within all of the pillars. The cluster will continue to provide emergency assistance to newly displaced people affected by natural and man-made disasters (flood, fire, drought, conflict and evictions). It will distribute a minimum NFI kit¹⁵ and an emergency shelter kit (if necessary) for those in need through prepositioned stocks held across Somalia or through alternative modalities like cash/voucher systems where market systems function. The Shelter Cluster will continue to ensure that adequate mechanisms are put in

¹⁴The figure is calculated as follows. In total we have 1.1 million IDPs (estimated). Although we have been promoting transitional and permanent shelter solutions for many IDPs, this figure has remained static due to new displacements happening. Added to this is the projected figure of 100,000 refugee returnees.

¹⁵EAP minimum package consists of one reinforced plastic tarpaulins (4m

place to ensure timely delivery of emergency assistance (standard inter-cluster needs assessment, standard reports, lead-agency/shelter partners' roles and responsibilities, infrastructure mapping activities etc.)

As durable solutions are not achievable in all protracted situations, there is also a need to stabilize the living conditions of these communities through a sustainable approach. Transitional shelter solutions¹⁶ that are relevant to the displacement situation, and which take into account prevailing tenure considerations will be provided in protracted IDP settlements that have traditionally been located in and around the urban centers of Somalia. Under suitable conditions, durable shelter support will be provided for both IDPs and refugee returnees that are willing to locally integrate and those that are willing to return to their place of origin. In this regard, the Shelter Cluster (in strong cooperation with the Protection Cluster) will continue to advocate for more secure forms of tenure and work with the authorities to work towards more longer term solutions for the IDPs. In Puntland, Somaliland and certain regions of southern and central (Baidoa, Doolow, Kismaayo), the authorities have demonstrated the desire to address the IDP situation by providing land tenure. Humanitarian actors have started to work closely with the Jubaland State Authorities in a big relocation strategy in an attempt to stabilize the IDP situation and provide a strong foundation for investments for refugee returnees. The nature of this tenure varies from short term rights of use to the right to use and inherit land indefinitely. The Shelter Cluster will work closely together with the sector coordination structure regarding refugees to ensure complementarity in the shelter approaches. Settlement planning and strong integrated approaches will key to the success of any durable solution.

Sustainable shelter solutions are a strategic focus of the Shelter Cluster. The approach steps away from looking at housing as a product, but linking it more to process. A strong livelihoods strategy is embedded in this approach and could provide potential solutions in the urban context.

x 5m), three woven dry raised blanket (150 x 200 cm), one synthetic sleeping mat (2.7m x 1.8m), one kitchen set, two non-collapsible jerry cans (20 litres), sanitary clothes, underwear and one bar of soap (750g) agreed by the cluster in 2011.

¹⁶See definition paper on Sustainable Shelter Solutions: www.sheltercluster.org



SHELTER



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The Shelter Cluster has identified seven key concepts that show that “A shelter is more than a roof”. Since mid-2016 the Shelter Cluster has started pilots in different regions looking at local building culture and building back safer. The Shelter Cluster is broadening up its perspective, linking relief rehabilitation and development through the creation of cooperatives, vocational training and a strong livelihoods approach.

The Shelter Cluster will invest in a strong advocacy strategy to push towards sustainable shelter solutions with a strong emphasis on strengthening the public-private partnerships in the low-cost housing sector through a local area-based approach. The Shelter Cluster is looking at an overarching strategy that does not distinguish displacement affected populations like IDPs and refugee returns with the urban poor host communities. The specific objective should contribute to the NDP of the Somalia government and should complement other existing initiatives such as the Joint Programme for Local Governance, UNICEF, UNHABITAT and UNDP on governance, urban planning and other more development oriented projects. It also complements the more resilience oriented projects that humanitarian partners are implementing.

The provision of all shelter solutions will be preceded by consultations with women, girls, boys and men from the community on the proper layout of the site, plot demarcation, fire prevention and the provision of basic services, which will be addressed concurrently in coordination with the other relevant clusters (i.e. WASH, Health, education and food security). In particular, the views of women and girls, specifically on protection needs, will be considered during the design of the shelter and planning of settlements so that a safe and secure environment can be created. SPHERE standards will help guide the process of shelter design. Community participation and ownership are underlying themes, which are embedded in all cluster activities, with a strong focus on shifting away from contractor-driven to owner-driven approaches. The Shelter Cluster monitoring

and evaluation framework will be used for project implementation purposes.

