

DROUGHT RESPONSE AND FAMINE PREVENTION PLAN

SOMALIA

MAY - DECEMBER

2022

ISSUED JUNE 2022



SOMALIA

Photo: UNOCHA/Ahmed Fais



Foreword by the Humanitarian Coordinator

SOMALIA

Photo: UNOCHA/Tanya Lyubimova

Somalia is on the brink of famine. A historic fourth consecutive failed rainy season, skyrocketing commodity prices and an underfunded humanitarian response plan have resulted in a 160 percent increase in the number of people facing catastrophic levels of food insecurity, starvation, and disease in Somalia. Displacement is also increasing. More than 805,000 people have been displaced due to drought since October 2021.

Nearly 50 percent of the population, 7.1 million people, now face crisis-level food insecurity or worse through at least September 2022. Of those, 213,000 people face catastrophic hunger and starvation. More areas are at risk of famine, particularly in the south of the country in regions where insecurity and conflict make humanitarian access more challenging.

The humanitarian operation in Somalia is pivoting to famine prevention. Partners are urgently scaling up their activities, reorienting their response towards famine prevention and targeting the most vulnerable populations in areas of highest need. Under the guidance of the Humanitarian Country Team (HCT), humanitarian partners, authorities and local communities are implementing a five-pronged approach to drought response and famine prevention centered around prioritization, coordination, integrated and rapid response, and response monitoring.

Partners are re-prioritizing their limited resources to famine prevention to protect the country's most vulnerable populations. The United Nations, the Federal Government of Somalia, federal member states and our humanitarian partners, supported by donors, have managed to deliver lifesaving assistance to nearly 2.8 million people between January and April 2022. However, the scale of ongoing assistance and funding from the international community are not sufficient to sustain those most at risk. With hundreds of thousands of people facing catastrophic hunger and starvation, it is urgent that humanitarian assistance is scaled up to avert this risk.

The 2022 Drought Response and Famine Prevention Plan outlines the humanitarian community's detailed plans for the remainder of the year based on an evidence-based analysis of the needs and presents the financial requirements needed to prevent famine in Somalia. As Humanitarian Coordinator, it is my foremost duty to oversee the work of humanitarian partners and to ensure that live-saving assistance reaches those most in need as we continue our efforts to serve the Somali people.

Adam Abdelmoula
*Deputy Special Representative of the Secretary-General,
Resident and Humanitarian Coordinator for Somalia*

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Linkages to the 2022 Humanitarian Response Plan

The following Drought Response and Famine Prevention Plan is a revision of the Drought Response Plan which was developed in late 2021 as a subset to and annex of the 2022 HRP. Along these lines, the 2022 Drought Response and Famine Prevention Plan will continue to be guided by the three 2022 HRP Strategic Objectives:

STRATEGIC OBJECTIVE 1

Reduce loss of life for 5 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse, violence, and exposure to explosive ordinances by the end of 2022

STRATEGIC OBJECTIVE 2

Sustain the lives of 5.5 million people requiring humanitarian assistance, including 3.9 million non-IDPs, 1.6 million IDPs and people with disability across 74 districts, by ensuring safe, equitable and dignified access to livelihoods and essential services by the end of 2022

STRATEGIC OBJECTIVE 3

Uphold commitments to the centrality of protection across the humanitarian response through protection mainstreaming, AAP and monitoring of the protection environment.

SOMALIA

Photo: UN/David Mutua



Key Humanitarian Issues

PEOPLE AFFECTED

 7M

INTERNALLY DISPLACED PERSONS

 805.1K

PEOPLE TARGETED

 6.4M

FUNDING REQUIREMENT

 \$993.3M

The humanitarian crisis in Somalia continues to deteriorate. The current extreme, widespread, and persistent multi-season drought is unprecedented. Four consecutive rainy seasons have failed, a climatic event not seen in at least 40 years. The 2022 March-May rainy season has not materialized and is likely to be the driest on record, devastating livelihoods and driving sharp increases in food, water, and nutrition insecurity. The impact of the drought and increasing economic pressures are deepening the severity of needs and driving the country to the brink of famine. Nearly 50 per cent of the population – 7.7 million people – require some form of humanitarian or protection assistance, of whom 7 million are estimated to be affected by the drought.

The drought has devastated the lives and livelihoods of the most vulnerable, and marginalized people, including women, children, and minority clans. Acute malnutrition in children is on the rise.



Survival

Basic needs have intensified across all sectors. More than 45 per cent of the country is food insecure, including nearly 2.1 million who are suffering from severe food insecurity. For the first time since 2017, the Integrated Food Security Phase Classification (IPC) has confirmed pockets of food insecurity in 28 districts, affecting more than 213,000 people.

Currently, 1.5 million children under age 5 and more than 250,000 pregnant and lactating women (PLW) are in need of nutrition support¹. A total of 6.4 million people lack access to safe water and sanitation, and 6.5 million people lack access to adequate healthcare. Poor sanitation and communicable diseases, including cholera and measles outbreaks, have resulted in 16 confirmed deaths and left thousands of people sick this year.

Somalis are hungrier, sicker and more vulnerable than a year ago, pushing an ever-greater number of people into reliance on humanitarian assistance for survival. Humanitarian response is increasingly becoming the only lifeline to cope with the impact of drought.



Access to basic services

Somalia continues to rebuild its economy and basic infrastructure amid challenging circumstances. Across the country, basic services are unreliable and often unavailable, placing enormous pressure on the humanitarian response.

Only 52 per cent of the population in Somalia have access to a basic water supply. Limited regulation of private water suppliers often leads to expensive prices, forcing families to fetch water from far and from unsafe open wells. The absence of a centralized electricity grid coupled with a significant nomadic population means more than 70 per cent of Somalis live without access to electricity. Transportation infrastructure is in very poor condition, hindering the delivery of humanitarian aid and constraining access to services, including education and health care. Only 19 per cent of health facilities are fully functional. More than 30 per cent of all children are out of school. Humanitarian partners have been increasingly stretching to fill some of these gaps to ensure continuity of essential services.



Displacement

An estimated 2.9 million people are displaced, as well as more than 805,000 newly displaced due to the drought, one of the highest levels of internal displacement globally. Women and children constitute 82 per cent of those displaced since October 2021. In IDP sites, access to safe water is often compromised due to damaged infrastructure allowing diseases and malnutrition spread even faster.

Displaced populations in Somalia predominantly reside in over 2,400 highly congested informal settlements, the majority of which are located in Mogadishu, Baidoa, north Gaalkacyo and south Gaalkacyo, Belet Weyne, Bossaso, Kismayo and Burao. IDPs face precarious labor and living conditions. As of April 2022, less than 30 per cent of newly arrived IDPs have received immediate assistance such as NFI items, food/cash support, and access to nutrition services.

Historically, IDPs have faced discrimination and exclusion to equitable services. IDP settlements are highly vulnerable to protection concerns, exploitation, aid diversion, and evictions. New arrivals are often at increased risk of GBV and PSEA.

¹ Source: 2022 Somalia Humanitarian Needs Overview.

Situational Overview

The risk of famine in Somalia is increasing.

Famine (IPC Phase 5) is likely if (1) there is widespread crop and livestock production failure, (2) food prices continue to rise sharply, and (3) humanitarian assistance is not scaled up to reach the most vulnerable populations.

The deteriorating situation is due to the worsening consecutive multi-season drought that has gripped the country since late 2020. Four consecutive failed rainy seasons have led to water shortages, crop failures, increased prices for staple foods and water, livestock deaths, and high levels of displacement. The country is facing a heightened increased risk of famine if food prices continue to rise and humanitarian assistance is not sustained to reach the most vulnerable populations, including marginalized groups and minority clans.

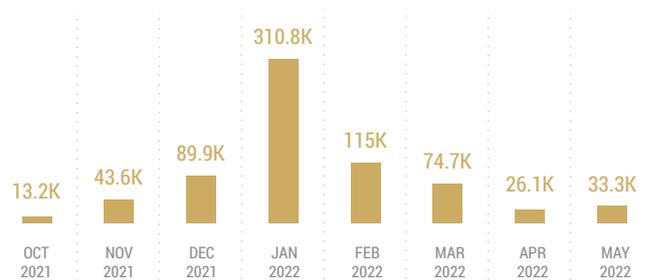
As of May, local authorities and humanitarian actors have reported severe water shortages affecting more than 6.4 million people across the country. The situation has led to reduced availability of water and food, triggering significant displacement. Faced with failed crops and harvests, depleted livelihood assets, and severe water scarcity, hundreds of thousands of Somalis in rural areas are forced to migrate to urban areas. More than 805,000 people have been newly displaced by drought, especially in central and southern areas. The regions that are most severely hit by the drought include Gedo, Middle Juba, Lower Juba, Bay, Bakool, north and south Mudug, Galgaduud and some parts of Bari and Nugaal regions. Large scale displacements are being reported in major urban centers such as Kismayo and Banadir. Based on the current drought severity scenario, an estimated 1.38 million people may be displaced by drought before the end of the year.

The number of people affected is expected to rise in the months ahead, as the current rainy season has been below-average, making this the longest drought in the Horn of Africa in at least four decades. While some areas received moderate rains in April, the latest seasonal forecasts, supported by a broad consensus from meteorological experts, indicate that there is now a concrete risk that the October-December rainy season could also fail. Should these forecasts materialize, the already severe humanitarian emergency would further deteriorate.

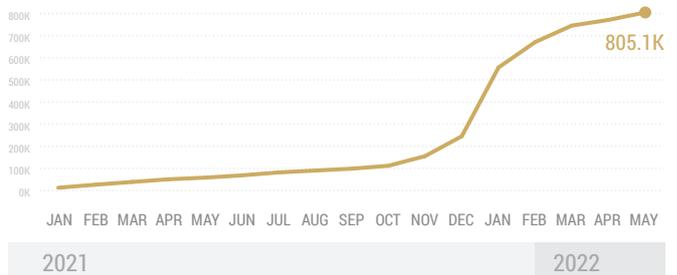
The areas and population groups facing increased risk of famine are Hawd Pastoral of Central and Hiran Addun Pastoral of Northeast and Central, Agro Pastoral populations in Bay and Bakool regions and IDP settlements in Mogadishu, Baidoa Dhusamareb and Galkacyo.

DISPLACEMENT TREND BY TIME

Figures by Month



Cumulative of Total Individuals by Month



Associated Factors and Projections

Famine occurs when a significant number of deaths occur due to lack of food or the interaction of food deficits with disease². A famine involves a sequential, causal series of events that include severe food deficits³, acute malnutrition⁴, and death⁵.

Based on analysis of food security, nutrition, WASH and health conditions, as well as displacement rates, partners estimate that 28 districts currently contain pockets of populations experiencing catastrophic food insecurity (IPC 5) and are at increased risk of famine.

² According to the Integrated Food Security Phases Classification (IPC), famine exists in areas where, even with the benefit of any delivered humanitarian assistance, at least one in five households has an extreme lack of food and other basic needs; extreme hunger and destitution is evident; and significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease, is occurring.

³ Twenty percent or more of households in an area face extreme and severe food scarcity.

⁴ Famine thresholds for Global Acute Malnutrition (GAM) using weight for height z-score and/or oedema is 30 per cent and above.

⁵ Famine thresholds for Crude Death Rate (non-trauma deaths) are over 2 people, and for children under age 5, 4 deaths per 10,000 people per day.

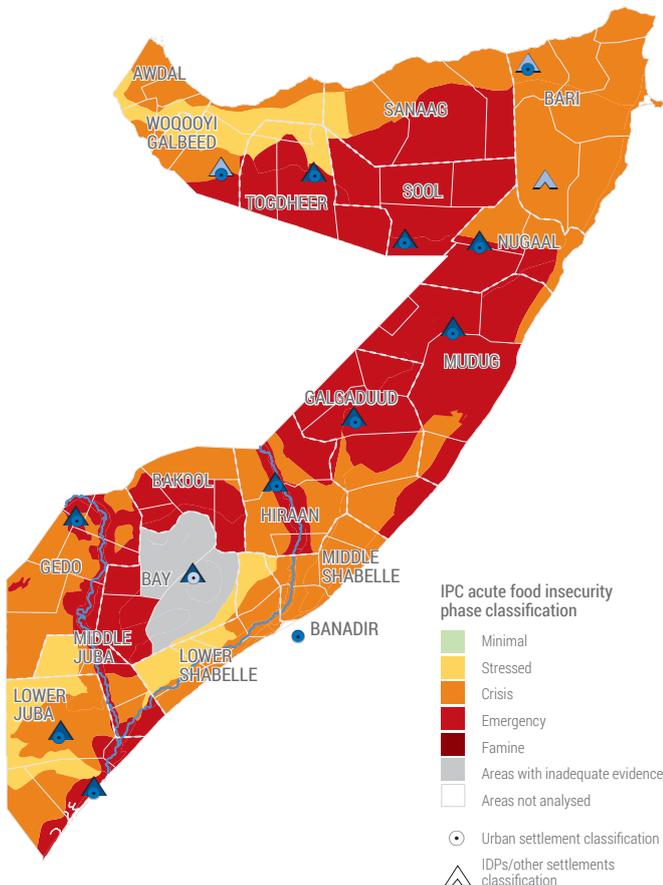
Food Insecurity

Hunger is rising, with more than 45 per cent of the population now facing severe food shortages (IPC Phase 3 or higher).

Acute food insecurity in Somalia has drastically deteriorated since the beginning of 2022. Over 7.1 million people (45 per cent of the total population), are experiencing high levels of acute food insecurity (IPC Phase 3 or above) including 2.1 million people facing Emergency (IPC Phase 4) across Somalia, and pockets of more than 213,000 people are facing Catastrophic (IPC Phase 5) levels of acute food insecurity across one quarter of the country (30 districts).

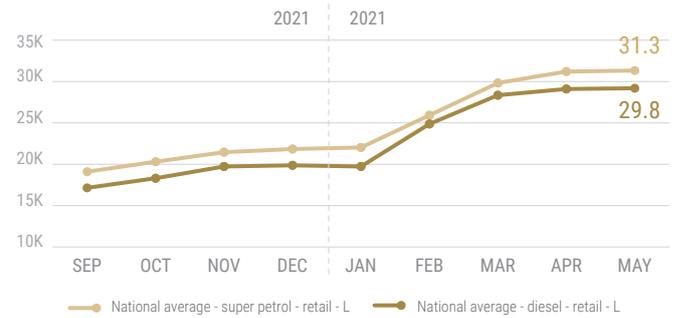
Failed rains have led to crop and harvest failure in the agricultural regions of southern and northwestern Somalia, resulting in below-average production and high prices for staple foods. The persistent drought conditions have aggravated acute food insecurity among the most vulnerable households. Poor pasture conditions and water scarcity have resulted in widespread livestock deaths, deteriorating condition of remaining livestock and increasing use of negative coping mechanisms, including the sale of productive assets. In the worst-affected areas of Somalia, it is estimated that one-out-of-three livestock have perished since mid-2021.

