

HUMANITARIAN NEEDS AND RESPONSE PLAN

SOMALIA

HUMANITARIAN
PROGRAMME CYCLE
2024
ISSUED JANUARY 2024



At a Glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
6.9M	5.2M	\$1.6B	405

Strategic Objective 1

Prevent loss of life by decreasing the prevalence of hunger and acute malnutrition, public health threats, and the impact of armed conflict and natural disasters.



S\$1.02B required



4.3M people targeted

Strategic Objective 2

Sustain people's lives by ensuring safe, equitable, inclusive and dignified access to livelihoods and critical basic services.



S\$479M required



3.8M people targeted

Strategic Objective 3

Address critical protection risks arising from exclusion, displacement, and indiscriminate attacks on civilians and their objects.

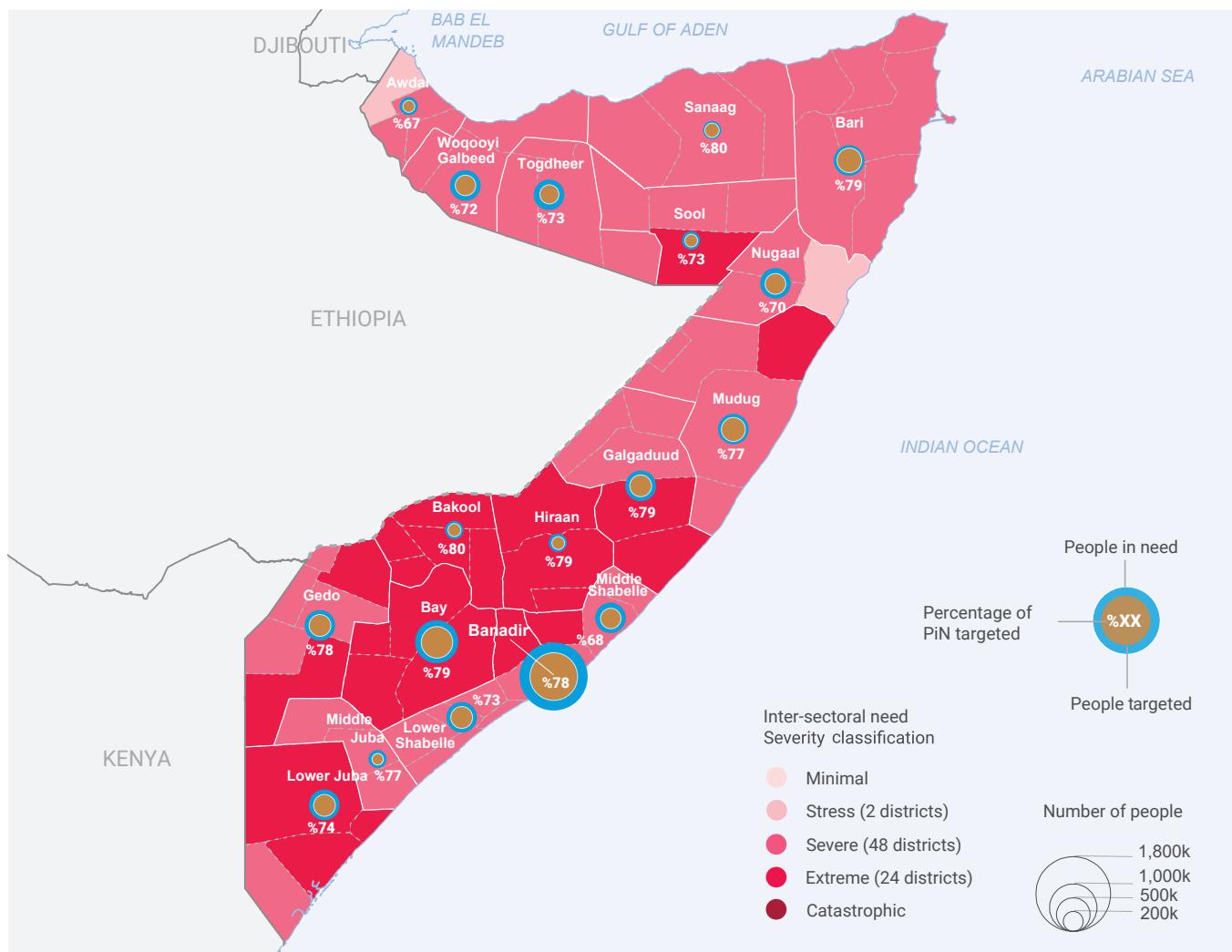


US\$81M required



2.8M people targeted

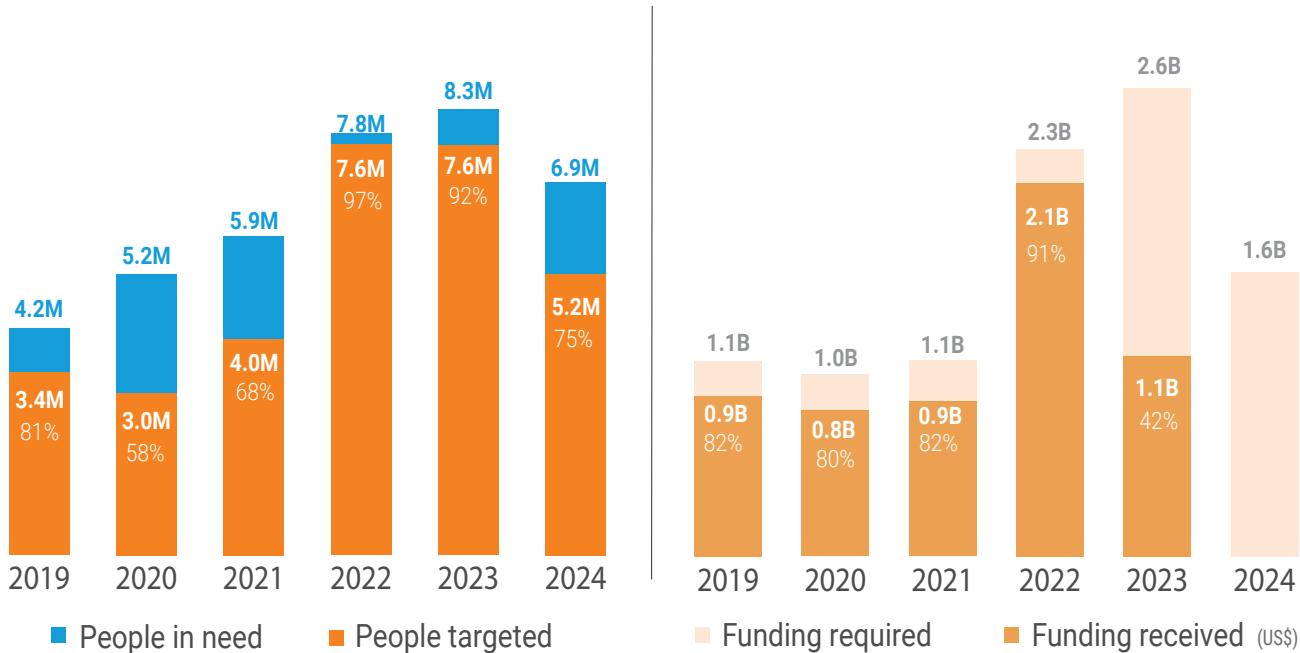
People in need and targeted



Key Planning Figures

SECTOR / CLUSTER	REQUIREMENTS (US\$)		PEOPLE IN NEED		PEOPLE TARGETED		% OF PIN TARGETED	
	2024	% change since 2023	2024	% change since 2023	2024	% change since 2023	2024	% IN 2023
🚽 Water, Sanitation and Hygiene	\$146M	-44%	6.6M	-20%	4.2M	-31%	64%	30%
医疗卫生	\$122M	-38%	6.6M	-1%	3.8M	-36%	58%	88%
nutrition	\$165M	-62%	4.8M	-2%	3.0M	-36%	63%	96%
庇护和NFIs	\$80M	-6%	4.6M	-6%	1.4M	0%	30%	29%
Food Security and Livelihoods	\$560M	-49%	4.3M	-36%	2.7M	-60%	63%	100%
Camp Coordination Camp Management	\$61M	-7%	3.9M	+4%	2.7M	10%	93%	88%
Protection	\$174M	-18%	3.8M	-24%	2.7M	-34%	71%	64%
Gender-Based Violence	\$73M	-9%	3.2M	+7%	1.0M	-5%	31%	67%
Child Protection	\$63M	-12%	3.0M	-14%	2.1M	0%	70%	60%
Explosive Hazards	\$9M	13%	2.3M	+53%	321k	-20%	14%	27%
Housing, Land and Property	\$5M	-50%	1.7M	-47%	616k	-66%	36%	56%
Education	\$68M	-36%	2.4M	-38%	898k	-6%	37%	25%
Refugee Response	\$72M	-9%	40k	-22%	40k	-22%	100%	100%
Multi-Purpose Cash	\$70M	-	3.9M	-	2.7M	-	69%	-
Logistics	\$35M	21%	-	-	-	-	-	-
Enabling Programmes	\$33M	1%	-	-	-	-	-	-
Inter-Sector	\$1.6B	-38%	6.9M	-17%	5.2M	-32%	75%	92%

Trends 2019-2024



SODMA Foreword

Somalia has achieved significant progress in recent years, especially in establishing political institutions and improving security. However, the country is still vulnerable to recurring climate-related hazards and the frequency of droughts, flash floods and riverine floods has increased in Somalia over the past 30 years, disrupting people's livelihoods and the economy. Climate change – compounded with other factors such as poor adaptation, an economically vulnerable population, poor infrastructure, weak river embankments, and poor-quality soil are exacerbating the level of flood damage affecting local communities. In addition to drought, floods and conflict, other drivers of acute food insecurity and malnutrition in Somalia include high food prices and disease outbreaks. While Somalia has successfully averted famine in 2023 due to concerted efforts of humanitarian actors, government institutions, and the communities, coupled with favourable above-average *Gu* rains, about four million people continue to be food insecure. According to the Humanitarian Needs and Response Plan (HNRP), an estimated 6.9 million people, a reduction of 17 per cent from last year, will require humanitarian assistance in 2024.

The Federal Government is extremely concerned about the significant humanitarian and infrastructure impact caused by excessive rains, flash and riverine floods, which have been particularly acute in late 2023 due to the El Niño phenomenon. The floods have prompted the destruction of property, loss of access to basic services, further displacements, and led to an increase in cholera and other water-borne diseases, particularly affecting children, women, the elderly and people with disabilities. More than 80 per cent of displaced people are women and children who face significant protection risks, which are heightened by pre-existing inequities. The impact of climate change, conflict and insecurity, and other factors have continued to push Somali civilians away from their homes and into overcrowded towns and cities. Consequently, the number of internally displaced persons (IDPs) has reached close to four million people, one of the largest globally. Upsurge in displacement is expected to continue in 2024 if the government accelerates the ongoing large offensive military operation against Al-Shabab in Galmudug, Jubaland, Southwest and Hir-Shabelle State.