A main obstacle in Somalia remains access to the field and access to qualitative information. The Shelter Cluster has a strong focus on capacity building and promoting tools regarding remote management in Somalia, looking at a strong service delivery approach. Mobile technology has supported the accountability of the cluster to get field evidence data in a systematic way (mapping exercises, assessments, 4W monitoring etc.). General mainstreaming sessions and trainings will be organized in close partnership with the protection cluster in the following fields: housing land and property, assessments & analysis, site planning and the use of cash/voucher systems. The Shelter Cluster will further expand the infrastructure mapping exercise to get a full up-to-date picture of the IDP situation all over Somalia.

Linking the humanitarian strategy with the National Development Plan (NDP)

In a Somalia context with a new evolving government, there is a necessity to bridge the gap in-between humanitarian and development actors. Linking relief, rehabilitation and development (LRRD) in the overall construction sector in Somalia is crucial in achieving longer term solutions. The Shelter Cluster is already looking at a step-by-step complementary approach to strengthen the role of the government in this process and also looking at potential and practical ways for development actors to engage in the displacement context in Somalia. The Shelter Cluster hopes through pilots to get attraction from the development sector to strengthen the construction sector as a whole through an area-based and locality driven approach. The concept note on LRRD is not only about starting new plans, but building into existing humanitarian and development ones to address displacement affected communities’ needs and contribute to a comprehensive effort. The Shelter Cluster will continue to ensure to advocate for longer term solutions for displaced populations groups, embedding this in the NDP.

PEOPLE IN NEED


3.3M

PEOPLE TARGETED


2.3M

REQUIREMENTS (US\$)


59M

OF PARTNERS


59

WASH OBJECTIVE 1:

1 Emergency WASH response preparedness
RELATES TO SO1 

WASH OBJECTIVE 2

2 Provide access to safe water, sanitation and hygiene for people in emergency
RELATES TO SO1 

WASH OBJECTIVE 3

3 Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures
RELATES TO SO4 

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WASH

Situation

Poor access to safe drinking water and lack of adequate sanitation facilities coupled with poor hygienic practices are major threats for the survival and development of children in Somalia. In 2015, only 55 per cent of Somalis have access to safe drinking water whilst 63 per cent have access to safe means of excreta disposal. Open defecation stands at 44 per cent for rural areas and 29 per cent overall (urban and rural). Large portions of the population are at persistent risk of waterborne diseases like acute watery diarrhoea (AWD)/cholera and polio, as well as natural disasters (floods and drought) and manmade disasters.

Strategy

WASH vulnerability analysis, based on AWD/cholera risk, flood risk, drought risk and access to water and sanitation was completed in July 2016. The analysis shows that in addition to a steep degradation of the situation in comparison to 2015, most districts in Bay, Bakool, Gedo, Hiraan, Middle and Lower Juba, Lower Shabelle, Banadir, and to a certain extent Middle Shabelle and Galgaduud regions, can be considered as areas of high and/or very high vulnerability and should be prioritized in the framework of WASH response. Several districts in Puntland and Somaliland are also now considered as areas of high and/or very high vulnerability. Relying on an extensive and well established network of regional focal points and a strong national secretariat, the WASH Cluster will continue to ensure coordination among partners at national and regional level throughout all regions in Somalia. Nevertheless and wherever possible, a progressive and supportive transition process of coordination responsibilities to Government authorities at Federal, but also at State and regional, levels will be implemented, notably through an improved and constant dialogue with new authorities and possibly through the embedment of sector coordinators inside the ministerial bodies like it is already the case at Somaliland level. WASH cluster partners will continue to focus their activities on the most vulnerable



people, IDPs and people at risk of AWD/ cholera, acute malnourished children, people living in drought-affected areas and children attending school. They will also continue to improve the gender aspects of their projects by better analyzing and taking into consideration the needs, priorities and capacities of girls, boys, women and men. WASH cluster activities will continue to be implemented in close coordination with other clusters (shelter, nutrition, health and education) to respond to life-saving emergencies.