PROJECTED ACUTE FOOD INSECURITY JUNE-SEPTEMBER 2022



Consecutive failed harvests and a record increase in global food prices have been driving staple food prices beyond the reach of most poor rural, urban and displaced families across Somalia as they are heavily dependent on purchases from the market to access food. As of May 2022, prices of imported food items such as wheat flour, rice, vegetable oil are showing mixed trends, however fruit and vegetable prices have increased due to scarcity. Fuel prices also vary across the country, but prices are comparatively higher than last year in line with global trends.

FUEL PRICES IN SOM/SHILLING



Water, Sanitation and Hygiene (WASH)

A significant share of Somalia's population lacks reliable access to safe water, which has compounding effects on public health.

Nearly all districts in Somalia (71 of 74 districts) are in acute need of water, hygiene, and sanitation support. Most water systems are heavily reliant on humanitarian assistance. An estimated 60 per cent of the population do not have access to improved water sources. Although trucked or bottled water may offer relatively safer water sources, prices have risen considerably – up to 136 per cent in South West State.

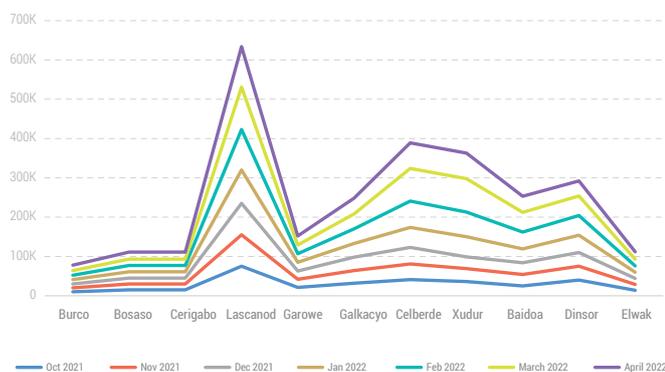
Sharp price increases are largely attributed to the depletion of surface and underground water sources due to insufficient rains. Existing water sources are overstretched and overcrowded. Key WASH infrastructure is often not operational due to mechanical failures, overuse, and lack of maintenance⁶. Many locations rely on shallow wells and water pans in which water levels have decreased significantly, contributing towards the worsening water shortages. As a result, people are increasingly resorting to unimproved water sources and lack adequate sanitation. This increases the risk of diarrheal disease, which in turn leads to deteriorating nutritional status and, in some cases, greater risk of death, particularly for children under five.

Increasing food insecurity and declining water availability and quality have led to outbreaks of acute watery diarrhoea (AWD) and cholera in many parts of the country. Coupled with

⁶ Since April 2022, 159 strategic boreholes have developed mechanical failure due to long hours of operations and a lack of vital equipment for maintenance. 67 strategic boreholes in 48 OPA1 and 2 districts are also not operational.

an increase in measles cases, disease incidence is contributing to rising levels of acute malnutrition, reflected in the increasing number of moderately and severely malnourished children being admitted to treatment centers. Water shortages, especially in rural areas, are also directly contributing to increased displacement.

AVERAGE PRICE OF WATER IN SOMALI SHILLINGS FOR SELECTED DISTRICTS



Malnutrition

Acute malnutrition in children is on the rise.

An estimated 1.5 million children face acute malnutrition, including 386,400 who are likely to be severely malnourished, which is 25 per cent increase compared to last year. Malnutrition in Somalia has three main underlying causes: (i) inadequate access to food or poor use of available food; (ii) inadequate childcare practices; and (iii) poor water, sanitation, and health services. Failed rains in Somalia have further exacerbated the impact and severity of these factors.

Globally, more than 50 per cent of under-nutrition worldwide is associated with infections caused by inadequate WASH conditions, and poor sanitation is the second leading cause of stunting. In Somalia, poor WASH and health conditions are driving the increased rates of malnutrition in many locations. Currently only about 19 per cent of health facilities are fully functioning. Child feeding and care practices are sub-optimal. The exclusive breastfeeding rate for children under 6 months is about 33 per cent, and the rate of timely introduction of complementary feeding (6-8 months old) is about 81 per cent.

Healthcare

Communicable disease outbreaks are spiking and overwhelming the existing healthcare system.

Mortality in famine is often driven by disease overwhelming weakened immune systems. Somalia continues to experience AWD/Cholera outbreaks in multiple locations with 3,720 cases of AWD/suspected cholera reported from January to April 2022, of which 65 per cent were children under age 5. The roll out of an oral cholera vaccination campaign is planned in nine high priority districts in June 2022. Between January and April 2022, more than 6,200 cases of suspected measles were reported, of which 83 per cent were children under age 5.

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

With only 19 per cent of health facilities fully functional, access to healthcare is severely limited. Famine-risk districts are particularly vulnerable, as many children, mothers and people with illnesses or malnutrition in these areas may be unable to access healthcare. Where private-sector health services exist, they remain out of reach for millions of vulnerable people due to high prices.

Related protection needs

When families prioritize short term survival needs, they may turn to negative coping strategies such as early marriage or child labour to increase household food security. Adolescent boys are at increased risk for child recruitment in exchange for food and cash. Children and women are particularly vulnerable to protection violations in famine-risk areas. Women leaving the home in search of food may be exposed to abuse, and time away from the home can reduce mothers' ability to breastfeed and affect childcare. In most households, women and children are responsible for collecting water. Many primary water sources have stopped functioning, which means longer distances to travel and additional threats to safety and dignity, including GBV. In drought and famine, women can be at heightened risk of food insecurity due to denial of food, a form of GBV, with devastating effects on women's health, especially for pregnant and lactating mothers. Children may remain out of school so they can fetch water, which families may prioritize over education.

Regional Dimension of the Crisis

The drought in Somalia cannot be seen in isolation. All countries in the Horn of Africa are negatively impacted by the four consecutive seasons of below average rainfall, with Somalia most severely affected. Areas that have been particularly hard hit include parts of northern and eastern areas of Kenya, Ethiopia's Somali region, and Somalia, where reports indicate that people are fleeing to nearby towns in search of humanitarian assistance. All warning systems and signs point to an exceptional drought, which has been declared an emergency in Kenya and Somalia. Food insecurity in southern and eastern Ethiopia, Kenya, and Somalia has already worsened significantly in 2022, with severe conditions (IPC Phase 3 "Crisis" and Phase 4 "Emergency") dominant. Climate change combined with La Niña has resulted in prolonged and persistent drought. This has resulted in poor harvests and body conditions for livestock and has led to crop and livestock production decline that has had a negative impact on food availability.

The current extreme, widespread, and persistent multi-season drought affecting Somalia, the arid and semi-arid lands of Kenya, and Ethiopia's Belg-receiving and eastern and southern pastoral areas, is unprecedented. The 2022 March-May rainy season appears likely to be the driest on record, devastating livelihoods and driving sharp increases in food, water, and nutrition insecurity. Ethiopia, Somalia, and Kenya have also recorded a significantly higher number of severely malnourished children admitted for treatment in the first quarter of 2022 compared to past years.

The latest long-lead seasonal forecasts, supported by a broad consensus from meteorological experts, indicate that there is now a concrete risk that the October-December (OND) rainy season could also fail. Should these forecasts materialize, the already severe humanitarian emergency in the region would further deepen. The predicted below-average OND season would drive a deterioration of an already dire food security and malnutrition situation in 2023. However, irrespective of rainfall between October and December, conditions will not recover quick enough to see food security improvements before mid-2023.



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Photo: UNOCHA/Tanya Lyubimova

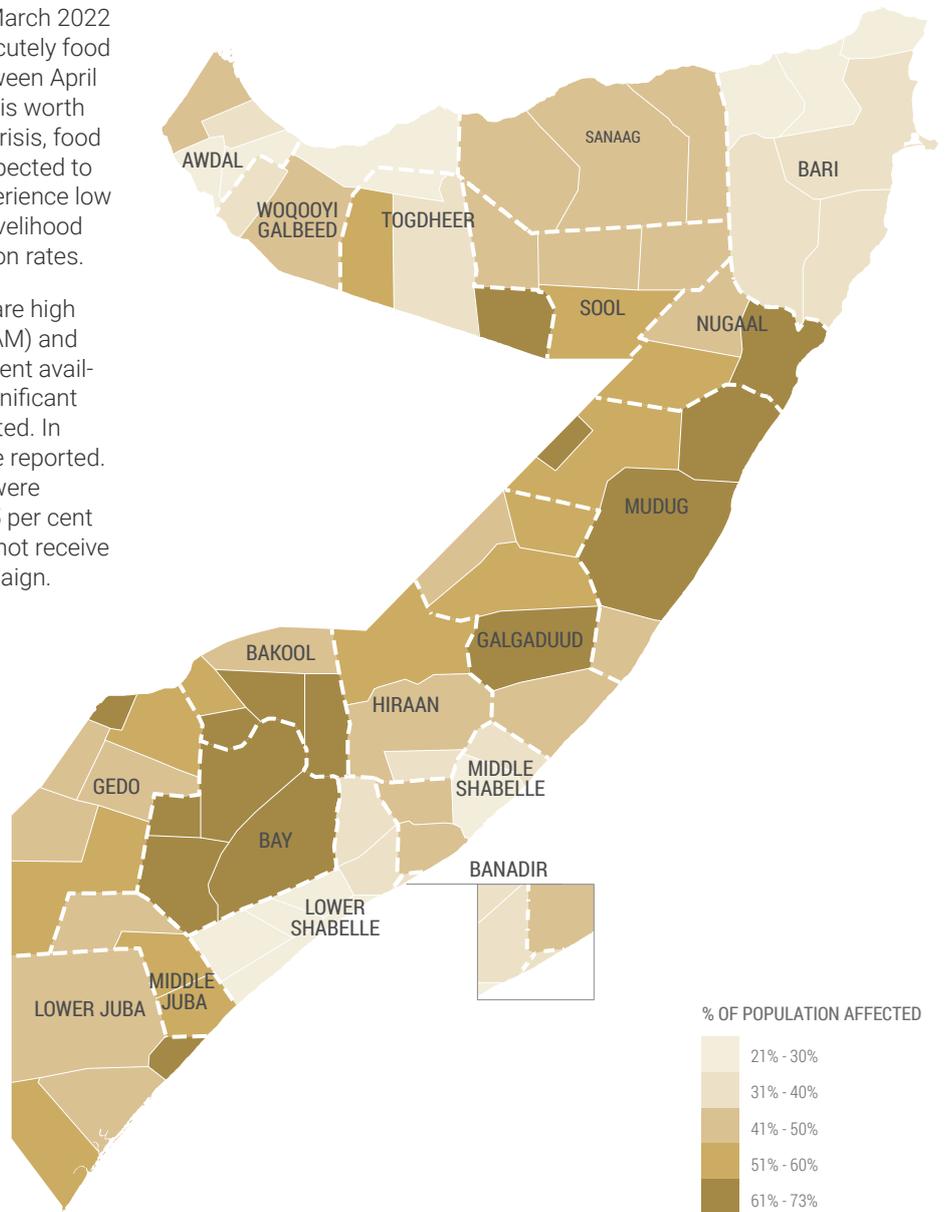
People Affected and in Need of Humanitarian Assistance

As the humanitarian situation continues to deteriorate, as a consequence of the worsening drought situation, with a failed fourth consecutive rain season, key indicators on displacement, food insecurity, malnutrition and diseases are on a negative trend in many states. Many states continue to see increased rates of displacement. The areas that have received the most displacements, are in Southwest State, with inflows into Baidoa of 230,000 as well as Banadir which have received 160,870 people and Jubaland with 150,000 people. Multiple compounding factors influenced a spike in food prices, leading to increased food insecurity and malnutrition levels, especially among IDPs in settlements and urban poor, and pastoral and agro pastoral communities that have lost livelihood assets.

Key spikes are noted in areas like Banadir, Jubaland, Puntland and South West states. In Banadir for example, from January to March 2022 1.16 million people were classified as acutely food insecure, compared to 1.39 million between April to June 2022, increasing 20 per cent. It is worth noting, more IDPs face an emergency crisis, food security and nutrition conditions are expected to worsen in the coming month. IDPs experience low household food consumption, loss of livelihood assets, and worsening acute malnutrition rates.

In Puntland, malnutrition rates of IDPs are high in Bossaso (14.0 GAM), Garowe (7.5 GAM) and Galkayo (17.6 GAM) with limited treatment availability. Between January- May 2022, significant cases of measles and AWD, were reported. In Banadir, 1,984 AWD/cholera cases were reported. While in Southwest state, 2,279 cases were reported, including 11 deaths of this, 95 per cent of all AWD/cholera admitted cases did not receive cholera vaccine during 2017 OCV campaign.

DROUGHT-AFFECTED POPULATION - JUNE 2022



Banadir

Since October 2021, more than 160,000 newly arrived IDPs have been displaced to informal IDP sites in the Banadir region. Spikes in food prices coupled with severe water shortages are leading to increased food insecurity and malnutrition among IDPs in settlements and urban poor. IDP households are spending upwards of 80 per cent of their income on food. Reduced access to safe water and poor sanitation conditions are also contributing to disease outbreaks, with more than 2,000 AWD/cholera cases recorded in Banadir region this year. Evictions are also a concern. Between January and April 2022, approximately 38,200 people were forcefully evicted from IDP settlements in Daynile, Kahda and Hiliwa districts.

Galmudug

Despite the temporary relief of light and scattered rains relieving rural communities in Galmudug region, access to safe drinking water remains limited due to overstretched groundwater sources. Partners anticipate that increased pressure on pastoralists will likely result in more resource-based conflicts and increased displacement as people move to find water and pasture. The absence of malnutrition treatment services in Galmudug region is concerning. In April 2022, WFP suspended the blanket supplementary feeding programme (BSFP) and maternal and child health and nutrition (MCHN) due to the funding gaps.

Furthermore, increased displacement has resulted in need for CCCM services in IDP sites, particularly in Dhuusamarreeb and Guri Ceel towns in Galgaduud region.

Hirshabelle

Drought conditions, including severe water shortages, persist in rural areas in Hiraan and Middle Shabelle regions in Hirshabelle. Displacement into urban areas is increasing. Pastoralists and small farmers are faced with increased reduction of livestock production. The prices of the staple food and other basic commodities, water and fodder have also increased. Rising malnutrition rates and AWD/cholera outbreaks are prevalent in IDP sites, especially in Jowhar town and rural areas.

Jubaland

Water levels along the River Juba were lower than the seasonal average and the long delay in river regeneration has adversely affected irrigation and planning activities for riverine communities. As a result, reliable pasture is no longer viable and livestock deaths have increased. Jubaland continues to receive drought-displaced people. Since November 2021, more than 150,000 people have been displaced to urban and peri-urban areas, including to Baardheere, Kismayo, Dhobley and Doolow.

Puntland

In Puntland, IDPs and households in rural communities are highly vulnerable to increasing prices of basic commodities, especially food. Measles outbreaks are also occurring with more than 1,800 cases reported in 53 health centres across the region. Malnutrition rates are high in Bossaso, Garowe and Gaalkacyo with limited availability of treatment centres.