Poverty, the lack of efficient institutions, the impact of floods, drought, conflict, and epidemic outbreaks have contributed to the increased vulnerability of the Somali population. To effectively address the underlying causes of food insecurity and displacement humanitarian needs, the Somali Disaster Management Agency (SoDMA), which was reinstated in August 2022, has continued to ensure that the

country is prepared to respond to and recover from all types of emergencies. SoDMA will provide leadership, contribute to risk reduction, and reduce fatalities from disasters by enhancing its capacities for mitigation, preparedness, response, and recovery across the country. To mitigate the impact of the El Niño Phenomenon, SODMA developed a national anticipatory action framework on flood to ensure an inclusive and targeted approach that will lead to a timelier, effective, efficient, and dignified solution to respond and ultimately reduce humanitarian needs. SODMA has also developed a five-year comprehensive strategic plan (2024-2028) that leverages strengths, addresses challenges, and augments disaster management capacities through inclusive collaboration and coordination. As Somalia charts its course through a complex disaster landscape, a robust disaster management strategy is indispensable. It not only safeguards lives but also ensures the sustenance of livelihoods and paves the way for sustainable progress. The unwavering commitment to this strategy and the emphasis on collective efforts in disaster management are crucial for Somalia's future resilience.

With the support of the international community and the tireless work of the humanitarian and development communities in Somalia, we were able to avert projected famine in Somalia in 2022 and 2023. I sincerely thank our partners for all their good and valuable work; the donors for their continued support, and humanitarian actors for their determined effort to always improve their effectiveness. In conclusion, I am confident that by working closely with our key stakeholders and donors, we will be well prepared to handle multiple crises and play a significant role in the 2024 humanitarian response. Our common goal is to address the underlying causes of Somalia's crises, improve livelihoods and build long-term durable solutions. We must continue our efforts to alleviate the suffering of the most vulnerable communities in Somalia while laying the foundation for a more peaceful and sustainable country .

Mohamud Moalim Abdulle

Commissioner, Somalia Disaster Management Agency (SODMA)

HC Foreword

The 2024 Humanitarian Needs and Response Plan (HNRP) is a comprehensive strategy developed in close consultation with Federal and State authorities. In 2024, Somalis continue to suffer the impacts of shocks which unfolded in 2023 and before: the 2020-2023 drought which came to an end in the second quarter of last year was one of the worst on record; the heavy flooding caused by the Deyr rainy season exacerbated by El Niño from October to December was the worst seen in decades; and high levels of new displacement – mainly driven by these climatic shocks.

As a result of the end of drought conditions, the number of people in need in 2024 has decreased by 17 per cent, from 8.3 million in 2023 to 6.9 million; yet this number remains alarmingly high and well above the five-year average. Displaced people continue to be in most severe need, as they are often unable to meet basic needs and face significant protection concerns. Likewise, across all population groups, women, children, people with disabilities and minority groups remain disproportionately impacted.

In addition to climatic shocks, conflict and insecurity, widespread poverty and disease outbreaks will continue to drive humanitarian needs this year. The drawdown of the African Union Transition Mission in Somalia (ATMIS) will likely render the security situation more complex. In a context where 23 of 74 districts are considered hard or extremely hard to reach, the drawdown will likely further complicate humanitarian access and increase the cost of humanitarian operations – all at a time when we expect reduced humanitarian funding, following only 43 per cent of funding received last year for the 2023 HRP.