Response

The WASH cluster intends to respond to water, sanitation and hygiene needs through:

- Participation of the WASH Cluster partners in the Somalia initial rapid needs assessments (SIRNA) exercises
- Quick repairs, provision of fuel and/or spare parts to boreholes or shallow wells
- Provision of water vouchers (water trucking is the last resort solution) and distribution of household water treatment products
- Rehabilitation of communal berkhads coupled with sustained household water treatment
- Rehabilitation of existing strategic water points (permanent, perennial water points that support a large population), supported by sustained management structures
- Construction of emergency latrines and latrine desludging programmes
- Solid waste management (clean-up and educational campaigns)
- Development of “access to sanitation programs” targeting schools, health or nutrition centres
- Dissemination of messages and better practices, focusing on key messages for disease control, this according to the differential needs of men and women
- Distribution of hygiene kit to promote hygiene in emergencies through the use of the WASH Cluster regional supply hubs.

PEOPLE IN NEED



32,232

PEOPLE TARGETED



32,232

REQUIREMENTS (US\$)



31M

OF PARTNERS



25

REFUGEE RESPON PLAN
OBJECTIVE 1:

1 Access to and quality of status determination procedures improved.

RELATES TO S01  , S02 REFUGEE RESPON PLAN
OBJECTIVE 2

2 Population has sufficient basic needs and domestic items

RELATES TO S01  , S03 REFUGEE RESPON PLAN
OBJECTIVE 3

3 Risk of SGBV is reduced and quality of response improved

RELATES TO S01  , S02 REFUGEE RESPON PLAN
OBJECTIVE 4

4 Services for persons with specific needs strengthened

RELATES TO S01  , S02 REFUGEE RESPON PLAN
OBJECTIVE 5

5 Self reliance and livelihoods improved

RELATES TO S01  , S02 

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REFUGEE RESPONSE PLAN



Refugees and asylum seekers

As of 30 September 2016, UNHCR registered 18,599 refugees and 11,712 asylum seekers in Somaliland, Puntland and in Mogadishu. The majority are Ethiopians with some 7,300 Yemenis having fled the deteriorated security situation in many parts of their country. There have also been recent new arrivals of Ethiopians to the Togdheer region of Somaliland due to unrest in neighboring areas of Ethiopia. In addition, there are small numbers of refugees and asylum seekers of other nationalities including those from Bangladesh, DRC, Eritrea, Palestine, Sudan, Syria and Uganda.

The overall protection environment for refugees in Somalia remains weak. Protecting refugees and asylum seekers in Somalia depends largely upon administrative mechanisms and the cooperation of State and local authorities and communities rather than on a consistent legislative standard of treatment across Somalia. The absence of a comprehensive national legal framework for refugees increases their vulnerability, although UNHCR notes recent advances through the ongoing development of refugee laws in both Somaliland and Puntland and discussion with the FGS [NCRI] has begun on a federal refugee law.

Strategy and response

While providing direct support, the approaches to protecting and assisting refugees and asylum seekers in Somalia also aim to create improved mutual understanding, trust and confidence between them and their host communities. This will be done through the implementation of peaceful co-existence and community-based projects, improved monitoring and profiling as well as regular assessments of the protection situation. There will be specific projects to help reduce human rights violations including sexual and gender-based violence through supporting community security management systems and the strengthening of law enforcement. Protection and assistance mechanisms will also have a special focus on the risks and needs of

people with specific needs such as children, women and girls, the elderly and people with disabilities, and on fostering improved access to legal remedies, civil status documentation, and conflict resolution mechanisms.

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

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

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the Somalia humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

www.humanitarianresponse.info/operations/Somalia

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The Somalia Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

For information on how to make a contribution, please contact

kovacm@un.org

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PART III: ANNEXES



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OBJECTIVES, INDICATORS & TARGETS

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

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

INDICATOR	IN NEED	BASELINE ¹⁷	TARGET
Number of people in acute food insecurity, 'crisis' and 'emergency' phases of IPC (3 and 4) sustained at baseline level ¹⁸	1,139,000	1,139,000	1,139,000
Reduction in national median global acute malnutrition (GAM) ¹⁹ and median severe acute malnutrition (SAM) prevalence rates	N/A	15.6%	13%
Reduction in case fatality rate of AWD/cholera outbreaks	N/A	2%	1%
Number of children under 5 mortality rate (per 1,000 live births)	N/A	134	132
Number of people affected by rights violations provided with services and/or other protection response	N/A	321,720	295,000