Somaliland

In Somaliland, areas of concern include the Hawd area, which border with Ethiopia in the southern part of Waqooyi Galbeed region, Burco, Buuhoodle, Laas Caanood and Owdewyne districts, as well as the border areas (south and east) of disputed Sanaag region, and Sool Plateau.

South West State

Insufficient rain and water availability severely reduced food production and caused substantial livestock losses. Increased food and water prices are unaffordable for farmers, pastoralists and wage laborers. Encirclement of Diinsoor, Qansax Dheere, Waajid and Xudur also contributes to lack of staple food and commodities in these markets. As a result, more than 230,000 people have been displaced from the worst affected areas in Bakool and Bay regions, and some parts of Lower Shabelle region to IDP sites in Baidoa and other major towns. Food and cash + emergency livelihoods interventions are required for rural communities in accessible villages and district to avert further displacement.

Malnutrition rates are high in Baidoa IDPs and Bay agropastoral zone. Disease outbreaks, including AWD/cholera cases are contributing to increased malnutrition rates in Baidoa and Bay regions. Overall, an estimated 2,300 cases, including 11 deaths, were reported since January 2022 in Baidoa, Afgooye and Marka districts. Outbreaks are likely to persist due to increased displacement coupled with lack of access to clean water and poor hygiene practices.



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Photo: UN/Fardosa Hussein

Increased Vulnerability of Children

Evidence shows that the drought is increasing exposure of children to various risks, particularly girls and children with disability. As communities continue to move in search for water, pasture and food, children are at increased risk of violence, exploitation, abuse and neglect, including sexual violence.

Child protection risks such as family separation, child labor, recruitment and use by armed forces and armed groups, psychological distress, neglect, child marriage, and other forms of sexual and gender-based violence are on the rise. In the first half of 2022, there has been an 81 per cent increase in the number of unaccompanied and separated children in IDP camps compared to the same period last year. This is expected to rise as the drought and risk of famine continues.

Humanitarian partners have been increasingly stretched to fill some of these gaps to ensure continuity of essential child protection services. Overall, 27 out of the 31 highest affected districts lack services that are essential for protection of children including limited safe spaces for children and GBV referral services. Existing protection services are overstretched and unable to scale despite the increased child protection caseloads.

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Photo: UNOCHA/Tanya Lyubimova



Planning Assumptions, Partner Presence and Operational Capacity

A total of 241 current operational humanitarian partners are part of Somalia's humanitarian response system in 73 districts as of April 2022. These humanitarian partners are scaling up responses in coordination with authorities through water trucking, borehole repair, cash and food and health assistance to meet urgent water and food needs but are constrained by insufficient finance and access constraints in conflict-affected and hard-to-reach areas. These constraints include insecurity, bureaucratic and administrative constraints, and infrastructural and environmental challenges that lead to movement restrictions, disruption to imports and domestic supply chains and the availability of basic commodities.

Insecurity continues to hamper the ability of humanitarian partners to reach people in need and to sustain operations, impeding people's ability to access basic services and life-saving assistance.

Outside of major urban centres, accessibility to some districts, particularly in southern and central regions, remains limited largely due to insecurity along main supply routes. Nine districts remain inaccessible in the drought-affected areas.

Almost 900,000 people are estimated to live within territory controlled by Al-Shabaab (AS) and remain largely out of reach. Areas controlled by AS include those that are contested, and civilian movement is nearly impossible as a result of regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, and South West State.

Access to areas under the control of the Federal Government of Somalia (FGS) and allied non-state armed groups remains largely possible although this is hampered by ongoing insecurity, including the presence of improvised explosive devices along key supply routes. Security checkpoints, many of which are fee-bearing, hinder safe, timely and unimpeded access. Incidents continue to be reported at the authorized checkpoints along all major access roads in southern and central Somalia, with the following access roads most affected: Mogadishu-Afgooye-Baidoa, Mogadishu-Balcad- Jowhar and Belet Weyne-Gaalkacyo. Extortion and other forms of violations are common at the numerous illegal checkpoints manned by both state and non-state armed actors.

NUMBER OF ORGANIZATIONS BY TYPE JAN - APRIL 2022



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Photo: UN/Fardosa Hussein



Drought Response and Famine Prevention Strategy

Working together and based on the guidance of the Humanitarian Country Team (HCT), humanitarian partners, authorities and local communities are scaling up their activities, reorienting response towards famine prevention and targeting the most vulnerable populations in areas of highest need. Area-based coordination (ABC) structures are activated in priority areas and rapid response mechanism expanded to Operational Priority Areas, where feasible. A similar shift in 2016/17, coupled with early action, additional funding, increased operational presence and timely scale up of humanitarian assistance, averted worse outcomes including famine.

In May 2022, the HCT identified a five-pronged approach to drought response and famine prevention centered around **prioritization, coordination, integrated and rapid response, and response monitoring**. The following five tools are employed to provide the strategic-level guidance for famine prevention efforts:

Integrated Response Approach

Mitigating the risk of famine in Somalia requires urgent, rapid, integrated response focused on delivering life-saving food and cash+ minimum emergency livelihood kits, health, nutrition, and WASH interventions to address the immediate determinants of famine and famine-related mortality. The joint inter-sectoral famine prevention and mitigation response strategy leverages the complementary expertise and operational capacities of the four core clusters (FSC, Health, Nutrition, WASH) to scale up of famine prevention response from May to December 2022.

The integrated response approach builds on lessons learned from 2011 and 2017 famine response as well as on ongoing best practices for famine prevention. The strategy is based on a sequential approach for the delivery of the minimum inter-sectoral minimum famine prevention response package at jointly identified service delivery points in prioritized districts. The minimum package is comprised of primarily of unconditional cash assistance to ensure access to food and water. Additional assistance will also include hygiene kits, water trucking, mobile teams for health and nutrition screening, treatment of acute malnutrition interventions,

health referrals for AWD/cholera treatment and emergency livelihoods assistance.

Humanitarian partners coordinate the implementation of the integrated approach through coordination at both the strategic (national) and operational level. Operational coordination occurs at the lowest possible administrative level between operational partners to facilitate response delivery based on joint operational guidelines. Integrated services will be delivered at the point of convergence at the individual, household and community levels.

Integrated Response Delivery at Point of Convergence

Individual – *screening for acute malnutrition, health services, hygiene kits, hygiene messages, cash*

Household level– *food assistance, provision of safe water, latrines, health and nutrition messaging, livelihoods, kitchen gardens*

Community/institution – *communal latrines and water points, health and nutrition promotion, provision of water to health facilities*

Through this joint approach, acutely malnourished children receive health services and nutrition assistance at nutrition treatment sites, while their households receive food, WASH and cash + emergency livelihoods assistance. New arrivals in IDP sites receive malnutrition screening, household food assistance, health services, hygiene kits and water trucking.

Operational Priority Areas

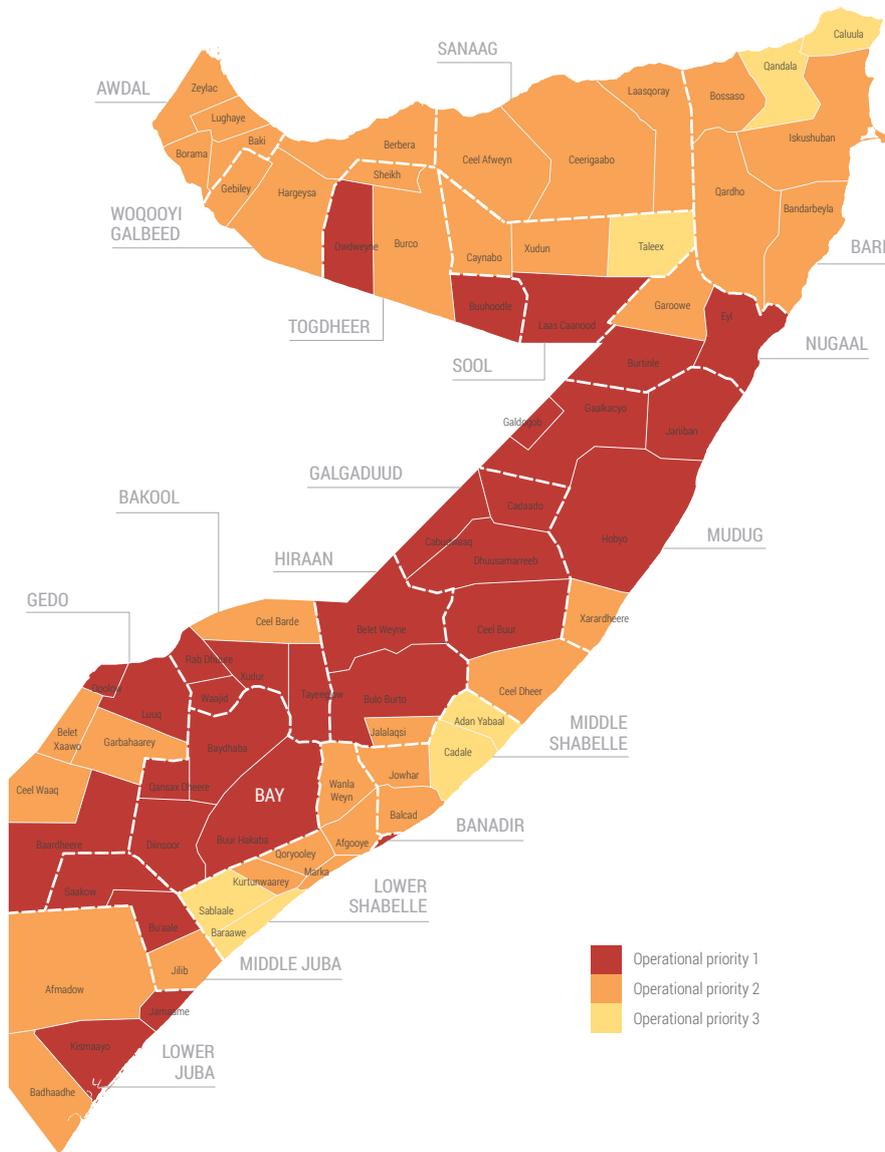
Operational Priority Areas (OPA) provide a roadmap for drought response and famine prevention coordination efforts and response implementation. The prioritization methodology is based on analysis of multiple data sources, including: SWALIM Combined Drought Index, IPC Acute Food Insecurity, Displacement (PRMN), GAM / SAM prevalence rates, water prices (WASH), health severity, and response gaps.

The exercise, endorsed by the HCT in March 2022, prioritizes districts into three categories that define the response approach required (immediate, phased, monitoring). The prioritization exercise is used to identify where drought-related impact and famine risk is most severe, where urgent, immediate life-saving assistance is most needed. It also informs multi-cluster rapid response efforts that complement regular, on-going cluster-spe-

cific activities. The priority areas are updated on a monthly bases using the latest available data.

In updating their respective plans, Clusters use the OPAs as the baseline for geographic prioritization. Furthermore, targeted populations in OPA One districts were prioritized for immediate, life-saving humanitarian interventions through the cluster minimum response package. While populations in OPA Two districts were factored into targeting for provision of life-sustaining assistance related to drought and famine prevention.

DROUGHT OPERATIONAL PRIORITY AREAS* - APRIL 2022



*The Operational Priority Areas (OPA) is one tool for informing inter-sectoral priorities; while it does not replace individual cluster/sector tools.

Area-Based Coordination

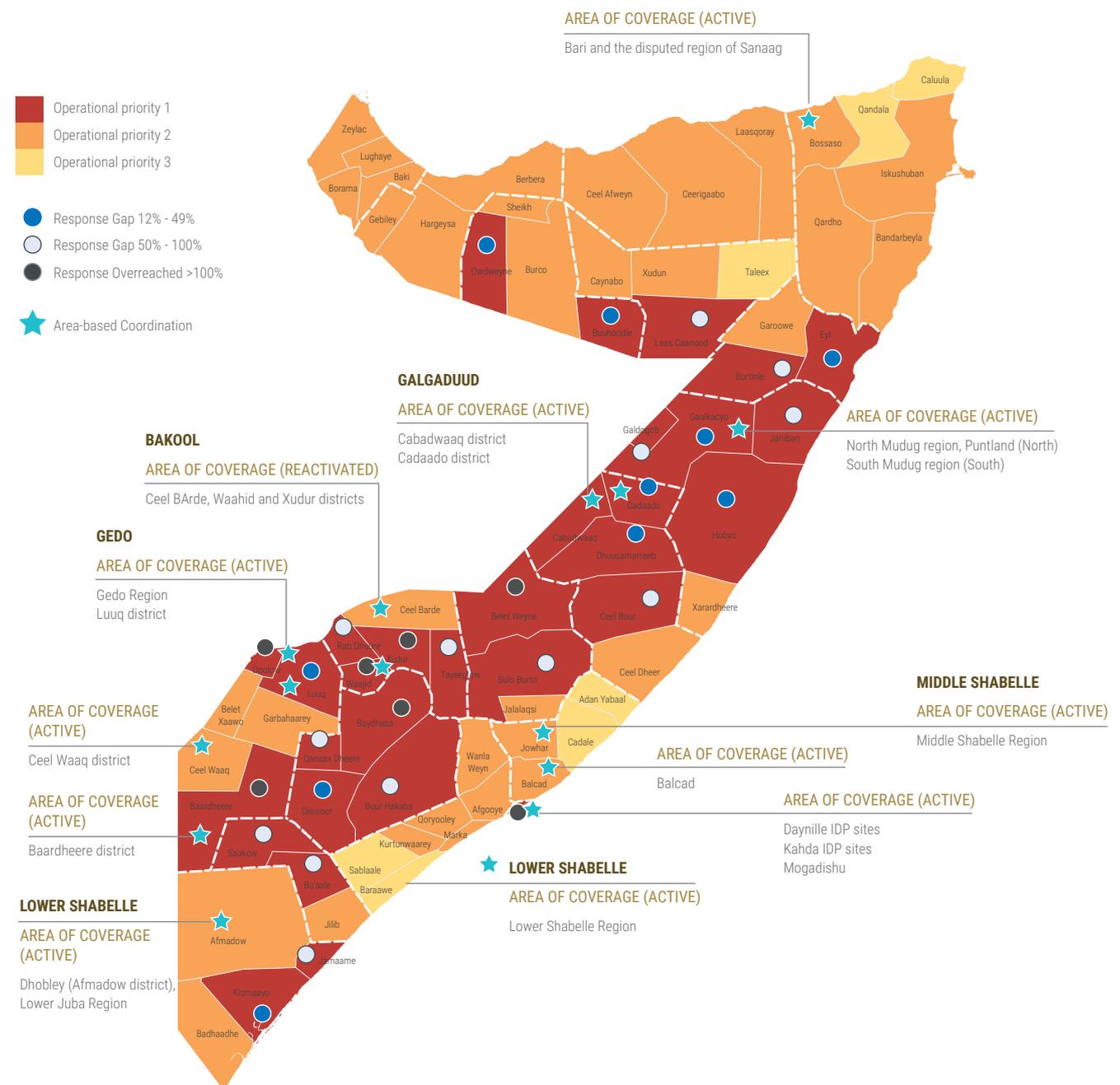
Since March 2022, a total of 37 districts are covered by ABC forums, especially focusing on Operational Priority Area One and Two districts, to support drought response and famine prevention coordination efforts. ABCs provide localized operational coordination support in districts where there are weak operational coordination/information gaps, often numerous partners and urgent but unmet lifesaving needs.