The Humanitarian Country Team (HCT) has made hard choices to ensure strict prioritization for the HNRP: the response will focus on assisting populations at greatest vulnerability and risk, living in 'extreme' and 'catastrophic' levels of need, as defined at sector level, and be streamlined to center on life-saving efforts. This has led to a significant reduction in the number of people in need targeted for assistance through the HNRP, and also in financial requirements: in 2024, US\$ 1.6 billion, 40 per cent less compared to 2023, is required to assist an estimated 4.8 million people, a 32 per cent reduction compared to the number of people targeted in 2023.

In order to allocate limited resources efficiently, programmatic and geographic priorities have been defined for the first quarter of 2024. This includes identification of prioritized districts based on need, and strengthening area-based and integrated responses to newly displaced

people and communities in newly accessible areas. Further, planning for readiness and anticipatory action ahead of predictable shocks has been integrated in the 2024 HNRP, with a focus on mitigating the humanitarian impact of anticipated Gu flooding from March to June 2024. Early funding is required to implement these measures as from January. I appeal to our donors to step up and provide timely humanitarian funding.

The structural drivers of humanitarian needs in Somalia cannot be tackled through humanitarian assistance. In 2024, the HCT will deepen its collaboration with development and international financing partners to support progress and scale-up in a number of areas aligned with Somalia's National Development Plan: resilience-building, food systems, water management, disaster risk reduction, durable solutions to displacement, and social protection frameworks. Government leadership in these areas will be critical. Sustainable progress on reducing humanitarian needs in the mid- and long-term will only be possible through strong complementarity between humanitarian, development, and peace-building efforts. Somalia reaching the Heavily Indebted Poor Countries Completion Point and joining the East African Community both present opportunities in this regard.

In a challenging and complex operating environment, humanitarian assistance is preventing worse outcomes. I am very proud of the tireless efforts of humanitarians working to support people in need in Somalia. Despite a challenging operating and funding environment, humanitarian partners reached 3.8 million people per month on average in 2023¹ and are committed to building on these achievements. National and local non-governmental organizations are critical for the response, and in 2024, I will encourage even greater efforts to boost localization, including capacity building and partnerships with national organizations.

I have confidence in the realistic and prioritized programmes outlined in the 2024 HNRP, and in the commitment of the Federal Government of Somalia to foster long-term sustainable solutions. The HCT continues to work with the Federal Government of Somalia to further strengthen measures, including improved targeting, registration, data-sharing, and community feedback mechanisms, to mitigate and prevent aid diversion and ensure that assistance reaches those most in need.

George Conway

Resident and Humanitarian Coordinator (RC/HC)

Somalia - Administrative reference map



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Part 1: Humanitarian Needs

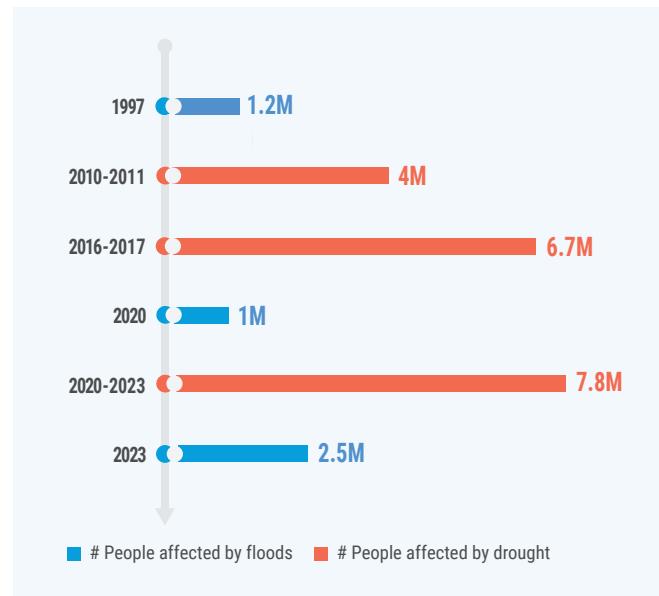
1.1 Shocks and Impact in 2023

Somalia's population is battered by climate extremes, with the worst drought in decades followed by the most extensive floods in generations within the span of just a few months. Seasonal cycles of dry and wet conditions have become more extreme and frequent. The 2020-2023 drought, considered the most severe in four decades, brought the country to the brink of famine; while sustained humanitarian assistance and the *Gu* rainy season from March 2023 averted worse outcomes, an estimated 43,000 excess deaths are estimated to have occurred in 2022 alone, half of them children under the age of five.² Households have struggled to recover since the end of drought, as equally historic *Deyr* rains and flooding, exacerbated by a strong El Niño and a positive Indian Ocean Dipole, hit the country in October and November 2023.

Deyr flooding has caused significant losses to agriculture, livestock and critical infrastructure. By end-November 2023, almost half of the country's districts had recorded flooding, with riverine and flash flooding greatest along the Shabelle and Juba Rivers in the south and south-west.³ 2.5 million people were affected and more than 1.5 million hectares of farmland were inundated. The floods damaged or destroyed critical water, sanitation, health, education and logistics infrastructure, threatening to reverse modest gains from infrastructure investments in previous years.

Climatic shocks and conflict displaced a record 2.9 million people in 2023 alone.⁴ The vast majority of people who fled their homes – 2.3 million or 75 per cent – were displaced by climate shocks (1.7 million by flooding and 531,000 by drought). At the same time, the number of people newly or re-displaced due to conflict and insecurity in 2023 – 653,000 people – also stood at an all-time high.⁵ In total, more than 3.8 million

Timeline of worst climate extremes in Somalia



people are currently displaced in Somalia, with most households displaced more than once.⁶

Civilians continue to pay the price of conflict and insecurity. Following a sharp increase in civilian casualties in 2022 due to an escalation of hostilities, this trend continued in 2023, with almost 1,300 civilian casualties recorded between January and September.⁷ Somalia also remains among the countries recording the highest number of grave violations against children worldwide. Between January and September 2023, 1,742 grave violations against 1,660 children were verified. Critical civilian infrastructure, which is protected under international humanitarian law, continues to be targeted, including 34 schools and 18 hospitals attacked in the first nine months of 2023.⁸

Ongoing conflict contributes to a volatile and difficult operating environment for humanitarians. Attacks on humanitarian workers and infrastructure, and restrictions on movements have exacerbated access

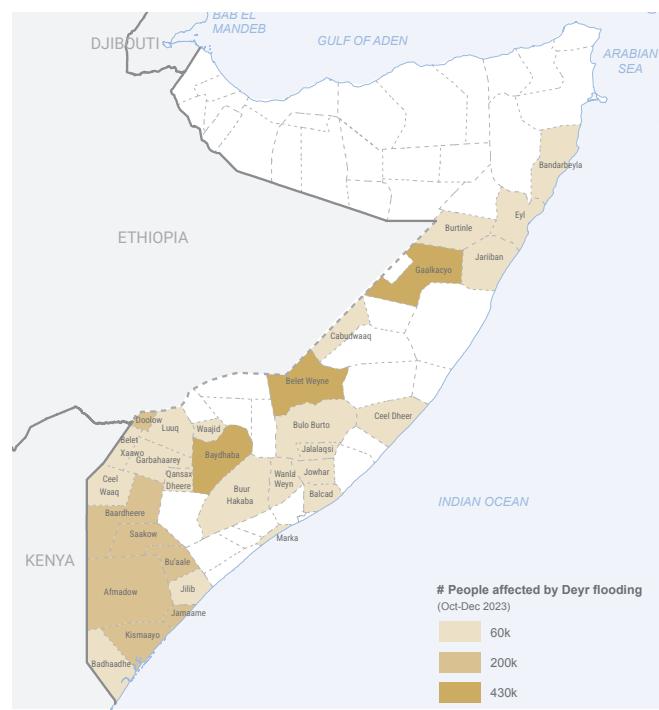
and operational challenges. An estimated 580,000 people live in areas which are hard to access by the humanitarian community, the majority being women and children. Out of 74 districts, 23 are either hard or extremely hard to reach. The changing security landscape in Somalia resulting from the drawdown of ATMIS and the potential for shifting patterns of insecurity will require adaptability by humanitarians to stay and deliver, and promote acceptance for humanitarian interventions.