 **Strategic Objective 2 (SO2): Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response.**

INDICATOR	IN NEED	BASELINE	TARGET
Reduction in IDP median GAM and median SAM prevalence rates	N/A	14.8%	13%
Number of IDP sites with above 'emergency' level of median GAM rates reduced by 50% ²⁰	N/A	7 IDP sites	4 IDP sites
Number of IDP sites with high GAM levels provided with multi-sectoral service delivery	N/A	0 IDP sites	7 IDP sites ²¹
Number of high GAM IDPs covered with multi-sectoral integrated response (WASH, food security and health)			

 **Strategic Objective 3 (SO3): Reinforce the protection of the displaced, and other vulnerable groups at risk**

INDICATOR	IN NEED	BASELINE	TARGET
Number of internally displaced persons reached with preventive and responsive HLP interventions in situations of forced evictions	N/A	36,720	100,000
Number of explosive hazards reduced by removal	N/A	2,545 explosive items destroyed from Jan- Oct 2016	300,000 persons benefit
Number of learners benefiting from provision of safe and protective learning spaces or schools	N/A	89,000	210,000

 **Strategic Objective 4 (SO4): Support the restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions.**

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in 'stressed' food security (IPC Phase 2) sustained at baseline level	3,861,000	3,861,000	3,861,000
Number of people (men, women, boys and girls) with sustained access to safe water	N/A	55%	65%
Number of teachers trained in basic pedagogical, life-saving learning skills and psychosocial support	N/A	1,433	5,000
Number of communities with access to integrated nutrition service delivery (# of sites)	N/A	700	800

¹⁷ Baselines, where given, indicate the current status as at October 2016.

¹⁸The sources of the baseline is FSNAU-projected IPC population estimate (Aug-Dec 2017)

¹⁹ Reference range for GAM and SAM: www.fsnau.org

²⁰These are the IDPs currently with GAM > 15% (greater than emergency threshold) – Baidoa IDPs, Berbera IDPs, Bosasso IDPs, Dhobley IDPs, Doolow IDPs, Gaalkacyo IDPs, and Garowe IDPs

SECTOR OBJECTIVES, INDICATORS AND TARGETS

 **Education Objective 1: Ensure emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment**

Relates to SO1  and SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of children and youth (M/F) accessing safe and protected learning opportunities in emergency-affected learning environments	N/A	89,000	210,000
Number of required temporary learning spaces or rehabilitated schools available to emergency-affected children and youth	N/A	194	500
Number of occupied schools vacated by armed groups	N/A	1	10

 **Education Objective 2: Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion**

Relates to SO3  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of boys/ girls benefitting from emergency teaching and learning materials	N/A	89,000	210,000
Number of teachers (M/F) supported with emergency incentives	N/A	2,350	4,000

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

Relates to SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of teachers trained in basic pedagogical, life-saving learning skills (DRR health and hygiene, mine/UXO risk education, gender-based violence, peace education) and psychosocial support	N/A	1,433	5,000
Number of CEC members (M/F) trained in Safe Schools Framework, contingency planning, DRR plans, maintenance and management of learning spaces	N/A	926	3,000
Number of Cluster partners and MoE staff (M/F) trained in Safe Schools Framework, contingency planning, DRR management plans and emergency response	N/A	158	180

SECTOR OBJECTIVES, INDICATORS AND TARGETS

 **Food Security Objective 1: Improve household immediate access to food through provision of unconditional and conditional transfers depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods.**

Relates to SO1  and SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of affected people, disaggregated by age and sex, (IDPs, urban, rural livelihoods mainly in IPC 3 & 4) receiving food, cash transfer and vouchers (IASN per month)	N/A	422,588	1,000,000

 **Food Security Objective 2: Increase productive capacity of rural and urban livelihoods through provision seasonally-appropriate and livelihood-specific inputs and investing in human capital formation to promote integration into the formal and informal economy.**

Relates to SO1 , SO2  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of affected people, disaggregated by sex, (riverine, agro-pastoralist and fishermen in IPC 2 & 3) with appropriate seasonal livelihood inputs	N/A	196,452	622,174
Number of affected people supported with appropriate seasonal livestock inputs	N/A	405,763	2,100,000
Number of livestock treated/ vaccinated	N/A	XXX	8 million