In the Somalia context, ABCs are recognized as district or regional (covering multiple districts) Area Humanitarian Coordination Groups (A-HCGs), which are coordinated by

a designated local partner/INGO (depending on location), with the support of OCHA. ABCs in OPAs One and Two will be leveraged to inform the coordinated delivery of Rapid Response Mechanism (RRM) packages where applicable, to ensure effective, prioritized and timely response to the most vulnerable.

Furthermore, bi-weekly caravan missions to OPA One districts are increasing field presence and facilitating more regular cluster engagement with operational partners on the ground.

AREA-BASED COORDINATION (ABC)



Rapid Response Mechanism

The Rapid Response Mechanism provides emergency, life-saving multi-sectoral response packages to newly displaced IDPs in Operational Priority One districts, where feasible. RRM ensures life-saving supplies reach people when and where they are most vulnerable by scaling up a multi-sectoral response in IDP sites. The package includes multi-purpose cash assistance, water-trucking, NFI and hygiene kits provided to newly arrived IDPs within one week of arrival. The response will be coordinated using a zonal approach with each location split into response zones based on site prioritization matrix, new arrival tracker, and in consultation with local authorities. Regular registration of new arrivals will be led by zonal champions.

Interagency efforts involved in RRM will ensure safeguarding measures are in place to avoid duplication of caseloads by triangulation with existing beneficiary lists receiving large scale assistance. This will also be a pillar of zonal approach by which the zone champion will have capacity to conduct rapid mid-upper arm circumference (MUAC) screening during registration, provide most up to date service mapping provided to new arrivals and ensure engagement with other site level community bodies.

Response Monitoring

Clusters will continue to track the progressive steps being taken to reach the targets set forth in each cluster response strategy. In addition, cluster partners will continue to conduct response monitoring using relevant field tools. Clusters will continue to report monthly to OCHA on the status of response targets, disaggregated by geographic area as well as by sex, age and disability to inform a more effective and inclusive response. OCHA will use these inputs to produce monthly 4W databases detailing humanitarian coverage across the country.

The national Disaster Operational Coordination Center (DOCC) regularly assesses progress towards reaching the Drought Response and Famine Prevention Plan response targets. Monthly reviews of humanitarian activities in operational priority areas inform recommendations regarding the scope and direction of the response operation.

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Photo: UNOCHA/Tanya Lyubimova





Coordination

Coordination with the Government

The HCT works with the recently appointed Special Envoy for the Drought Response to coordinate the strategic level drought emergency response. In addition, an inter-ministerial committee chaired by MoHADM oversee a joint coordination mechanism established between the Federal Government and Member States to enable quick response at local level and link information on the ground to an effective response.

The operational drought response is led by the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) at the national level. Coordination has been reinforced between humanitarian partners and state level MoHADMs in Galmugdug, Hirshabelle, South West and Jubaland states, as well as the National Disaster Preparedness and Food Reserve Authority (NADFOR) and with the Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland. Technical level meetings are held between OCHA, the Federal MoHADM and the state level MOHADM to strengthen overall coordination and collaboration in information sharing, joint assessments and scale up of the overall response.

National-level Coordination

In response to the worsening drought conditions and increasing threat of famine, the national Disaster Operation Coordination Centre (DOCC) was re-established in January 2022 to enhance and expedite the scale up of humanitarian response.

The DOCC is where UN Agencies, Clusters and NGOs work collaboratively on developing integrated approaches to humanitarian response planning. This includes joint analysis to identify priority areas for integrated response. This has facilitated inter-cluster and inter-agency collaboration and innovation, as well as discussions concerning cross-cutting issues and response approaches to address complex issues arising during the drought. Members of the DOCC share expertise, lessons and experiences relating to emergency drought response, monitoring, data collection, and analysis, ensuring that operational concerns are identified and addressed collaboratively across all sectors. Furthermore, the DOCC regularly reviews the progress of humanitarian response to assess and address major response gaps.

Sub-National Level Coordination

There are active coordination mechanisms at the sub-national level across all states, comprised of State-Inter-Cluster Coordination Groups (S-ICCGs) and ABC through the regional and/or district A-HCGs, as well as an Inter Emergency Sub-sectors Coordination Group in Somaliland.

The ABCs are set up based on needs and operational requirements in an area/region/location (on a case-by-case basis). Ad-hoc A-HCGs can be established in the event of a sudden on-set emergency where there is a sudden surge of partners and limited cluster focal points creating demand for ABC. Parameters and rationale for establishment of an A-HCG include: weak coordination capacity; high numbers of partners; lack of information on needs, gaps and response on the ground; and, operational requirements to re-prioritize/scale-up response to prevent famine in OPAs.

Participation in district forums depends on operational presence in the region/district, and can also comprise of district authorities, community leaders and diaspora representatives. This diverse representation will significantly enhance information exchange, ownership and accountability to drought-affected populations, which is important to ensure that affected and marginalized groups, in particular, are not left behind.



Planned Response

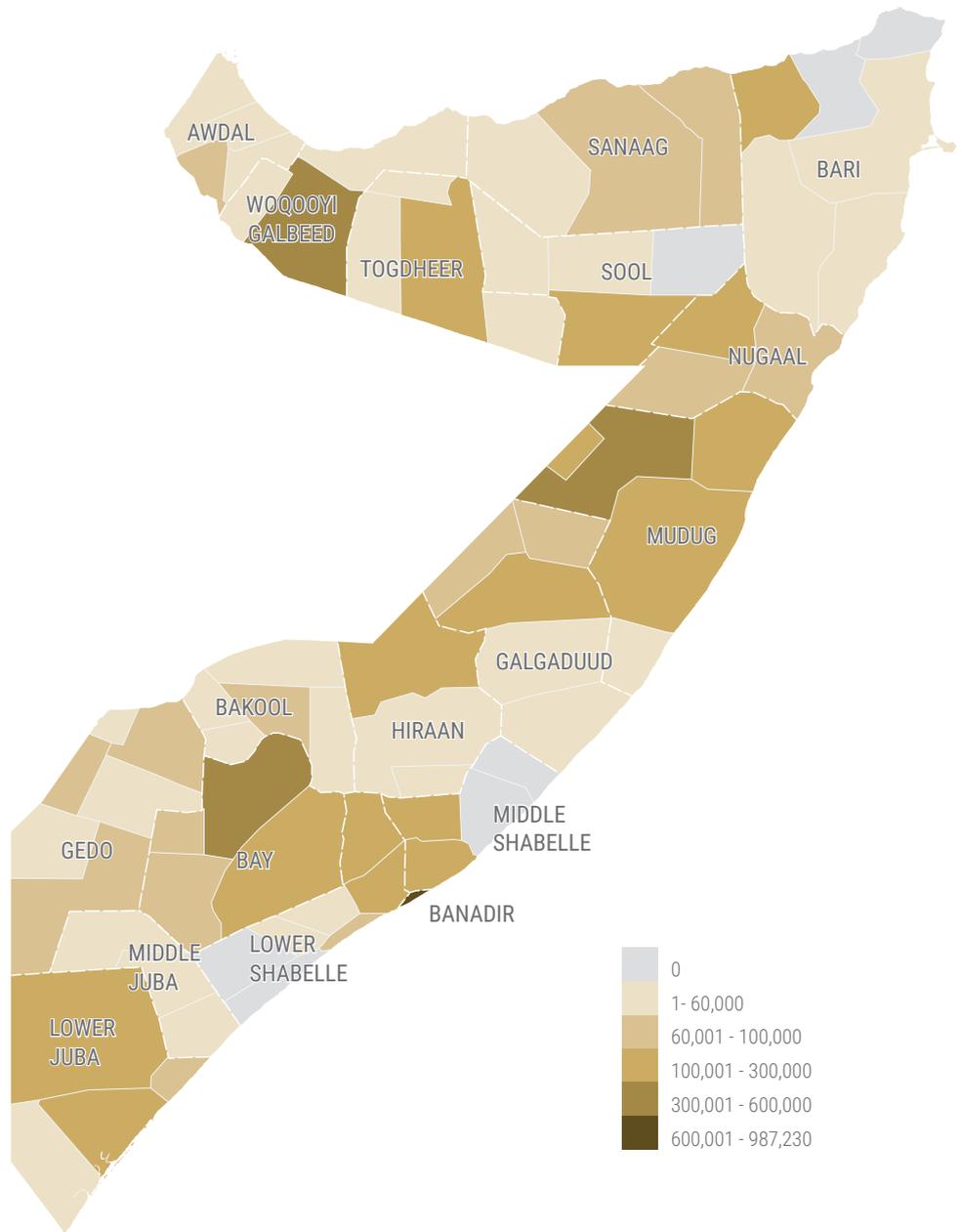
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PEOPLE TARGETED
 **6.4M**

Between May and December 2022, more than 6.4 million people will be targeted with at least one form of assistance to prevent famine.

NUMBER OF PEOPLE TARGETED FOR DROUGHT RESPONSE AND FAMINE PREVENTION

Inter-cluster targets were determined at the district level by summing the maximum cluster target per district. Overall, nearly 4 million people are targeted with life-saving assistance in 31 OPA one districts. More than 2.4 million people are targeted with life sustaining assistance in 36 OPA two districts.

In developing their respective plans, Clusters agreed to common parameters. Response boundaries were guided by the by the three 2022 HRP Strategic Objectives. Clusters determined targets based on (1) cluster-specific needs analysis, considering the most acutely in need (severity scales 4 and 5) and those with multiple, compounded needs in highest severity, and (2) Operational Priority Area exercise as of April 2022 (31 OPA One districts) as the baseline for geographic prioritization. Furthermore, In designing the plans, Clusters ensured realistic targets by considering past and projected funding levels, partner capacity and previous reach in 2021, particularly in hard-to-reach and inaccessible areas.



Planned Response by Cluster

CLUSTER	OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET
Food Security	5.68 M	3.74 M	1.94 M
Rapid Response Mechanism (RRM)	690 K	690 K	-
Water, Sanitation and Hygiene (WASH)	3.89 M	2.36 M	1.53 M
Health	4.9 M	3 M	1.9 M
Nutrition	733 k	506 K	227 K
Education	371 K	315 K	56 K
Protection	486.4 K	374 K	112.4 K
Shelter and Non-Food Items	481.5 K	423.5 K	58 K
Child Protection AoR	332.2 K	196.1 K	136.1 K
Gender Based Violence (GBV) AoR	218.5 K	136.5 K	82 K
Camp Coordination and Camp Management (CCCM)	722.5 K	692.5 K	30 K
Housing, Land and Property (HLP) AoR	177.8 K	103.6 K	74.2 K

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Photo: UN/Fardosa Hussein



Commitments to High Quality and Inclusive Programming

Humanitarian partners working to deliver this Drought Response and Famine Prevention Plan are committed to the principles of quality and inclusive programming. This includes a response anchored in the centrality of protection and do-no-harm approaches. As well as a response that is owned and delivered in partnership with communities and informed by two-way communications with affected populations, including women, children and minorities.

Improving the protection environment remains a cornerstone of the humanitarian response. Clusters have incorporated protection risk analysis and mitigation measures into the cluster response plans, and protection considerations will be mainstreamed throughout the implementation of the response. Regular engagement with diverse populations, and their active participation in decision-making will drive the quality of the operation as well as ensure stronger accountability and community ownership.

The drought has exacerbated several key protection risks that must be addressed collectively by all partners across the response if famine prevention is to be effective. Minority clan key informant interviews consistently reported higher levels of exclusion from aid, extortion, diversion of aid, with little access to redressal systems. The Somalia Protection Monitoring System in 2022 reported a 14 per cent rise in exclusion from assistance incidents and a 14 per cent rise in cases of violence in assistance delivery. Protection trends noted an increase in reports of sexual assault, family separation and denial of access to duty bearers. The Protection Return and Monitoring Network reported 14,100 individuals were displaced due to inter-clan conflict over pasture and water for their livestock due to the prolonged drought in Galgaduud region in February 2022.

The Somalia Protection Monitoring Mechanism and Protection Cluster identified four critical protection risks:

1. the structural exclusion of minority clans from assistance provision,
2. increased prevalence of gender-based violence, particularly sexual assault and intimate partner violence,
3. increasing numbers of forced evictions of IDPs, particularly in Banaadir region, and,
4. the heightened threat of intercommunal conflict driven by resource scarcity.

Humanitarian organizations implementing this joint response also commit to taking into account the local dynamics and community sensitivities where they operate, ensuring that humanitarian engagements do not contribute to or exacerbate tensions, further stigmatize people, or ignore the needs of people with equal levels of proven humanitarian need on the basis of identity or status.

Community Engagement and Accountability (CEA) is fundamental to the humanitarian response. Humanitarian partners are committed to seek out, listen and act upon the diverse voices of all affected populations. Strengthening access to and knowledge of, as well as access to effective and rapid complaints and feedback mechanisms is an essential minimum standard, but not enough to ensure active participation. Ensuring that the views of affected communities inform inclusive programming is critical. Humanitarian partners will continue to strengthen the quality and effectiveness of the CFMs, promote awareness about these mechanisms, while also actively strengthening the joint resolve to incorporate community feedback and voices into operational plans.

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Photo: UNOCHA/Tanya Lyubimova



Cost of the Response

From May to December 2022, the humanitarian community will require \$993.3 million to provide live-saving and life-sustaining assistance to prevent famine and respond to the drought in Somalia. Food security, nutrition, WASH and health comprised more than 82 per cent (\$817.50 million) of the total funding requirements to prevent famine in Somalia. Moreover, 61 per cent (\$610 million) of the total funding requirement addresses rapidly increasing levels of food insecurity across the country.

The financial requirement for the Drought Response and Famine Prevention Plan retains the project-based costing approach used in the 2022 Somalia Humanitarian Response Plan (HRP), for planning and costing humanitarian interventions. In developing their cluster-specific plans, Clusters have identified prioritized projects for drought response and famine prevention. Clusters were requested to set realistic targets based on key planning assumptions, including Clusters should ensure realistic targets by considering: (1) past and projected funding levels, (2) partner capacity, and (3) previous reach in 2021, particularly in hard-to-reach and inaccessible areas.

Clusters have further considered revising targets based on the latest needs analysis, geographic prioritization based on the operational priority area exercise, response indicators, and estimated numbers of people targeted for each response indicator at district level in costing the plan. Several clusters (FSC, Nutrition, Health, WASH) have also considered joint targeting in prioritized locations for the urgent scale up of integrated response efforts. Finally, Clusters also considered a range of data sources, including partner contributions and contextually appropriate costs. Efforts will be made to further enable the efficient use of funds and reduce costs where possible.