As a result of these shocks, an estimated 6.9 million people – almost two in five Somalis – remain in need of humanitarian assistance in 2024. While this 17 per cent decrease compared to 2023 is mainly due to a slight reduction in food insecurity and malnutrition levels, 4.3 million people remain acutely food insecure. In a context where 54 per cent of households already lived below the national poverty line before the 2020–2023 drought, more than half of all households have suffered further income reductions due to loss of employment, livestock and other assets.⁹ The more recent destruction of farmlands and standing crops caused by the late-2023 flooding, in combination with disrupted livelihoods and damage to shelter and homes, further aggravates the situation for many households. The poorest households therefore continue to struggle to access food, income and critical services such as water, health, education and protection.

At the same time, the record inflow of newly displaced people into mainly urban and peri-urban areas has put further pressure on already stretched WASH, health and shelter conditions, and increased protection risks linked to exploitation and abuse. The overwhelming majority of people who were displaced due to conflict in 2023 do not intend to return any time soon.¹⁰ Needs for access to food, water, livelihood opportunities, sanitation, health, education and protection services, especially in settlements and informal sites hosting internally displaced people, therefore remain significant.

In turn, while most flood-driven displacement is expected to be temporary in nature, its scale highlights the unsustainable living conditions of the poorest

People affected by Deyr flooding

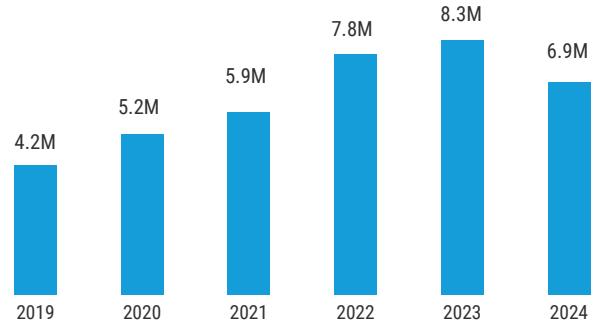


households and displaced populations on frequently ill-suited, flood-prone lands. Going into 2024, needs for access to food, safe water, sanitation and health specifically are expected to increase in flood-affected areas, due to flood damage to crops, WASH, and health facilities and the widespread contamination of water sources.

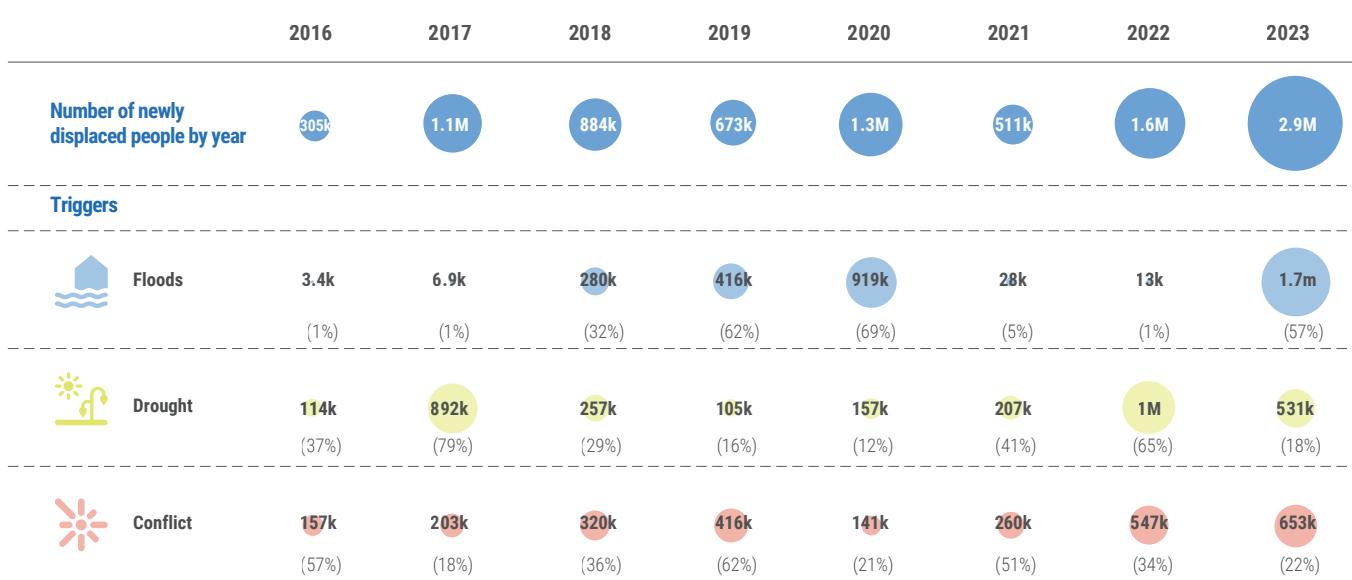
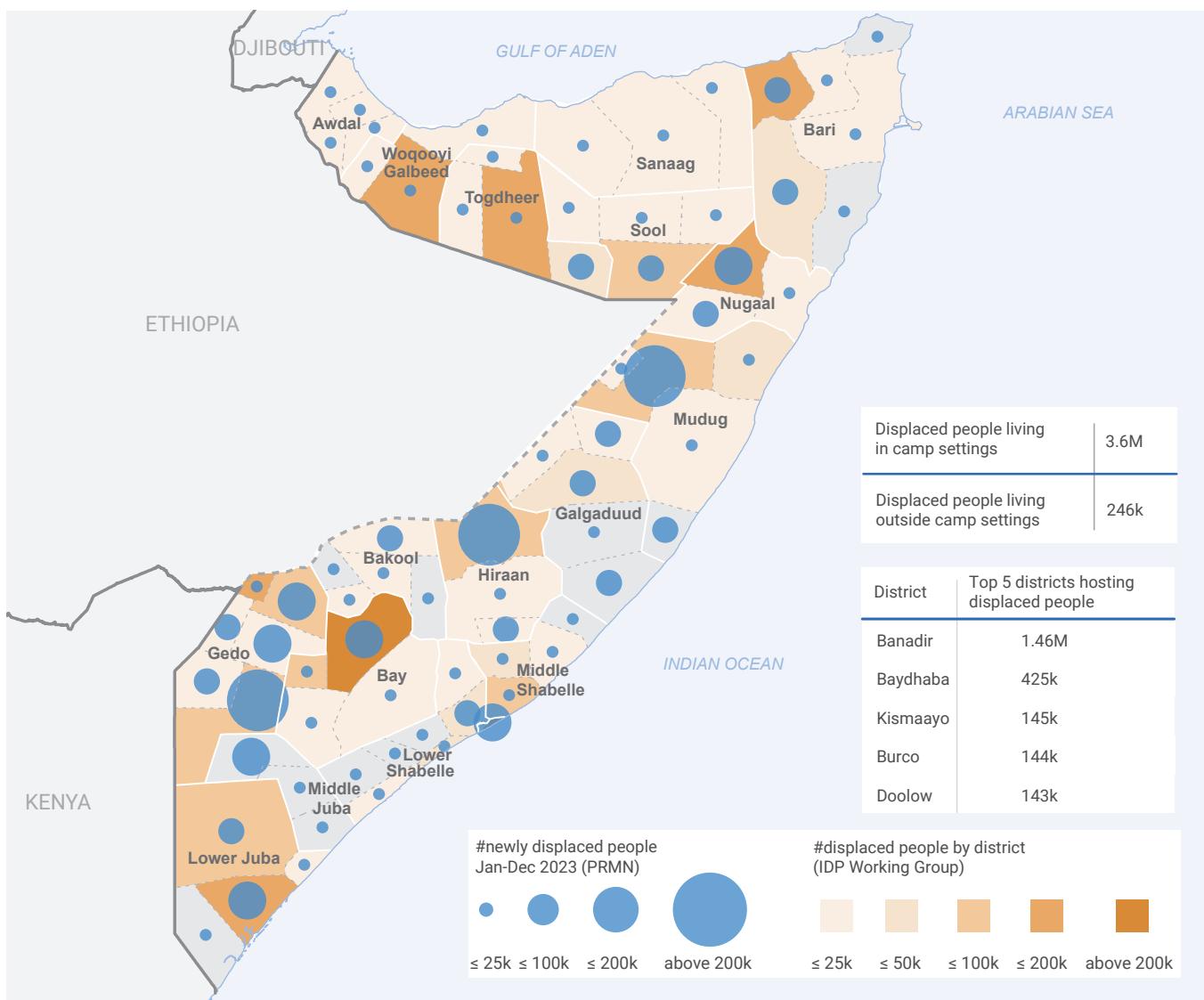
Underlying contextual factors of the humanitarian crisis in Somalia have been outlined in greater detail in previous HNOs, including the [2023 Somalia HNO](#).