 **Food Security Objective 3: Support rehabilitation and/or restoration of household and community productive assets and capacity to build resilience to withstand future shocks and prevent further deterioration.**

Relates to SO1 , SO2  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of affected people, disaggregated by age and sex, participating in cash for work/ assets (CFW/CFA) and food for assets (FFA)	N/A	311,124	1.7 million
Number of assets ²¹ built, restored or maintained for targeted beneficiaries, by type and unit of measure	N/A	XXX	XXX
Number of people, disaggregated by age and sex, benefiting from capacity building training and skills transfer	N/A	11,177	15,000

²¹ These assets often rehabilitated /restored are “natural assets” that help households /community to improve their productive capacities. The most common one in Somalia are irrigation canals/ ditches, Calvert, river embankment, water catchment (brekeds), shallow well rehabilitation, rangeland improvement, soil and water conservation structures (soil bunds, dikes), feeder roads

SECTOR OBJECTIVES, INDICATORS AND TARGETS

 **Health Objective 1: Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality.**

Relates to SO1 

INDICATOR	IN NEED	BASELINE	TARGET
% Health facilities providing minimum basic package of primary health care services (treatment of common diseases, Immunization, ante natal care, provision of essential drugs, nutrition).	3,272,000	578,150 (18%)	1,870,000 (57%)
% of population covered by functioning health facility by type of health facility.	3,272,000	578,150 (18%)	1,870,000 (57%)
Number of health workforce (MD, nurse, midwife) per 10, 000 population	N/A	<22	28
Number of secondary health care facilities/ hospitals providing Comprehensive Emergency Obstetric Care per 500,000 people in crises affected areas	N/A	0.7	1

 **Health Objective 2: To contribute to the reduction of maternal and child morbidity and mortality.**

Relates to SO1 

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of HF facilities providing basic EMOC OR (# Health Facilities with Basic Emergency Obstetric Care/500,000 population, benchmark: =4BOEC /500,000	3,272,000	4%	8%
Coverage of Penta 3 vaccine in children below one year of age/state	962,000	42%	85%
Measles vaccine in under one year	962,000	46%	90%
Birth assisted by skilled birth attendant	1,667,700	44%	70%

 **Health Objective 3: Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner.**

Relates to SO1 

INDICATOR	IN NEED	BASELINE	TARGET
Case fatality rate of AWD/cholera outbreaks	3,272,000	2%	1%
Percentage of outbreak rumours investigated and responded to within 72 hours from reporting	3,272,000	60%	90%

SECTOR OBJECTIVES, INDICATORS AND TARGETS

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

Relates to SO1  and SO2 

INDICATOR	IN NEED	BASELINE	TARGET
Number of Pregnant and lactating women counselled on appropriate IYCF	666,098	64,965	70,000
Number of appropriate IYCF awareness sessions conducted	5,000	2,556	3,500
Number of community conversations conducted	8,000		100
Number of health facility and community workers (male/female) trained IYCF and are providing counseling support	3,000	500	2,000
Number of PLW, boys and girls (6-59 months) who received multiple micronutrient supplements including Vitamin A, iron folate and others as per indication/ prescription	2,397,953	100,000	280,000
Number of PLW and boys and girls 6-23 months reached with MCHN and BSFP food supplements	100,000	50,000	75,000

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

Relates to SO1 , SO2  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of health facility and community (male/female) workers trained on IMAM guidelines	5,000	150	1,500
Number of beneficiaries received messages on iMAM programing	800,000	XXX	100,000
Number of PLWs, boys and girls 6-59 months screened for acute malnutrition regularly on quarterly basis	2,397,953	XXX	500,000
Number of PLW , boys and girls 6-59 months with acute malnutrition treated (SAM-OTP + SAM-SC+MAM)	800,000	251,050	350,000

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

Relates to SO1 , SO2  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of health facilities and communities equipped and regularly submitting nutrition screening data	100%	60%	100%
Number of national/sub-national/district level rapid/SMART nutrition assessments conducted	30	8	15
Number of staff (male/female) trained in rapid nutrition assessment/ SMART	200	42	100
Number of sector/cluster coordination platforms operational	15	11	15