Most clusters identified challenges associated with the increased costs of basic supplies and services due to rising commodity prices and increased transport costs. For several clusters, costing considerations have also been affected by increased beneficiary targets, developed based on increasing humanitarian needs. Cluster-specific costing details are provided under each cluster plan.

Funding Requirement by Cluster

CLUSTER	TARGET	FINANCIAL REQUIREMENT (IN MILLIONS)	
Food Security	5.68 M	\$610	
Rapid Response Mechanism (RRM)	690 K	\$81	
Water, Sanitation and Hygiene (WASH)	3.89 M	\$74	
Health	4.9 M	\$73.5	
Nutrition	733 K	\$60	
Education	371 K	\$22.30	
Protection	486.4 K	\$17.7	
Shelter and Non-Food Items	481.5 K	\$17.60	
Child Protection AoR	332.2 K	\$13.5	
Gender Based Violence (GBV) AoR	218.5 K	\$11	
Camp Coordination and Camp Management (CCCM)	722.5 K	\$8.25	
Housing, Land and Property (HLP) AoR	177.8 K	\$2.13	
Logistics	130 MT/month	\$2.10	

Cluster Response Plans

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Photo: UNOCHA/Tanya Lyubimova



Food Security



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
5.7M	3.7M	2M	\$610M

The FSC response strategy to prevent Famine will be two-pronged:

1. Massive and rapid scale up of urgent life-saving food assistance targeting 5.7 million people most at risk of Famine in all 54 accessible priority 1 and 2 districts to ensure immediate access to food and prevent any associated mortality, with a dedicated emphasis on areas most at risk of Famine. The prioritized most vulnerable groups will be newly displaced IDPs, households with SAM/MAM under-fives or PLWs, minority and marginalized groups, persons living with disabilities, and female-headed households.
2. Provision of life-sustaining emergency livelihoods assistance primarily through the “cash+ minimum emergency livelihoods kits approach” targeting 790,000 vulnerable agro-pastoral and pastoral individuals (including rural IDPs) affected by drought and at risk of Famine to enable them to get back into production to secure a harvest, sustain animal health, improve access to food, and avert further livelihood assets depletion. Provision of water/fodder for livestock and animal treatment will also be critical actions. The focus will be on 48 accessible priority 1 and 2 districts.

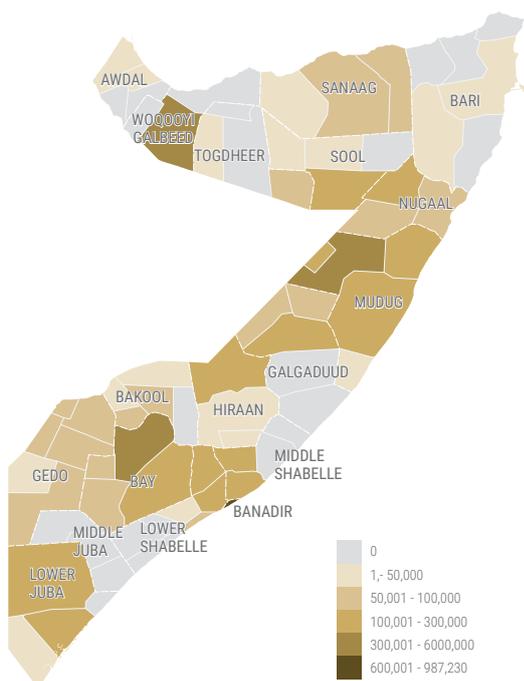
Food Security Minimum Response Package

Unconditional cash transfers for food

Cash+ emergency livelihoods kit

Cash based programming will be the main modality of assistance for more than 80 per cent of the response where markets are fully integrated and functional to increase cost effectiveness and efficiency. This will expand access through enhanced targeting approaches to persons at highest risk of Famine such as minority and marginalized groups and ensure better protection, including to female headed households and persons living with disabilities, destitute households who lost all livestock and are dependent on social support of the community and relatives, and households with children with poor nutrition status. FSC will also explore options for increasing access to essential services in high priority inaccessible areas through an enhanced access strategy, strategic partnership with other clusters and key stakeholders.

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

There are currently 137 FSC partners (2 UN agencies, 23 INGOs, and 112 NNGOs) operational in all of the 54 accessible priority target districts. The major operational constraints include access challenges and low funding levels leading to response gaps in some priority locations. As part of its localization strategy, the FSC has invested in the capacity building of local and national organizations who deliver a substantial component of the food security response both independently and as implementing partners of UN agencies and INGOs. This has enabled a scale-up, more adequate implementation, and targeted response, especially in the priority locations at highest risk of Famine.

Through the Famine prevention response mechanism, humanitarian partners will coordinate the delivery of assistance and create synergies with different ongoing programme activities including relief, nutrition, livelihoods, and safety nets. Food security partners will continue to generate and share information to inform the ongoing system wide response, and for efficient and effective targeting of different beneficiaries’ needs when responding to food security needs. The coordi-

nation mechanism contributes to allowing partners to reach the population in need, leverage efforts and avoid duplication of efforts.

Cost of the Response

The FSC Famine prevention response requires USD \$ 610 million to address the prioritized humanitarian needs. This is based on a full cost recovery model that includes procurement costs, warehousing, transportation (where in-kind modalities are employed), money service providers' fees, distribution and monitoring. FSC partners will scale-up cash-based responses where markets are fully integrated and functional to increase cost effectiveness and efficiency.

Response Monitoring

Progress on the FSC response will be monitored through the following indicators:

- Improved Access to Food: Number of individuals provided with lifesaving food assistance by population group (non IDPs, IDPs)
- Emergency livelihoods assistance: Number of individuals provided with life-sustaining emergency livelihood assistance by population group (non IDPs, IDPs)

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Photo: UNOCHA/Tanya Lyubimova



Rapid Response Mechanism



OVERALL TARGET

690K

OPA 1 TARGET

690K

FUNDING REQUIREMENT

\$81M

The Rapid Response Mechanism (RRM) responds to emergency needs when there is rapid, medium to large-scale population displacement. The mechanism aims to deliver immediate, life-saving supplies to families and individuals that are forced to migrate due to reduced water and food availability at their place of origin. The RRM intends to reach 690,000 IDPs with an essential life-saving multi-sectorial minimum response package of assistance.

The mechanism will form the initial emergency first line response, which will then be quickly followed-up by sector-specific responses that are coordinated through the area-based coordination in place and the Inter-Cluster Coordination Group led by OCHA. RRM is of a blanket nature, with a limited initial assessment conducted by the Zone Champions to inform RRM agencies. The response period should only be for a maximum of three months (or three distributions for cash-based assistance) and is to be followed by the normal sequenced humanitarian response. Based on the mechanism, a triggers system and modus operandi, the RRM could be further expanded to respond to emergency needs in hard-to-reach areas (to compliment any other existing Rapid Response Frameworks within cluster).

RRM will assess vulnerabilities of families, women and children, related to nutrition, vaccination, protection, and other indicators, through defined rapid assessment, screening and monitoring tools. RRM will also be utilized for outreach and awareness raising activities that accompany national campaigns, or target a specific topic, such as, gender-based violence, vaccination coverage, back to school etc. Finally, RRM will also be used as a tool for registration and referral to services in and beyond the location of the displaced families.

The participants (under the pilot) have agreed to adopt RRM as an interagency response modality in Somalia, where the UN and partners can deliver together as one to rapid on-set emergencies, hard to reach areas and become an entry point to the broader area-based response in target areas. The RRM consortium is not a closed forum; it will focus on coordination with the government, local partners, other UN agencies and the clusters and working groups. Key issues will be to benefit from access of different actors, coordination on security issues, sharing same assessment and monitoring tools, and reducing operational cost.

The package of immediate assistance will include:

Multi-Purpose Cash Assistance (MPCA) or Unrestricted cash based on response guidelines

One cluster standard hygiene kit

One female dignity kit (merged with hygiene kit)

Two cluster standard plastic sheets (tarpaulin)

Additional RRM services will include:

Emergency water delivery (in extreme conditions and where necessary), coupled with rehabilitation or construction of sustainable water sources

Hygiene promotion activities

Construction of latrines in newly formed or informal sites

Malnutrition screening, referral and treatment (SAM cases)

Mobile protection teams to monitor, document and refer cases of GBV

Communicable disease screening, monitoring and referral

Cluster Capacity to Respond

In the current RRM pilot is comprised of three UN agencies, three INGOs, two NNGOs. With a core UN leadership group of agencies, the RRM will have several auxiliary operational partners to deliver activities in different locations, resulting in operationality in all 66 accessible districts targeted. This best fit approach per location is to ensure broad accessibility and timely well-informed response.

Although current RRM pilot partners are leveraging existing funds to support the RRM, and will continue to do so, there remains a funding gap to scale up the mechanism beyond the current location and target a larger caseload.

Cost of the Response

The RRM famine prevention response will cost a total of \$81,000,000 to deliver lifesaving assistance to 690,000 IDPs across Operational Priority 1 districts. The funding will be utilized to deliver both the cash and in-kind assistance package, as well as, the package of services.

Response Monitoring

Several agency specific indicators have been chosen to monitor the effectiveness and scope of each partners response, with one central indicator for the RRM. This indicator will be measured three months post activation of the MRP at any given location.

- Number of IDPs receiving the rapid response package of assistance and services (at least five services or assistance packages received)

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Photo: UN/Fardosa Hussein



Water, Sanitation and Hygiene (WASH)



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
3.89M	2.36M	1.53M	\$74M

WASH cluster drought/famine prevention response will focus on delivering life-saving WASH assistance targeting 3.9M people in priority 1 and 2 districts. Partners will provide safe water, adequate sanitation services, hygiene supplies, and hygiene promotion targeting 28 priority-one districts to reduce Malnutrition related mortality among children and women while preventing diarrhea/Cholera outbreaks. Lifesaving interventions will prioritize IDP sites with acute WASH needs, people in IPC4+, Cholera hotspot locations, minority groups, and elderly/persons with disabilities who face the risk of exclusion from humanitarian assistance.

With the aim to prevent famine-induced displacement, ensuring sustained access to water in 32 priority 2 districts focusing on rural population and hard-to-reach areas is critical: WASH partners will upgrade/construct high yield water sources, extend water distribution networks, and install water points in target locations and institutions.

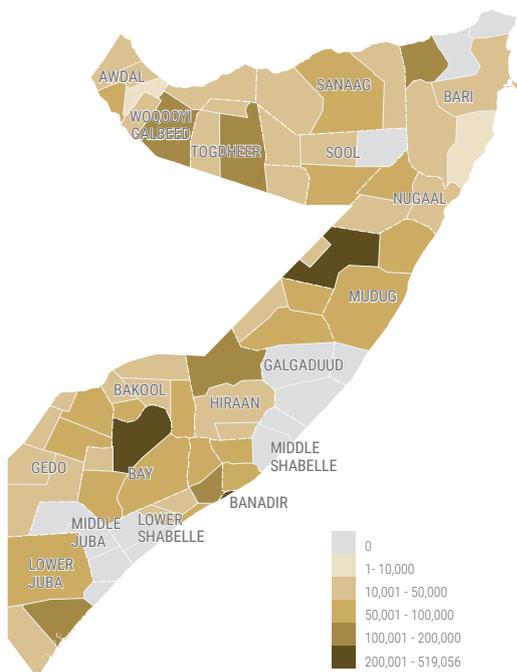
The WASH cluster will strengthen integrated response with other lifesaving sectors. These sectors are working on inter-cluster response packages to deliver timely multi-sectoral assistance to people in acute need. To ensure health/ nutrition facilities' have operational capacity, WASH partners will improve access to water and sanitation in institutions and cholera treatment centers.

WASH Minimum Response Package

- Cash/vouchers for water*
- Water trucking*
- Hygiene kits*
- Installation of water points, upgrade water sources and extend water distribution networks*
- Construction of sanitation facilities*
- Hygiene promotion in cholera hotspots*

WASH Cluster targets to improve the capacity of strategic water sources serving IPC4+ caseloads and communities with high GAM rates. In IDP settlements water distribution network will be expanded and access to sanitation improved in sites receiving drought/famine displaced populations. Use of cash and vouchers is promoted in the delivery of emergency water, however, in rural communities, water trucking will be the last resort and will be clearly linked to the improvement of existing water sources. Hygiene kits will be prepositioned and distributed targeting households with malnourished children, lactating mothers, and people at risk of Cholera and will be followed by hygiene promotion focusing on handwashing, breastfeeding, and food hygiene.

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

This response will be delivered by 53 partners (60% NNGOs, 3% UN agencies and 36% INGOs) in 60 districts. In districts where partners will have restricted access, the cluster shall work with LNGOs to deliver life-saving services mainly through in-kind. The cluster will not prioritize the construction of strategic water sources in hard-to-reach districts in this response due to access restrictions which will compromise the timely implementation of activities, however, a quick fix of existing strategic water sources and emergency water supply through in-kind will be prioritized.

Cost of the Response

WASH cluster requires 74M USD to reach 3.9M people with lifesaving assistance for 6 Months. About 41M of the requirement will address acute water, and sanitation gaps, and will support the prepositioning and delivery of essential hygiene supplies. 8M will address critical water and sanitation gaps in health and nutrition facilities while 25M will support sustained access to water in OPA2 districts. This ask is calculated using average activities costs and is also informed by the cost of service delivery in hard-to-reach areas.

Response Monitoring

The cluster will monitor and report response implementation and the population reached with WASH assistance. Four key indicators will be used to track progress:

- Access to emergency water through cash and in-kind WASH assistance
- Sustained access to water
- Access to sanitation services in IDP settlements and institutions
- Access to hygiene supplies and hygiene promotion.

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Photo: UNOCHA/Ahmed Fais



Health



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
4.9M	3M	1.9M	\$73.5M

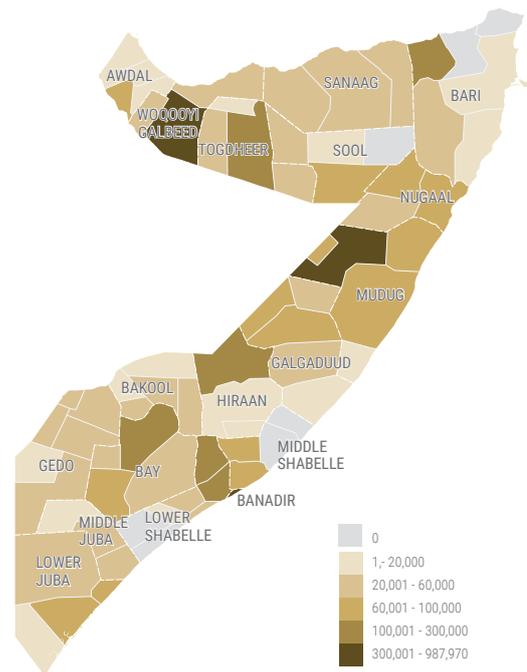
Early treatment of malnutrition and illness saves lives. The health cluster will significantly scale up lifesaving interventions to populations at risk of famine and death and increase access by providing health services as close as possible to the affected populations. Children and pregnant and lactating women will be prioritized to (i) protect and (ii) prevent from, and (iii) ensure early detection and treatment of diseases. Priority will be given to those who live in IDP sites, people with disabilities and minority groups in the 31 districts most at risk with a target population of 3.15M. The total target population of drought affected population is 4.9 million people, with priority targeting for populations in operational priority one districts.