Number of people in need

2019-2024



Displacement trends



Timeline of events in 2023

January

- 4 January: Mahas bombings, more than 20 people killed

February

- Laas Caanood erupts, conflict displacing hundreds of thousands
- 8 February: 2023 HRP launched

March

- Marking the end of drought conditions between 2020-2023, the *Gu* rainy season starts, displacing thousands

April

- 11 April: UN Secretary-General visits Mogadishu
- Cholera outbreak in the south of the country with nearly 7,000 cases

May

- 26 May: al-Shabaab attack on Ugandan forces, leaving 54 Ugandan soldiers dead

June

- *Gu* seasonal floods weaken after having affected over 468,000 people, killing 30 and displacing at least 247,000 from their homes

July

- 24 July: at least 30 Somali Army soldiers are killed and many others wounded after an al-Shabaab militant suicide attack on an army training camp in Mogadishu.

August

- 19 August: joint organization of a World Humanitarian Day event to commemorate the humanitarians who lost their lives in the line of duty.

September

- 18 September: post-*Gu* IPC findings released, with 4.3 million people projected to be food insecure between October-December 2023.

October:

- Deyr rains commence, exacerbated by a strong El Niño and a positive Indian Ocean Dipole (IOD)

November

- 24 November: Somalia joins the East African Community

December

- 1 December: UN Security Council unanimously adopts Resolution 2714, lifting an arms embargo on the Federal Government of Somalia which had been in place since 1992
- 13 December: Somalia achieves the HIPC Completion point and secures comprehensive debt relief (US\$ 4.5bn)
- By late December, more than 2.5M people are affected by heavy Deyr rains and both riverine and flash flooding – a level not seen since 1997.

1.2 Analysis of People's Priority Needs

Priority needs as ranked by households:

1st Food or income to buy food (67%)

More than 4.3 million people suffer from acute hunger and malnutrition. While the number of food insecure people has come down from 6.7 million at the peak of the drought in late 2022, 4.3 million people – almost one fourth of the population – remain acutely food insecure in 2024. Internally displaced people are in most severe need, with 13 per cent classified as having emergency food insecurity levels (IPC phase 4).¹¹

Approximately 1.5m children under the age of five are expected to suffer from acute malnutrition in 2024 (1.8 million in 2023).

Lack of purchasing power remains a key concern, with half of all households reporting income reductions due to loss of employment, livestock and other productive assets during the drought.¹² At the same time, food prices, while now below their highs in 2022, remain above the five-year average. The most vulnerable households spend more than 70 per cent of their income on food, limiting their ability to afford services such as healthcare or education, or critical items such as mattresses and soap.¹³ Three in four households are indebted and 28 per cent have exhausted emergency coping strategies, such as selling the last productive animal, drastically reducing future income sources and capacity to cope with shocks. Newly displaced people are most frequently forced to rely on emergency coping mechanism, including scavenging and begging for food/money (34 per cent).¹⁴

Food insecurity and malnutrition are expected to particularly increase in the five southern regions most affected by the Deyr floods (Banadir, Bay, Lower Shabelle, Lower Juba and Middle Shabelle). Already before the floods, these five (of 18) regions alone accounted for over half of the population in IPC phase 4 and of severely malnourished children under five years of age, respectively. Flooding in these areas

has disrupted cropping activities and exacerbated household income losses from agricultural labour.

2nd Drinking water (47%)

More than half of the population is water insecure, with rates even higher among displaced people. Access to drinking water has increased as a priority across all population groups compared to one year ago when households ranked it the fourth most important need. Next to a lack of food, drought-reduced access to water was the key driver for displacement in the first half of 2023.

Almost two thirds of displaced households are considered water-insecure.

One out of four households report not having enough water, with rates again higher among displaced people. A third of all households use untreated water sources. Most people (73 per cent) do not treat water before consumption¹⁵, contributing to a high prevalence of waterborne diseases such as AWD and cholera, with particularly serious consequences for child and maternal health. Late-2023 flooding has worsened already precarious water and sanitary conditions, as water access points such as boreholes were contaminated and thousands of people temporarily displaced to areas with no or limited WASH facilities. By December 2023, increases in AWD and cholera were reported across 21 of 72 districts, and projections for cholera cases in 2024 were about 30 to 40 per cent above 2023 levels.

3rd Healthcare (42%)

People struggle to physically access healthcare and to pay for it. The Somali health system remains weak, disrupted by decades of conflict and inadequate investments in infrastructure, maintenance, and technical personnel. Somalia ranks last place in terms

of health security, as its morbidity and mortality levels continue to be among the worst worldwide.¹⁶

Most of Somalia's disease outbreaks can be attributed to low WASH coverage, low vaccination rates, a shortage of functional health facilities, and low capacities for surveillance and rapid response to disease alerts. Inadequate healthcare infrastructure and a shortage of trained staff and essential medical supplies hamper the delivery of comprehensive reproductive, nutrition and other critical health services.