SECTOR OBJECTIVES, INDICATORS AND TARGETS

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

Relates to SO1 , SO2  & SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of health facilities providing integrated nutrition services	100%	60%	100%
Number of communities covered with multi-sectoral response (WASH, Food Security, Education, and Health)	30	8	15
Percentage of displaced and host communities provided nutrition sensitive services and support through Food Security Cluster	N/A	XXX	XXX
Percentage of schools providing comprehensive school nutrition package	200	42	100
Percentage of health facilities providing integrated nutrition services	15	11	15

SECTOR OBJECTIVES, INDICATORS AND TARGETS

 **Protection Objective 1: To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or natural disasters.**

Relates to SO1  and SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of people reached by preventive GBV and child protection interventions.	195,000	190,000	195,000
Number of explosive hazards reduced by removal.	272 ERW contaminated sites 67 confirmed mine fields 27 battle area locations 2 cluster munition locations	2,545 explosive items destroyed from January to October 2016	300,000
Number of people benefited from risk education (incl. IED awareness).	500,000	46,107 individual beneficiaries in 2016	55,900

 **Protection Objective 2: To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs**

Relates to SO3  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of internally displaced persons reached with preventive and responsive HLP interventions in situations of forced evictions Number of IDPs living in households with improved land tenure security (land agreements and individual title deeds) Number of persons benefiting from HLP rights counselling, legal restoration mechanisms.	250,000	36,720	100,000
Number of persons reached through community-based protection structures providing prevention, response services, including legal aid, rights awareness, conflict mediation, negotiation, dispute resolution and settlement.	445,000	95,220	205,500
Number of community-based protection structures provided with capacity building support.	9,000	8,000	15,500

 **Protection Objective 3: To improve operational response capacity through capacity development. Strategy advocacy and humanitarian dialogues**

Relates to SO3  and SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of civil society members and authorities reached through training and advocacy and have an increased prevention and response capacity.	10,500	9,150	10,500

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Shelter and Non-Food Items Objective 1: Contribute to the protection of newly displaced people, refugee returns and those affected by natural hazards

Relates to SO1  and SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of displaced people in need of emergency assistance receiving relevant assistance in regards to NFIs and emergency shelter	N/A	200,000 ²²	330,000

Shelter and Non-Food Items Objective 2: Improve the living conditions of the protracted internally displaced persons (IDPs).

Relates to SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of protracted IDPs that have been provided with a safe and habitable shelter ²³ with improved land tenure. ²⁴	N/A	900,000	100,000
Number of protracted Internally Displaced Persons that have received non-food items through direct distribution, vouchers or cash mechanisms.	N/A	900,000	100,000

Shelter and Non-Food Items Objective 3: Facilitate access to durable solutions for IDPs that are willing to locally integrate or return to their place of origin.

Relates to SO3 

INDICATOR	IN NEED	BASELINE	TARGET
Number of protracted Internally Displaced Persons that are willing to locally integrate or return that have been provided with a safe, habitable shelter ²⁵ with improved land tenure. ²⁶	N/A	1,030,000	65,000
Number of protracted Refugee Returns that are willing to locally integrate or return that have been provided with a safe, habitable shelter with improved land tenure	N/A	75,000	65,000

²² Through evidence from displacement estimations in the last 4 years (offensive, floods, evictions...), there will be a need of emergency assistance for around 200,000 persons in 2017. 60% of the 300.000 persons are also in need of emergency assistance. An additional case load of 130.000 persons is expected from refugee returns.

²³ Both Permanent and Transitional shelter fall under this definition

²⁴ Land tenure agreements range from no agreements; informal agreements; lease agreements; permanent land tenure agreements, communal land tenure agreements - rental programmes are also included in this approach.

²⁵ Sustainable shelter solutions are at the base of the definition of permanent shelters. The typology depends on the local building culture and components of building back safer.

²⁶ Land tenure agreements range from no agreements; informal agreements; lease agreements; permanent land tenure agreements, communal land tenure agreements

SECTOR OBJECTIVES, INDICATORS AND TARGETS

 **WASH Objective 1: : Emergency Wash Response Preparedness**
Relates to SO1 

INDICATOR	IN NEED	BASELINE ²⁷	TARGET
Districts at risk (floods, drought, acute watery diarrhoea (AWD)/ cholera, displacement) and key actors for rapid assessments and emergency responses are identified, contingency stocks are prepositioned and specific plans are developed for seasonal risks.	N/A	7	15

AWD surveillance integrated into the WASH strategy and response.