Health Minimum Response Package

- Measles and cholera vaccinations*
- Health screening*
- Micronutrient supplementation*
- Deworming*
- Treatment of severe acute malnutrition with medical complication*

Protection for health and nutrition of vulnerable populations – services include nutritional screening, promotion of breast-feeding, vitamin A supplementation; (ii) prevention of epidemics and diseases – services include measles vaccination (outreach and supplementary immunization activities), cholera vaccination for population in cholera hotspot areas, micronutrient supplementation of children, pregnant and lactating women, deworming of children and promotion of kangaroo care for premature and underweight babies; and (iii) early detection and early treatment to save lives – activities include strengthened surveillance of epidemic prone diseases, rapid field and laboratory investigation of alerts, case management of diseases in the community and health facility, treatment of severe acute malnutrition with medical complication in stabilization centers as well as mental health and psychosocial support and reproductive health care. Integration, collaboration and coordination with all clusters but especially Nutrition, WASH, Food security and Protection will strengthen the response

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

In the first four months of 2022 a total of 20 INGOs, 18 local and NNGOs and four UN organizations reported health service delivery in 56 of the 74 districts in Somalia. No services were reported in seven of the 26 priority one districts (OCHA, May 2022), five of these have severe security access constraints. In the priority one districts only 47% (194) of once 416 operational health facilities are currently functional with the support from health cluster partners. Scale up and increased access to populations in hard to reach areas is achieved through mobile services with the IERT (integrated emergency response teams) approach and (mainly female) community health care workers. More fixed health facilities with a full package of services (EPHS) are needed to ensure availability of referral services.

Cost of the Response

The health cluster famine prevention response will cost a total of US\$ 73.5 million. The funding requirement was calculated based on the average cost per beneficiary of \$15USD. An additional 1 million is needed to ensure a pipeline of guaranteed quality medicine and medical supplies of the response.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicators:

- Number of >2 OPD consultations per year per person
- Number of children below the age of 15 received at least one measles vaccination
- Number of persons received oral cholera vaccination
- Number of SAM with complication cases treated

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Photo: UNOCHA/Tanya Lyubimova



Nutrition



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
 733K	506K	227K	 \$60M

The Nutrition Cluster plans to reach 208,854 children and 71,629 pregnant and lactating women with acute malnutrition with lifesaving nutrition treatment services for the duration May-December 2022. The targeted children include 230,000 with severe acute malnutrition (SAM) and 500,000 with moderate acute malnutrition (MAM). The cluster objectives are to reduce morbidity and mortality associated with acute malnutrition and reduce the prevalence of global acute malnutrition (GAM) to avert famine. The Nutrition cluster will prioritize the treatment of severe acute malnutrition (SAM) in all accessible areas, and treatment of moderate acute malnutrition (MAM) services in operational priority one and two districts and all IDP sites. It also aims to provide malnutrition preventive support to children under 2 years in priority 1 and 2 districts.

The nutrition cluster will target children under five, pregnant and lactating women with acute malnutrition with lifesaving nutrition treatment services and prevention of acute malnutrition through micronutrient supplementation, provision of Specialised Nutritious Food and strengthening linkage with nutrition sensitive interventions (Health, WASH and Food Security)

Nutrition Minimum Response Package

- Severe acute malnutrition treatment*
- Moderate acute malnutrition treatment*
- Micronutrient supplementation*
- Provision of Specialised Nutritious Food*
- SAM/MAM referrals*

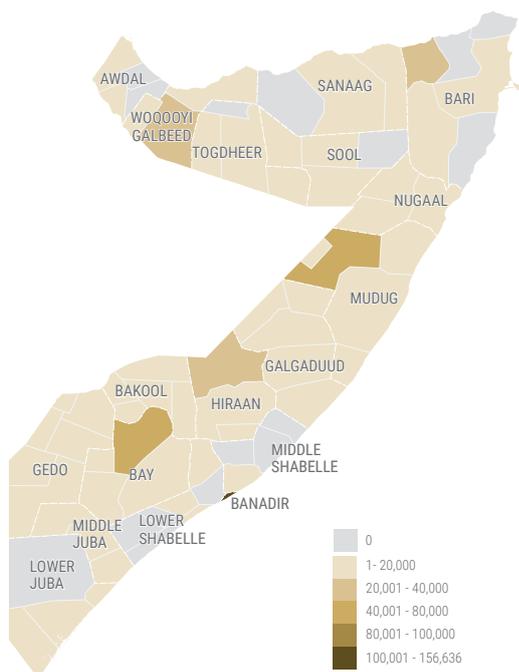
To prevent excess mortality among children under five suffering severe acute malnutrition, the treatment services including outpatient therapeutic programme and stabilization centres will be implemented in all districts including IDPs, rural populations and hard-to-reach areas. Children suffering from severe acute malnutrition are at high risk of dying if provided with the appropriate nutritional treatment.

The treatment services for moderate acute malnutrition (MAM) in children and acute malnutrition among pregnant and lactating women will be targeted in operational priority one and two districts and further prioritized in locations with high acute malnutrition burden (High GAM rates of above 15% and high population density). The is to ensure the available limited resources are utilized to reach populations with the highest nutritional and other humanitarian needs to reduce the overall prevalence of acute malnutrition.

The prevention of acute malnutrition through micronutrient supplementation of children under five and PLW will be prioritized in locations with outbreak of AWD and Measles and operational priorities one and two in Food Security IPC 3+. Additional malnutrition preventive support through provision of Specialised Nutritious Food will be provided to children under 2 years in priority 1 and 2 districts. The objective of the micronutrient supplementation is to complement health and food security interventions.

The identification and referral of children, pregnant and lactating women with acute malnutrition will be done in collaboration with other sectors involved in community-based programming including screening during immunization campaigns, food and cash registration and distribution sessions, hygiene promotion campaigns and registration of new arrival IDPs. The cluster will

NUMBER OF PEOPLE TARGETED



collaborate with CCCM partners to ensure that new arrivals IDPs have immediate access to nutrition services.

The cluster will strengthen the integration of nutrition services into the existing public health facilities including health centres and hospitals. The mobile/outreach services will be prioritized in rural areas and hard-to-reach areas; other modalities to reach the rural population will include the use of local community-based organisation and community health workers to provide the treatment services using simplified protocols. To strengthen the continuum of care, the cluster coordination will promote harmonization of partnerships and geographical locations, and ensure SAM and MAM are supported by the same partner.

The promotion of Maternal and Infant and Young Child Nutrition (MIYCN) counselling and key messaging will be mainstreamed in all nutrition services.

Cluster Capacity to Respond

The Nutrition Cluster has more than 82 partners including 5 UN agencies, 25 INGOs and 49 NNGOs and 3 government agencies actively involved in the cluster response. The cluster partners are present in all accessible districts in Somalia. The major operational constraints include the provision of services in hard-to-reach locations and districts rendered inaccessible due to insecurity. Other operational challenges include delivery of nutrition supplies due to bad roads, the high cost of nutrition therapeutic, supplementary and drug and funding gap for Specialised Nutritious Foods (SNF) for moderate acute malnutrition and prevention. The technical capacity of many partners is inadequate to deliver quality nutrition services including a shortage of doctors, nurses, and other health workers.

The Nutrition cluster will strengthen the integration of nutrition services in health facilities and ensure all operational priority one and two districts have at least one nutrition stabilization centre embedded in an existing hospital/paediatric ward. The nutrition cluster will closely collaborate with health cluster to ensure that stabilization centres are implemented by partners involved in supporting health facilities/system.

In hard-to-reach areas and rural areas, the nutrition cluster in collaboration with the health cluster will support the use of integrated health and nutrition outreach teams and harmonization of community health workers roles in the promotion of activities. In hard-to-reach locations with high malnutrition burden or locations with sudden spike/increase of acute malnutrition e.g., the cluster will employ or leverage the existing Rapid Response Mechanism to respond to an influx of IDPs.

Cost of the Response

The nutrition cluster famine prevention response will cost a total of US\$ 60,000,000 to scale-up the treatment of acute malnutrition including stabilization centres (SC), outpatient therapeutic programme (OTP) and targeted supplementary feeding programme (TSFP) and micronutrient supplementation. The funding requirement was based on the rising cost of therapeutic and supplemental nutrition and medical supplies and high operational costs, including high transport cost due to global fuel cost increases.

Response Monitoring

The Nutrition Cluster will monitor the response by measuring the following indicators:

- The prevalence of global acute malnutrition among children, pregnant and lactating women
- The number of acutely malnourished children under five, pregnant and lactating women admitted to the nutrition treatment services
- The number of children under five, pregnant and lactating women reached with nutrition preventative interventions.
- Mortality rates, including Crude death rates (CMR) and under five death rates

The cluster will continue to collaborate with the FSNAU to conduct the regular biannual national food security and nutrition assessment. Other sources of acute malnutrition prevalence will include assessments conducted by cluster partners in their operational areas. The nutrition cluster will rely on 5W reporting, field monitoring sites, coverage surveys conducted by partners, screening for acute malnutrition reports, and the health system reports (DHIS2).

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Photo: UNOCHA/Tanya Lyubimova



Education



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
371K	315K	56K	\$22.3M

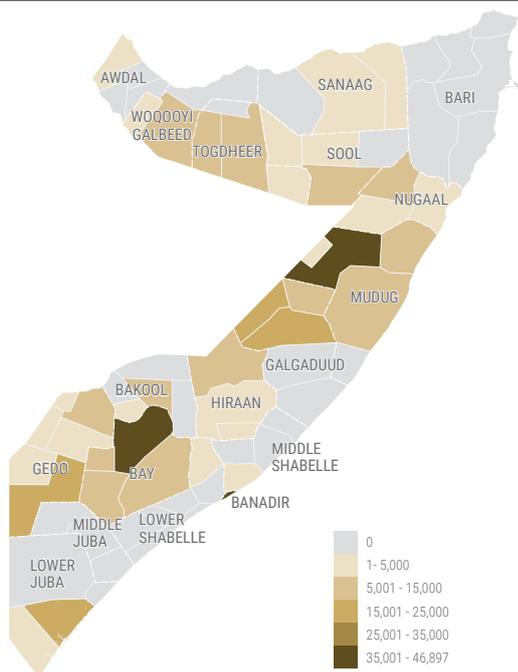
The education cluster intends to reach 371,000 (47% girls) drought affected children with lifesaving education in emergencies services. Depending on the circumstances, response activities will include establishing protective learning environments through temporary learning spaces, or support to schools, cash assistance, to support enrolment and retention in school, safe drinking water, emergency school feeding, and psychosocial support. 2.4M of the 6.1M drought affected population are school-aged children, of these, 1.7M are out of school. Furthermore, about 720,000 (47 per cent girls) school going children are at risk of dropping out of schools due to impact of the drought. The cluster objectives will be expanding access to quality learning through the reduction of barriers for (re) enrolment and ensuring safe and protective learning environments for drought affected children. Safe learning environment will not only ensure children have access to education and child protection but also serve as an entry point for other lifesaving humanitarian services such as food, water and health related messages thus contributes to famine prevention. Due to the limited services provided to IDP children and the burden of education related costs for poor households, the response will prioritise displaced and out of school IDP children and vulnerable host community households in the hotspot locations mapped in the new arrivals tracker (NAT) by the CCCM cluster, complemented with the cluster 4W reports gap analysis.

Education Minimum Response Package

- Education in IDP sites*
- Cash assistance for drought-affected school children*
- Emergency school feeding*
- Safe drinking water in schools*
- Hygiene sessions for school aged children*
- Child protection services in school*

Lessons learnt from the 2011 famine show that many of the deaths of children caused by the drought could have been prevented if children had access to life-saving services at safe and protected schools, and support provided to ensure children remained in school, and surrounding communities were supported through outreach activities extended from school facilities. For this reason, the education response places a priority on the learners who have dropped out or are displaced to minimize the disruption on their access to protective education services. The locations with high number of displaced populations with limited or no education interventions will be targeted. The education response package calls for a multi-sectoral response and clusters such as WASH, Health, Food Security and Child Protection to use schools as a unique entry point to deliver lifesaving assistance to school children affected by the drought.

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

The cluster has more than 100 partners of which 37 are currently implementing education activities across the country. 47% of the partners with active projects are national partners who can reach hard-to access locations due to their wide community networks in the target locations. Equally, the cluster will coordinate with State level Ministries of Education to fast track the response. In areas where there is limited access and has acute education need, the cluster will make efforts to reach the affected school children through the community education committees (CEC) through established partnership.

Cost of the Response

The cluster drought and famine prevention response will cost a total of US\$ 22.3 million to address the education needs of out of school children affected by the drought. The funding requirement was calculated based on the cluster estimation cost per children per year which is \$120. Since the plan will be six month the cost per child will be \$60.

Response Monitoring

The cluster will continue using existing the 4W matrix to collect and track progress of the famine prevention response intervention on monthly basis. This will not only enable the cluster to closely monitor the target verse the achievements made but also the overall progress of the response and the needs and gaps differences in the respective targeted districts. The cluster will update partners on the progress of the response on monthly basis.

SOMALIA

Photo: UNOCHA/Mursal Ali



Protection



OVERALL TARGET

↓ ↓
486.4K

OPA 1 TARGET

374K

OPA 2 TARGET

112.4K

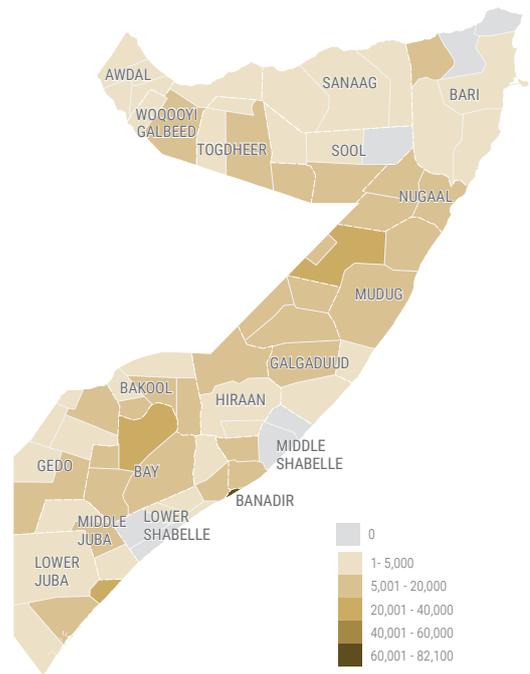
FUNDING REQUIREMENT

\$17.7M

The cluster plans to reach 486.4K most vulnerable people with multiple types of support. The cluster objectives will be to provide protection kits, multipurpose cash assistance, legal services, case management and drought vulnerability screening, which will contribute to the famine prevention efforts by empowering, protecting, and enhancing targeted people with vulnerabilities. The cluster will provide protection assistance; mobility aids, dignity materials (adult diapers, sheets, mattresses, etc.), and other specific material support, individual protection financial assistance to address prioritize Persons with Disabilities, Elderly, Minority Clans, and people with special protection needs in 31 operational priority area one districts and 36 operational priority two districts. Given the particular needs of IDPs in sites and minority groups, the cluster will prioritize Persons with Disabilities, Elderly, Minority Clans, and people with special protection needs.