Top three barriers to accessing health care:

- 1. Absence of a functional health facility (40%)**
- 2. unaffordability of treatment or medicines (20%)**
- 3. lack of required medicines, treatment or services (14%).**

The top three reported barriers preventing households from accessing healthcare in 2023 were the absence of a functional health facility in their proximity (40 per cent), unaffordability of treatment or medicines (20 per cent), and the lack of required medicines, treatment or services (14 per cent).¹⁷ With more than ten per cent of the country's health facilities reported damaged or submerged during the *Deyr* floods¹⁸, health coverage in affected areas is expected to be even further constrained, increasing the need for mobile health services in the short term.

4th Shelter/ housing (42%)

Shelter needs, particularly in displaced settings, are considerable. The high number of newly displaced people in 2023 has led to significant demand for shelter and housing solutions, both in and outside camps. Displaced populations have the highest shelter needs.¹⁹

One in two newly displaced households live in makeshift shelters (53 per cent).

Families with pregnant and lactating mothers in particular often find themselves living in overcrowded shelters, with lack of privacy and exposure to health and safety risks. Outside organized camp settings,

shelter needs often stem from households' inability to afford rent and lack of formal agreements to prove occupancy arrangements.²⁰ As a result, eviction of people from privately owned sites is on the rise, with more than 120,000 people forcefully evicted between January and October 2023, sixty per cent of whom were in Mogadishu. Across all population groups, blankets and sleeping mats are the two most reported missing NFIs. Against this background, the number of people in need of shelter and NFIs in 2024 remains comparatively high, at 4.6 million. Shelter related needs are expected to increase as flooding has damaged and destroyed thousands of shelters in urban and peri-urban areas, including in settlements for displaced people.

5th Sanitation services / hygiene NFIs (12%)

Poor sanitary and hygiene conditions have worsened. One in four households report not having a functional sanitation facility, compared to 17 per cent in 2022. Protective and privacy features of sanitation facilities, such as doors and walls, have worsened.²¹ 80 per cent of households lack a handwashing facility, up from 67 per cent in 2022, with soap missing in almost half these households.

28 per cent of households report not having a functional sanitation facility.

These trends result from the significant inflow of displaced populations into camp settings and urban areas, stretching available WASH services and facilities, as well as households not being able to afford critical items such as soap. Access to menstrual materials appears to be a greatest concern for women who live in protracted displacement conditions, half of whom report lack of access. Sanitation conditions are expected to have worsened during the floods, as people displaced to and congregated in temporary sites with often no or insufficient WASH infrastructure, while sanitation facilities in areas of origin, including IDP settlements, were destroyed and need to be rebuilt.

1.3 Protection Risks and Vulnerable Groups

Protection risks

Protection risks in Somalia include gender-based violence (GBV), kidnapping and abduction, discrimination, family separation, abuse, forced eviction and destruction of properties, presence of mines and other explosive ordnance, civilian death or injury, and child recruitment into armed groups, among others. Minority-affiliated groups, women, children, the elderly, and persons with disabilities face particularly high protection risks.

Protection threats stem from:

- **Exclusion and denial of access to assistance**, including as a result of diversion of humanitarian assistance, intimidation, abuse, and exploitation by powerful influencers in aid distribution who block equitable distribution of assistance and access to those most in need. This is exacerbated by communities frequently having limited and inaccessible information on how to seek assistance, with minority, persons with disabilities, and other marginalized groups most affected.
- **Forced displacement**, during which protection threats are exacerbated due to the particular vulnerabilities of displaced communities in both managed and informal sites, frequently leading to the widespread adoption of negative coping strategies to address immediate household needs.
- **Indiscriminate attacks on civilians and civilian objects**, as the armed conflict in Somalia primarily affects civilians. Over the past four years, for example, 55 per cent of improvised explosive device (IED) casualties (4,495) were civilians, while more than 80 per cent of explosive ordnance (EO) victims were minors.²²

Limited humanitarian access amplifies these protection risks. Displaced populations and those in areas with heavy access restrictions frequently have low awareness of their rights, leading to discriminatory norms and harmful practices such as female genital mutilation and child marriage. A more detailed analysis of protection risks in Somalia can be accessed [here²³](#)

and in the Protection Cluster and Protection AoRs sections in Part 3 of this plan.

Differential impact of the crisis

Age, gender, minority status and disability and the inter-section between these and other dimensions strongly affect how people are impacted by the humanitarian crisis in Somalia, and to what extent they can both access and inform the design of humanitarian assistance.

Children constitute almost two thirds of all people in need and are particularly vulnerable to shocks, violence, and abuse. 298 children were maimed and 157 killed in the first nine months of 2023, with boys at particular risk of abduction (88 per cent of 568 verified cases) and forced recruitment (88 per cent or 498).²⁴ Girls continue to be exposed to rape and other grave forms of sexual violence, with verified cases (139) likely significantly underreported. These violations often take place in isolated areas such as village outskirts areas or farming/grazing fields, and in and around IDP sites. Children also remain the population group most at risk of mines and unexploded ordinance, representing 80 per cent of all casualties recorded in 2023.²⁵

Over the last three decades, Somalia's under-5 population has consistently suffered from some of the worst malnutrition and mortality levels globally.²⁶ The psycho-social impact of these conditions on children are neither comprehensively assessed nor addressed, given the lack of mental health and psychosocial support (MHPSS).²⁷ By way of illustration, Somali caseworkers offering specialised child protection services currently handle caseload numbers ten times above minimum standards.²⁸ While school attendance has increased from 2022, only half of all school-aged children attend school, with non-attendance of displaced children even higher and lack of affordability cited as the most important reason.²⁹

Women are socio-economically particularly vulnerable in the Somali context, as they face higher

constraints in accessing employment and finance for entrepreneurial activity; more frequently adopt harmful coping strategies; and tend to have higher levels of food insecurity and limited access to critical services, including health. Women's poverty is a barrier to tenure security and their ability to claim other housing, land and property (HLP) rights. GBV in Somalia primarily affects women and girls, with a deteriorating household economy, displacement and continued conflict in 2023 presumed to be the driving factors for a generalized increase in reported intra-partner violence (52 per cent compared to 37 per cent in 2022) and rape (15 per cent compared to 11 per cent in 2022).³⁰ The demand for GBV response and referral services far outpaces availability; while the GBV Areas of Responsibility (AoR) estimates that 3.2 million people will be in need of GBV services in 2024, only a fraction of referral mechanisms are operational. Fifty one percent of households report a lack of services for women and girls, including psychosocial support, reproductive health services and GBV services, in their communities.³¹ Access to duty bearers is limited, especially in IDP sites. The long-anticipated enactment of the Sexual Offences Bill continues to face delays.³²

Minority and marginalised communities in Somalia, estimated to comprise 30 per cent of the population, face a long history of discrimination, exclusion from access to services and participation in decision-making processes which directly affect them. Internal displacement exacerbates and increases their vulnerabilities and protection risks. Members of the Somali Bantu community face additional challenges due to descent-based discrimination. Similarly, linguistic minorities, such as the Jiido, the Baravenese, the Garre, the Dabare, the Tuni, the Somali Bantu (Mushunguli speakers) and the Bajuni, are disproportionately affected. These groups are found in parts of southern Somalia which are severely affected by the protracted armed conflict and cycles of climate extremes. Minority women are particularly vulnerable to violence and abuse, including Sexual and Gender-Based violence (SGBV), perpetrated from within their communities as well as by militias, armed forces and members of majority clans. Minority communities are more reliant on obtaining information from third party sources, such as the radio, as they are less likely to be consulted or attend community meetings.