N/A

XXX

updated on quarterly basis

 **WASH Objective 2: Provide access to safe water, sanitation and hygiene for people in emergency**
Relates to SO1 

INDICATOR	IN NEED	BASELINE	TARGET
Number of people (men, women, boys and girls) assisted with temporary access to safe water	N/A	1,040,000	1,500,000
Number of people (men, women, boys and girls) assisted with access to appropriate emergency sanitation facilities	N/A	205,000	600,000
Number of people (men, women, boys and girls) who have participated in hygiene promotion campaigns or received hygiene kits.	N/A	732,000	1,500,000

 **WASH Objective 3: Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures.**
Relates to SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of people (men, women, boys and girls) assisted with sustained access to safe water through newly built and/or rehabilitated water points	N/A	55% of the population	65% of the population
Number of people (men, women, boys and girls) with access to water through household water treatments	N/A	17,000	200,000

 **WASH Objective 3: Provide reliable and sustainable access to environmental sanitation (All sanitation access programmes must be coupled with sustained hygiene practice promotion for the targeted population).**
Relates to SO4 

INDICATOR	IN NEED	BASELINE	TARGET
Number of newly built or rehabilitated institutional sanitation structures which are culturally acceptable and gender-sensitive	N/A	96	500
Number of people (men, women, boys and girls) who have participated in face to face hygiene promotion sessions, including in nutrition feeding centres, health facilities and schools	N/A	732,000	1,500,000

²⁷All WASH Cluster baselines are as at 30 September 2015

WHAT IF?

...WE FAIL TO RESPOND

- Over 1.3 million people will remain in 'crisis' and 'emergency' or their situation may deteriorate further and, if we cannot prevent the situation from getting worse, some 3.9 million people in risk sliding into 'crisis' and 'emergency'.
- Over 1.1 million vulnerable people who require life-saving assistance may fall into the same situation experienced in 2011/12.
- Up to 50,000 children may die of malnutrition and related causes if they are not treated.
- Some 2 million people will not access primary health care and nearly 2.3 million people will not have access to safe water, increasing the risk of people dying of preventable diseases.
- Tens of thousands may die from other killer diseases, including measles, AWD/cholera, malaria and failed child births.
- 1.1 million people in protracted displacement will face increasing protection risks, including sexual gender-based violence, forced evictions, child abuse and abduction.
- The estimates 75,000 expected to return from Kenya in 2017 may risk joining IDP settlements if sustainable solutions are not provided to integrate them into host communities.
- 230,000 out of the 3 million children out of school will continue to have no access to emergency education and risk abduction, abuse and recruitment into armed groups.
- We will not only be letting down millions of Somali's development vision, but it will have terrible consequences for people who count on us for aid, especially those affected by drought and conflict.

WHAT IF?

...WE SUCCEED

- The number of people unable to meet minimum food requirements will be sustained at above 1.1 million.
- The number of severely food insecure people will be sustained at 3.9 million people.
- The national malnutrition prevalence rates will reduce from the average 15 per cent to 13 per cent and reduce the number of IDP sites with 'emergency' level GAM rates by the end of 2017.
- We can save lives by reducing deaths due to AWD/ cholera, measles and other diseases.
- Access to safe drinking water will increase from the current 55 per cent to 65 per cent, averting diseases and deaths.
- We can provide life-saving protection services for 295,000 people and safe and protective learning spaces to 210,000 children.
- We can provide housing, land and property for 100,000 people internally displaced by evictions and reduce harmful explosive hazards that could affect up to 300,000 people.
- We will strengthen preparedness and mitigation against future shocks, and contribute to building resilience, as well as preposition stocks, and link to development programmes.
- We can better focus on new critical life-saving needs and better prepare for predictable emergencies in a cost effective way.
- We will give hope to millions of Somali's development vision who count on us for aid and strengthening their livelihood systems and resilience in this time of need.
- We will have demonstrated that the centrality of protection is pivotal to successful humanitarian intervention and reducing vulnerability.

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

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

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



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