The cluster will target the most vulnerable people; persons with disabilities, elderly persons, vulnerable minority clans, and people with special protection needs. The cluster will target locations mentioned in the Target revision annex, the aforesaid locations were classified as the most affected famine areas. The cluster will respond through specialized activities and multi-sectoral approaches, the modalities, inter alia, Individual protection assistance; mobility aids, dignity materials (adult diapers, sheets, Mattress, etc.), and other specific material support, individual protection financial assistance.

NUMBER OF PEOPLE TARGETED



Protection Minimum Response Package

Protection kits

Multi-purpose cash assistance

Legal assistance / case management

Drought vulnerability screening

Cluster Capacity to Respond

More than 130 UN agencies, INGOs, and NNGOs are engaged in the famine prevention Cluster response. Currently, cluster partners are either operational in or have access to 67 districts of the target locations. Major operational constraints include access and intercommunal conflict due to insecurity and drought, which has limited the cluster response in some locations despite the existing humanitarian need. The cluster will also increase its efforts to provide services in five targeted hard-to-reach areas through national NGOs. Cash and voucher assistance in five areas will be delivered with the support of national NGOs.

Cost of the Response

The Cluster famine prevention response will cost a total of US\$17.7 million to address 12 prioritized humanitarian needs. The funding requirement was calculated based on Prioritized Projects/Activities and operational priority areas.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicators:

- Number of individuals monitored through protection and return monitoring
- Number of individuals, including persons with disabilities and older persons, with access to community-based prevention and response MHPSS services

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Photo: UNOCHA/Ahmed Fais



Shelter



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
481.5K	423.5K	58K	\$17.6M

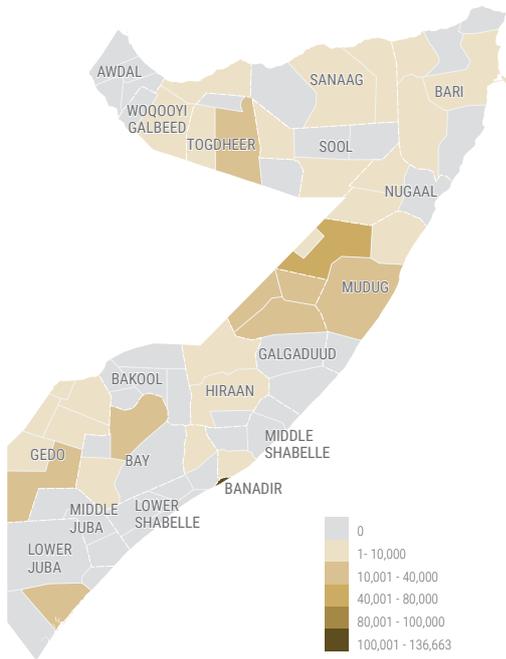
The objective of the Shelter Cluster is to ensure that vulnerable households newly displaced by the drought have protection from the weather and privacy through provision of emergency shelters and NFIs. The cluster plans to reach 270,509 individuals with Emergency shelter, 469,524 individuals with either NFI kits or plastic sheeting as part of the Minimum Response Multi Cluster Package or both.

The Cluster will focus on the Operational Priority Areas (OPA) 1 (15 districts targeted) and OPA 2 (20 districts) where partners have access. The Cluster is regularly conducting Gap analysis and the response will focus on districts where the gaps are more concerning (OPA 1 and 2 with high number of newly displaced people and low number of people assisted since November).

Cluster Capacity to Respond

23 partners have the capacity to implement either Emergency Shelter or NFI projects. Shelter Cluster members can implement projects through all modalities: cash, voucher, and in-kind assistance. The response modalities will include in-kind, cash or mixed assistance depending on the market. Cash-based interventions will be the preferred modality unless they have a negative impact on communities or if the market is not functional. 13 partner organisations have the experience and capacity to implement shelter or NFI projects through cash modality. The capacity is strengthened by on ongoing Cash and Voucher Assistance Training organized by the Cluster.

NUMBER OF PEOPLE TARGETED



Cost of the Response

The Shelter Cluster famine prevention response will cost a total of US\$ 22.7million to provide NFI and Emergency shelter kits to newly drought displaced household, The funding requirement was calculated based on the number of people targeted by the cluster. As of May 22, there are 790,000 people displaced due to drought. Out of this 432,020 have indicated shelter as their priority need. Therefore, the shelter cluster will target the most vulnerable people with shelter or NFI needs in OPA 1 and 2 where partners have access. Considering the ongoing response and funding available (USD 5 million), USD 10.3M are still needed to response to implement the Shelter plan and USD 7.3M for the NFI plan. The total gap is \$17.6M.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicators:

- Number of crisis-affected people reached with non-food items assistance
- Number of crisis-affected people provided with timely life-saving and life-sustaining emergency shelter support.

Shelter/NFI Minimum Response Package

- Emergency shelter assistance
- NFI kits
- Plastic sheeting

Child Protection AoR



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
 332.2K	196.1K	136.1K	 \$13.5M

The Child Protection AoR plans to reach 332.2K children (49% boys and 51% girls) in 63 districts.

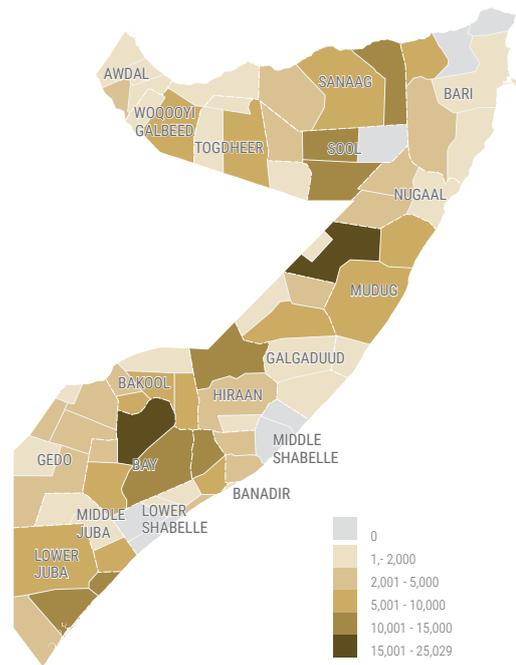
Child protection partners will aim at prevention, risk mitigation and response to violence, abuse and neglect of children that are affected by drought/ famine. In line with the HRP, CP AoR partners will aim for a community-based approach and will closely collaborate with other sectors and community groups to ensure that children are protected from any forms of abuse, violence, exploitation and neglect. The prevention of and response to violence against children will be done through a well-coordinated multisectoral, child centred approach. Partners will also endeavour to work with other clusters such as nutrition, WASH, Education and food security to enhance that children’s safety and protection during the response.

The CP AOR aims to scale up the provision of mental health and psychosocial support (PSS) including psychological first aid for children and their caregivers through both static and mobile modalities especially in hard-to-reach locations. CP AOR will coordinate nutrition partners to extend psychological first aid to children and caregivers in malnutrition treatment centres. In addition to provision of PSS in schools. CP AoR partners will scale up the provision of case management services including remote modalities, additional 30 partners will be trained as Case managers/ supervisors, and the CPIMS+ strengthened across all affected districts.

Family tracing and reunification of separated and unaccompanied children, children whose families are not traceable within the standard timelines will be placed in foster care. The CP AoR plans to identify and train at least 20 foster care families per district, once children are placed, the families will be assisted through cash-based modalities to support the children. In addition, Child protection partners will disseminate key messages in drought affected districts as well as conflict affected areas on prevention of family separation, in addition to establishing community help desks and strengthening referral mechanisms. As part of preparedness, child protection partners will work with children to map and develop safety plans where they may seek refuge in case of an emergency.

As communities lose their personal belongings during emergencies, child protection partners will aim to provide essential relief items including clothing, play and recreation materials. Other items such as torches and solar-powered chargers may help to reduce exposure to specific risks

NUMBER OF PEOPLE TARGETED



Child Protection Minimum Response Package

MHPSS assistance in malnutrition treatment centers, child friendly spaces through mobile teams

Case management services

Family tracing and reunification of separated/unaccompanied children and placement in alternative care

Safe spaces for children and adolescents

Child protection partners will aim at strengthening of community protection systems and structures; reinforce preparedness by consolidating existing community-based protection capacities, addressing protection gaps in targeted communities. Emphasis will be placed on preparing families as first respondents to new emergencies. Child friendly spaces

will be established, and child protection committees will be supported to perform essential protection functions and to coordinate community protection engagement. In addition, partner's capacity will be enhanced through, training and coaching, child protection sector will create a pool of trained child protection workers deployable to support assessments, identification, documentation of UASC, case management services, violence prevention and risk education on ERW's. Systems for monitoring grave child rights violations will be established or strengthened in all states affected by emergencies.

Cluster Capacity to Respond

The Somalia CP AOR has operational presence in 63 districts out of the total 74 district through 56 organisations, including 39 NNGO, 15 INGO and 2 government agencies.

Cost of the Response

The CP AoR famine prevention response will cost a total of US \$13.5 million to address threatening protection needs in 63 prioritized districts. The funding requirement was calculated based on the prioritized response and operational priority areas.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicators:

- Number of identified girls and boys, including adolescents, children with disabilities at risk who receive individual case management services that meets their unique needs.
- Number of girls and boys, including adolescents, children with disabilities, benefiting from age, and gender sensitive structured mental health and psychosocial support services
- Number of UASC that are reunified with their families or placed in alternative care

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Photo: UNOCHA/Ahmed Fais



Gender Based Violence (GBV) AoR

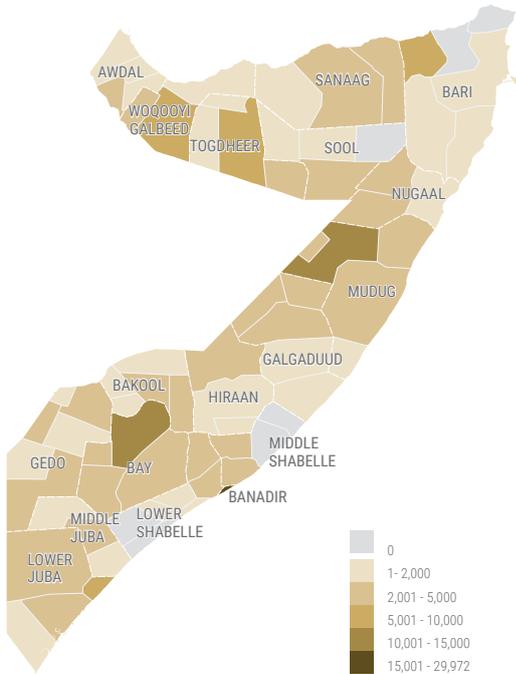


OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
218.5K	136.5K	82K	\$11M

The GBV AoR plans to reach a total of 218,577 women, girls, boys and men, including persons with disabilities and minority clans through specialized services, information and capacity enhancement initiatives. The cluster will also implement strategies to reduce biases in service provision by integrating strategies that take into consideration differential barriers of persons with disabilities and their experience of access services.

The GBV AoR will provide specialized services and information including provision of rape treatment, case management, specialized psycho-social services for women and girl survivors of GBV and legal aid support for GBV survivors. Also, Support cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls will be priority to mitigate the impact of famine. The cluster will also support the provision of basic sanitary and material assistance for women and adolescent girls which include – dignity kits, reusable sanitary pads and solar lanterns. In addition the cluster will support mobile and remote GBV service delivery to famine affected locations with special protection needs in 31 operational priority area one districts and 36 operational priority two districts.

NUMBER OF PEOPLE TARGETED



The proposed activities respond to the GBV sub cluster strategy for provision of life saving activities for GBV response and mitigation as contained in the GBV cluster page of the 2022 Somalia HRP and as referenced in the GBV cluster document on Minimum component for Life Saving Gender-Based Violence for Mitigation and Response in Emergencies. These includes initiatives such as clinical management of rape (CMR), Psychosocial Support (PS) and Case management for GBV; cash voucher assistance; and procurement and distribution of dignity and menstrual hygiene kits.

The GBV AoR will implement a multi-sectoral strategy focused on service provision to respond to immediate needs of women and girls (including GBV survivors), prevent/mitigate impact of GBV as a result of famine situation. The cluster will support the provision of material/basic hygiene materials and other protection material through to vulnerable women and young girls identified through key clusters and also improve access to psychosocial counselling and support through mobile teams and existing GBV sites and facilities. Cash assistance through case management for transports, medicals, food and safety will be implemented. It will also support referrals for rape survivors and survivors of IPV through existing and updated referral pathways including referrals for legal services, shelter and livelihoods to other sectors and partners. The primary modalities will be in-person or remote where GBV Service sites are not available in location. Consultations with communities on GBV risks and mitigation around personal safety, vulnerability criteria and safe modes for cash transfer will also be undertaken.

GBV Minimum Response Package

- Psychosocial support*
- Case management*
- Cash assistance for GBV survivors*
- Dignity kits*

Cluster Capacity to Respond

79 partners including UN agencies, INGOs, and NNGOs are engaged in the famine prevention Cluster response. Currently, cluster partners are either operational in or have access to 67 districts of the target locations. Major operational constraints include access and intercommunal conflict due to insecurity and drought, which has limited the cluster response in some locations despite the existing humanitarian need. The cluster will also collaborate with local NGOs with presence in remote locations to provide services for GBV survivors.