People with disabilities face attitudinal, institutional, communication and physical barriers to accessing humanitarian assistance, basic services and income opportunities, and to engaging in decision-making on need priorities and how to address them.³³ Applying the global estimate of 15 per cent yields a population of around 1.2 million people living with disabilities in the country, although the actual number is certainly higher due to the impact of years of conflict.

While type of disability, displacement status, gender, clan affiliation and family/community support networks shape needs at an individual level, people with disabilities in Somalia most frequently lack:

- access to inclusive, disability-friendly education (65 per cent) due to, amongst others, inaccessible school or temporary learning facilities, unsafe transport, and lack of assistive devices and alternative or augmented communication;
- livelihood opportunities to meet basic needs such as food (63 per cent);
- specialized health services, including psychological support, rehabilitation services and assistive devices, and reproductive health (58 per cent); and
- protection services such as legal assistance, GBV, and child protection (28 per cent).³⁴

Households headed by or living with members with a disability typically experience higher food insecurity levels as they incur additional costs for healthcare and assistive devices, spend more time on care, and disproportionately struggle to access income opportunities, with 59 per cent reporting gifts or begging as the primary house-hold income source.³⁵ Lack of mobility and access to transportation is a specific challenge during community displacements due to sudden shocks such as floods or an escalation in violence.³⁶ In displaced settings, people with disabilities often miss out on assistance and critical information as they are not included in decision processes; physically struggle to access WASH, health and education facilities; and may be forced to live in particularly risk-prone and unsafe shelter conditions in informal and unplanned settlements.³⁷ Women and girls with disabilities, particularly when from a minority group, are considered to be in most severe need.

Key Facts

Crisis context



Environment & Climate Change

Somalia ranks worst on the INFORM Climate Change Risk Index. Recurring climatic shocks are expected to intensify. Long-term projections indicate a temperature increase from 3 to 4.5 degrees Celsius by 2100.



Poverty

55 per cent of the population lives below the national poverty line. An estimated 70 per cent of the population do not have access to electricity.

Shocks



Drought

The 2020-23 drought is considered to be one of the worst on record, with an estimated 7.8 million people affected and 43,000 excess deaths in 2022 alone.



Conflict

Conflict intensified in 2023, both with non-state armed groups and between clans. 23 of 74 districts are currently hard or very hard to access by humanitarian organizations.

Impact



Displacement

A record 2.9 million people were newly and re-displaced in 2023, with climatic extremes driving almost 80 per cent of all new displacement.



Civilian Casualties / Rights Violations

1,300 civilian casualties were recorded and 1,742 grave violations against children were verified from January to September 2023.

Humanitarian needs



Overall Trends

Despite the end of drought conditions, the number of people in need in 2024 has only decreased by 17 per cent, from 8.3 million in 2023 to 6.9 million in 2024. PIN remains well above the five-year average.



Protection

Over the past four years, 55 per cent of improvised explosive device (IED) casualties (4,495) were civilians. Fifty one percent of households report a lack of services for women and girls, including psychosocial support, reproductive health services and GBV services, in their communities.

* Highlight key points as relevant



Economy

Somalia joined the East African Community on 24 November 2023. In addition, \$US4.5bn in debt were relieved on 13 December 2023, increasing prospects for economic growth.



Security

The Securitymandate for the African Union Transition Mission in Somalia (ATMIS) runs until 30 June 2024 (as of HNRP publication on 30 January 2024).



Flooding

Only half a year after the end of drought was declared, the worst Deyr flooding in decades affected 2.5 million people in the last quarter of 2023.



Price Increases

Prices for food and other key staples, while now below their highs in 2022, remain above the 5-year average.



Loss of income and Debt

Almost 50 per cent of households report loss of income, employment and/or livestock as result of the drought, with losses aggravated by late-2023 flooding.



Basic Service Functionality

Somali caseworkers offering specialized protection services to children currently handle caseload numbers ten times above minimum standards.



Acute Food Insecurity and Malnutrition

Approximately 1.5m children under the age of five are expected to suffer from acute malnutrition in 2024 (1.8 million in 2023). As in previous years, Somalia ranks amongst the three worst affected countries on the Global Hunger Index 2023.



Access to Shelter and Basic Services

Two thirds of all newly displaced households are water insecure and half live in a makeshift shelter. 44 per cent report that their children under age six have not received any vaccinations and only one third indicate that their children attend school.

1.4 Severity and People in Need

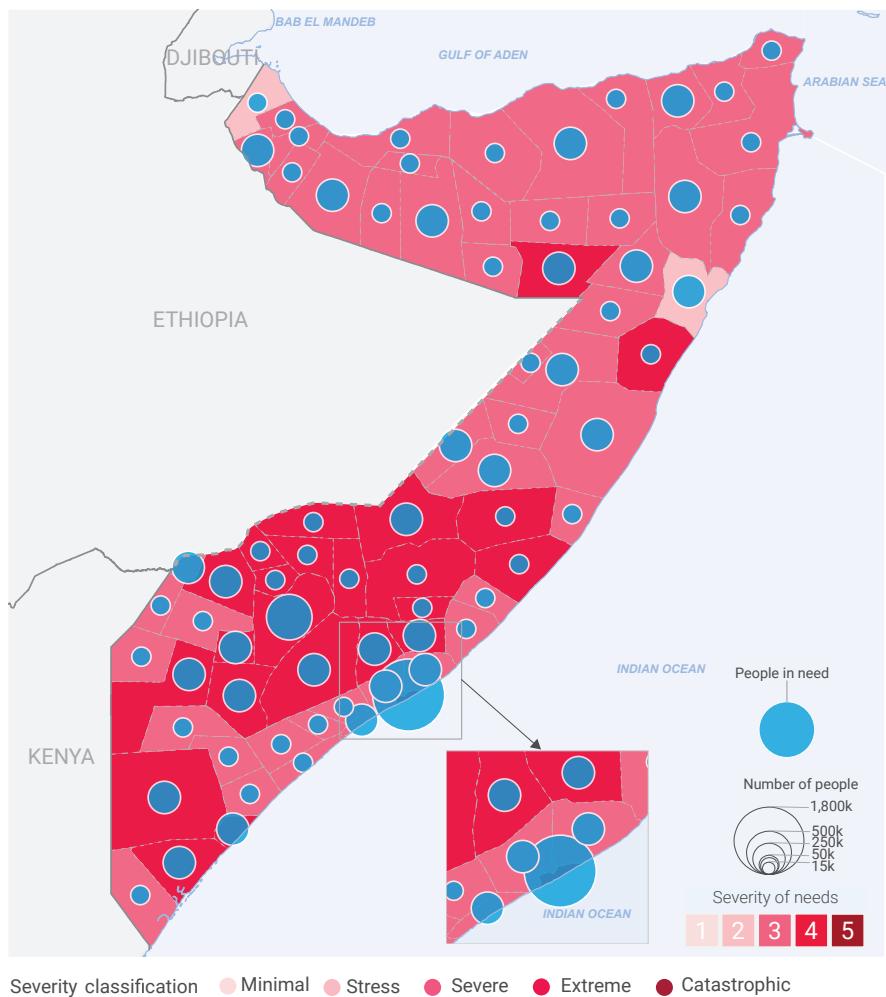
The revised [JIAF 2.0](#) methodology was applied in October 2023 to estimate 2024 need severity and PiN at both cluster and inter-cluster level.