Cost of the Response

The GBV AoR famine prevention response requires about \$13.1 million to address all GBV prioritized humanitarian needs. The funding requirement was calculated based on Prioritized Projects/Activities and operational priority areas.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicators:

- Number of women, girls, men and boys who have accessed and benefited from age appropriate and quality services of clinical management of rape in GBV one stop centres that meet the minimum standards
- Number of vulnerable women and adolescent girls (including those living with disabilities and from minority clans) who receive dignity kits, menstrual hygiene kits and solar lanterns.
- Number of vulnerable women and girls who receive Cash and Voucher Assistance to mitigate GBV

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Photo: UN/Fardosa Hussein



Camp Coordination and Camp Management (CCCM)



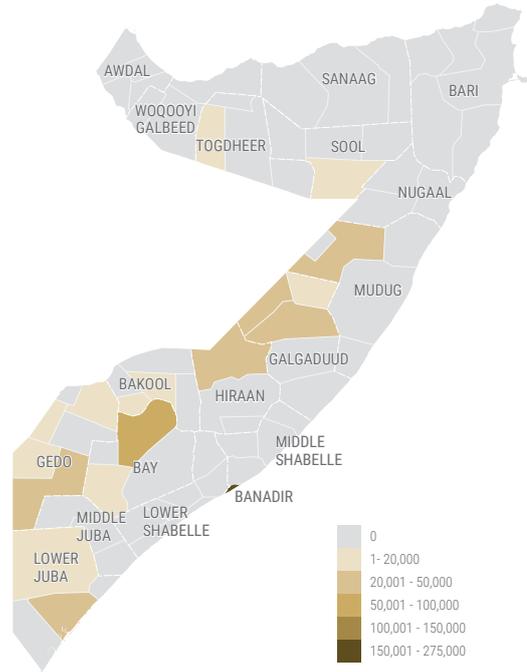
OVERALL TARGET  722.5K	OPA 1 TARGET 692.5K	OPA 2 TARGET 30K	FUNDING REQUIREMENT  \$8.25M
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The CCCM Cluster intends to reach 722,500 IDPs living in IDP sites with essential CCCM interventions including components of site-level coordination and information management, site improvement activities and community engagement and accountability operations that will improve access to dignified living conditions in Somalia and Somaliland IDP sites. Objectives of the cluster will include providing site-level assistance through improving settlement living conditions while also elevating IDPs ability in receiving equitable services at the IDP site-level and community-level. These interventions will improve emergency referrals to humanitarian services ensuring that new arrival IDPs and IDPs living in sites with acute humanitarian needs receive critical services to sustain life and preventing famine. The CCCM cluster will priority IDP sites receiving new arrivals and sites that have staggering humanitarian needs (utilizing the Site Prioritization Matrix 2022) targeting 14 Operational Priority 1 districts in addition to 5 Operational Priority 2 districts (total target of 722,500 IDPs).

CCCM partners will enable access to lifesaving humanitarian assistance through administering a minimum response package that intends to be linked to a rapid multi-sectoral intervention. CCCM's minimum response package includes area-based site-level coordination and monitoring, registration of new arrivals for material distributions, community engagement and site-level complaints feedback mechanism installation and site improvement activities mitigating protection issues in IDP sites.

The aforementioned minimum response package will target 722,500 IDPs in operational priority 1 and 2 districts with the response targeting a combined large number of IDP sites with critical humanitarian needs and high levels of new arrivals. This response package requires integration and coordination with multi-sectoral programming allowing for a unified beneficiary registration to enable quick and efficient sectoral interventions.

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

The CCCM cluster currently features an operational presence of 26 partners however only 8 of these partners currently have access to resources enabling a famine prevention minimum response package to be implemented. Currently, 31 districts are being targeted with CCCM initiatives across Somalia and Somaliland with 9 out of 31 districts being operational priority 1 districts. In 13 of the 19 districts targeted within this famine prevention plan, CCCM partners are currently targeting 30% or less of IDP sites that have critical multi-sectoral needs warranting a CCCM response. Funding constraints have created a comparatively weak CCCM response in Galmudug, Hirshabelle, Banadir and South West State priority districts. Under the prevention plan, CCCM partner presence will commence in 5 districts with no current CCCM funded responses such Waajid, Qasanx Dhere, Xudur, Laas Canood and Owdeweyne. CCCM partners are well positioned to respond with the response plan articulated within this plan requiring funding to commence interventions supporting a multi-sectoral rapid response.

CCCM Minimum Response Package

- Area-based site level coordination and monitoring*
- Registration of new arrivals*
- Site improvement activities*
- Establishment of site-level complaints and feedback mechanisms*

Cost of the Response

The CCCM Cluster famine prevention response will cost a total of \$8,225,000 to supply lifesaving site coordination and improvement activities to 722,500 IDPs residing in 1,366 IDP sites with the highest risk of elevated mortality rates and insufficient access to essential services. The funding requirement utilizes a stripped-down minimum response package equating to \$10 per beneficiary with IDP sites that have received new arrivals since January and IDP sites scoring a 3 or higher via the CCCM Site Prioritization Matrix targeted within the plan. Additionally, the funding requirement incorporates new arrival data management support in sites not managed by CCCM partners and in host community villages receiving IDP new arrivals. This enhanced data management coverage will further promoting an area-based approach to the rapid response mechanism. This will allow for a unified multi-sectoral minimum response package in IDP sites and host community villages that have received IDP new arrivals.

Response Monitoring

Response indicators have been chosen to monitor the effectiveness and scope of the CCCM famine prevention plan. Note that indicators will be measured monthly immediately following the famine prevention plan's operationalization.

- Number of IDP sites receiving CCCM's minimum response package enabling a multi-sectoral emergency response to occur (MRP/RRM projects with CCCM supporting the response at site-level).
- Number of IDPs receiving CCCM's minimum response package of activities bolstering dignified living conditions in IDP sites.

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Photo: UN/Fardosa Hussein



Housing Land and Property (HLP) AoR



OVERALL TARGET	OPA 1 TARGET	OPA 2 TARGET	FUNDING REQUIREMENT
177.8K	103.6K	74.2K	\$2.13M

The cluster plans to reach 177,812 people per month with HLP support. The cluster objectives will be to ensure respect for land and property rights and strengthening tenure security, which will contribute to the famine prevention efforts by strengthening capacity and providing legal assistance. The cluster will provide information services and legal assistance on due diligence, evictions and dispute resolutions to address HLP needs in 17 operational priority area one districts and 15 operational priority two districts. Given the particular needs of [IDPs in sites, minority groups], the cluster will prioritize sites at risk of forced evictions and extremely vulnerable individuals (women, girls, the elderly and persons with disability).

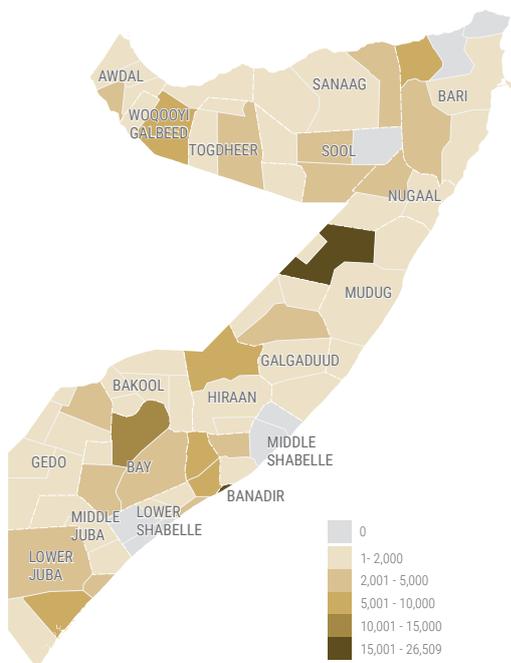
HLP AoR shall target IDPs with information services, dispute resolution, land tenure security (due diligence) and eviction cash assistance to support the prevention of famine in Somalia. The HLP AoR is targeting 17 priority 1 districts and 15 priority 2 districts previously affected by the drought and where HLP actors implemented drought response.

HLP Minimum Response Package

- Legal assistance*
- Dispute resolution assistance*
- Eviction cash assistance*

The HLP AoR response shall include an integrated multi-sectoral approach with the CCCM and Shelter cluster. Modalities shall include information services, eviction cash assistance, dispute resolution, due diligence support and facilitation of land tenure security. These modalities have been effective in the drought response and shall be contextualized to support famine prevention in Somalia.

NUMBER OF PEOPLE TARGETED



Cluster Capacity to Respond

Two UN agencies, two INGOs and 7 NNGOs are engaged in the HLP Cluster response. Currently, cluster partners are either operational in or have access to all 67 of the target locations. Major operational constraints include funding and capacity, largely due to limited resources for HLP, which has limited the cluster response in some locations despite existing humanitarian need. The cluster will also increase its efforts to provide services in two targeted hard-to-reach areas through local actors. Cash assistance in priority 1 and 2 areas will be delivered with the support of evictions.

Cost of the Response

The Cluster famine prevention response will cost a total of US\$2,130,000 million to address all housing, land and property prioritized humanitarian needs. The funding requirement was calculated based on target numbers and activities.

Response Monitoring

Progress on response delivery and timeliness will continue to be monitored by measuring the following response indicator:

- Number of individuals reached through HLP prevention and response services.



Logistics

OVERALL TARGET

130MT/month

FUNDING REQUIREMENT

\$2.13M

The Logistics Cluster responds to the urgent requests of the humanitarian community by enabling an effective logistics system to reach priority areas as defined by other cluster responses. The primary contributions are coordination and IM efforts to facilitate logistics activities as well as common services to temporarily augment key logistics capacities. Through the Cluster flexible, adaptable and agile response system, 100 per cent fulfillment of requests is aimed for the most critical and urgent cargo, such as nutrition and WASH supplies to hard-to-reach locations that are estimated at around 130 MT/month based on recent historical data.

Furthermore, the Logistics Cluster aims to further support the community by serving as a connector between relevant stakeholders, identifying and mobilizing available logistics infrastructure and resources, assessing access challenges and contributing to advocacy efforts for the expedition of custom formalities.

The Logistics Cluster has access to the large and granular logistics capacity of WFP to provide common services and logistics expertise to the drought response. Currently, the Logistics Cluster explores a pool of contractor and dedicated aircraft to facilitate access to air transport as well as a dedicated vessel and other commercial operators to enable sea and road transport. Moreover, the cluster has access to WFP storage system which comprises 60 per cent of the capacity declared by the community in a recent assessment. Finally, the Logistics Cluster maintains coordination and IM cells to provide the required support system and coordinated efforts required for the cluster operation.

Cost of the Response

The current funding situation for the Logistics Cluster is severely limited, with logistics support (particularly by air) being resource-intensive activities. The Logistics famine prevention response will require a total of US\$2,112,158 until the end of the year to support urgently needed airlifts, as well as additional coordination and information management capacity.

Logistics Minimum Response Package

Airlifts to operational priority one areas

Increased capacity to facilitate immediate scale up of cluster response

Cluster Capacity to Respond

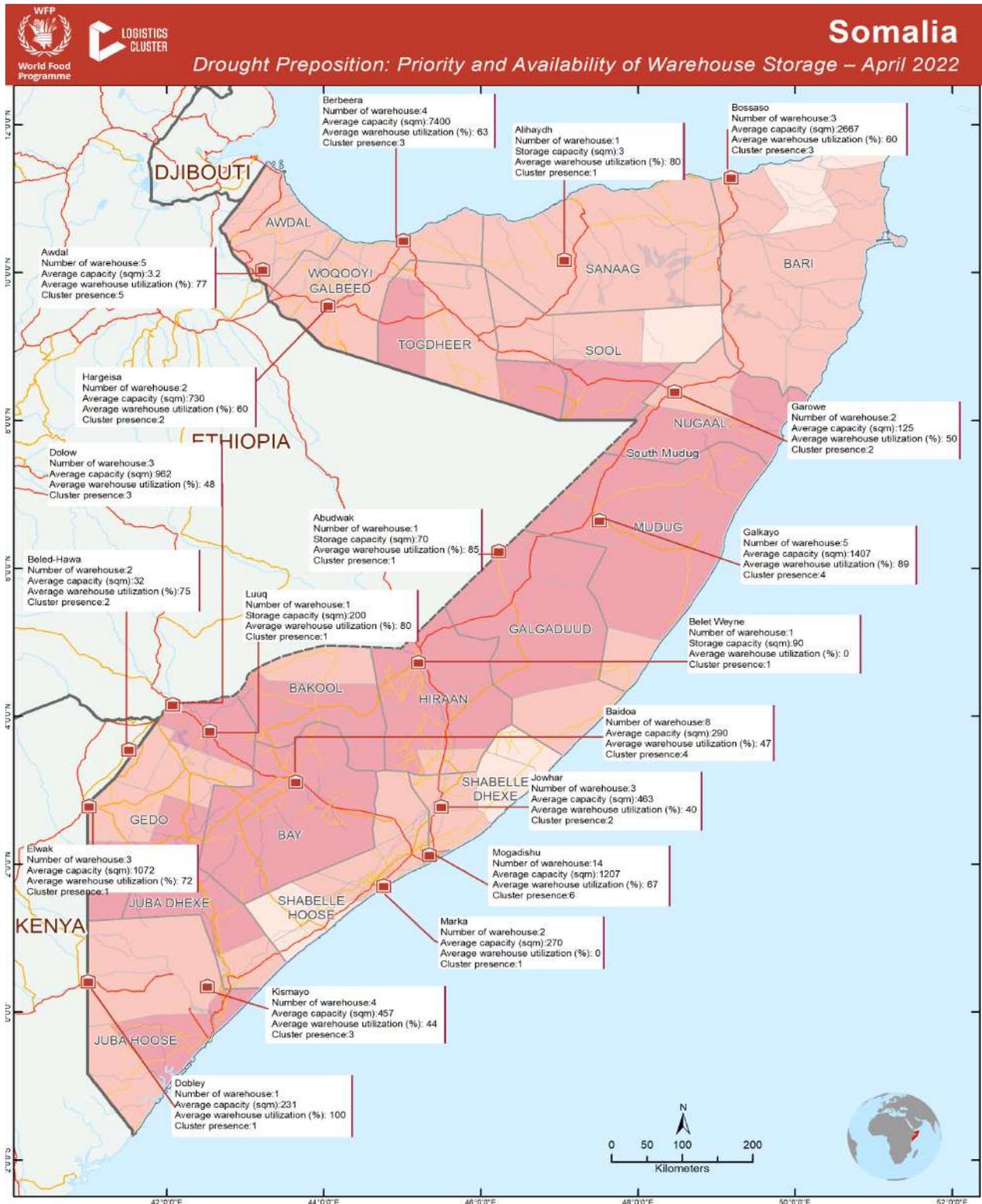
The Logistics Cluster, through the CLA, designed its concept of operations in close coordination with humanitarian partners to ensure alignment of needs and to avoid redundancies. The primary intervention mechanism for logistics support is the common service package which includes transport capacity by air, road and sea to priority areas as well as temporary storage.

To maximize the cost-effectiveness of common services and enable delivery to operational priority areas, the Logistics Cluster factors the most suitable transport modality to reach demand points via air, sea or road. Even though the Logistics Cluster will engage various transport modes to reach beneficiaries in a cost-efficient way, air transport remains a key resource-intensive last resort to deliver supplies in hard-to-reach areas.

Response Monitoring

1. Provide access to air, road and sea transport as well as handling and storage:
 - Amount (metric tons) of cargo facilitated by storage or transported by air, road or sea
 - Percentage of service requests fulfilled
 - Percentage of Logistics Cluster partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%)
2. Provide coordination and information management support for logistics activities in Somalia
 - Number of organizations accessing common services and coordination activities
 - Number of information products generated

Logistics



📍 Warehouse
🌐 National Capital
🛣️ Road network
🌐 International boundaries
🌐 Regional boundaries

📍 Major Town
🛣️ Primary road
🌐 Armistice or international administrative lines
🌐 River

📍 Intermediate Town
🛣️ Secondary road
🌐 Surface waterbody

📍 Small Town
🛣️ Tertiary road
🌐 Coastline

Drought Response Priority
🔴 1
🟠 2
🟡 3

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**DROUGHT RESPONSE AND
FAMINE PREVENTION PLAN**
SOMALIA