Severity

2024 classification indicates a general decrease in inter-sectoral need severity compared to 2023, with no district classified as in 'catastrophic' severity (phase 5), compared to 11 districts in 2023. This decrease is due to the end of drought conditions in the second quarter of 2023 which led to reduced food insecurity, nutrition and WASH severity levels. Across the country (in 72 of 74 districts), levels of deprivation across all sectors are still considered 'severe' (phase 3) and 'extreme' (phase 4) (48 and 24 districts, respectively).

Compared to 2023, ten districts (Ceel Barde, Luuq, Belet Weyne, Bulo Burto, Jalalaqsi, Jamaame, Kismaayo, Wanla Weyn, Jowhar, and Laas Caanood) have seen an increase in inter-sectoral severity in 2024, typically from 'severe' to 'extreme'. This increase in severity indicators across sectors results from heightened insecurity and protection risks in these districts as well as inflows of people displaced by conflict, drought and flooding, aggravating inadequate access to basic services, shelter and livelihoods.

Overall PiN and inter-sector severity



Ten districts with highest PiN

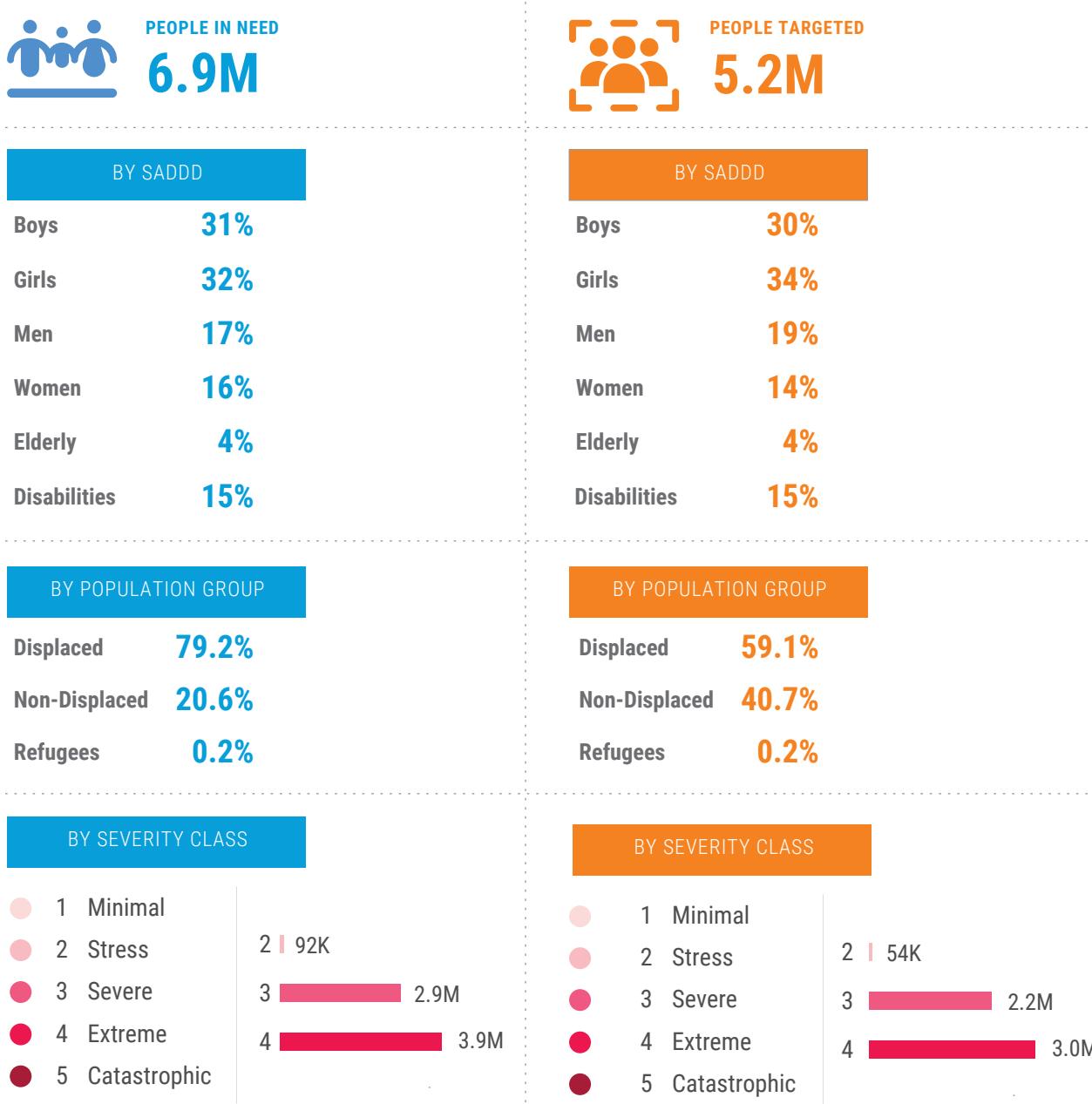
DISTRICT	PEOPLE IN NEED	INTER-CLUSTER SEVERITY CATEGORY
Banadir	1.8M	4
Baydhaba	425k	4
Bossaso	211k	3
Jowhar	207k	4
Afgooye	201k	3
Kismaayo	196k	4
Hargeysa	174k	3
Jamaame	162k	4
Gaalkacyo	158k	3
Burco	149k	3
Percentage of total PiN		53%

People in need

In line with severity trends, the number of people estimated to be in need in 2024 has decreased to 6.9 million, a 17 per cent reduction from 8.25 million in 2023. PIN figures at district level are principally driven by three sectors and estimates regarding the number of people having (a) inadequate access to safe water and critical sanitation services (23 districts), (b) facing extreme levels of food insecurity and lacking adequate

food and/or income to afford food (15 districts), or (c) indicating prevalence of malnutrition (14). 57 per cent of people in need live in areas classified as in 'extreme' inter-sectoral need severity (phase 4). Compared to 2023, the inter-sector number of people in need has increased in the following five districts: Doolow, Baardheere, Kismaayo, Banadir, and Xarardheere.

PIN and target breakdown by SADDD, population group and inter-sector severity



1.5 Risk Analysis and Projections

In 2024, the most significant hazards expected to (continue to) affect communities are conflict and insecurity, flooding, cholera/AWD outbreaks, and drought. Based on available data and collective review as of mid-December 2023, inter-clan violence, floods (Gu rainy season from late March-June 2024) and cholera/AWD are expected to generate more severe humanitarian impact compared to risk projections made in early 2023. Planning to mitigate the humanitarian impact of these risks through strengthened readiness, anticipatory action (AA) and early response is outlined in Section 2.5.

Risks 2024

Risk	Likelihood Score		Impact Score		Risk Score 2024
	2023	2024	2023	2024	
Non-Intl Armed Conflict	5	5	5	5	25
Interclan Violence	5	5	4	↑ 5	25
Flood	4	4	4	↑ 5	20
Cholera/AWD	5	5	3	↑ 4	20
Drought	4	3 ↓	5	↓ 3	9

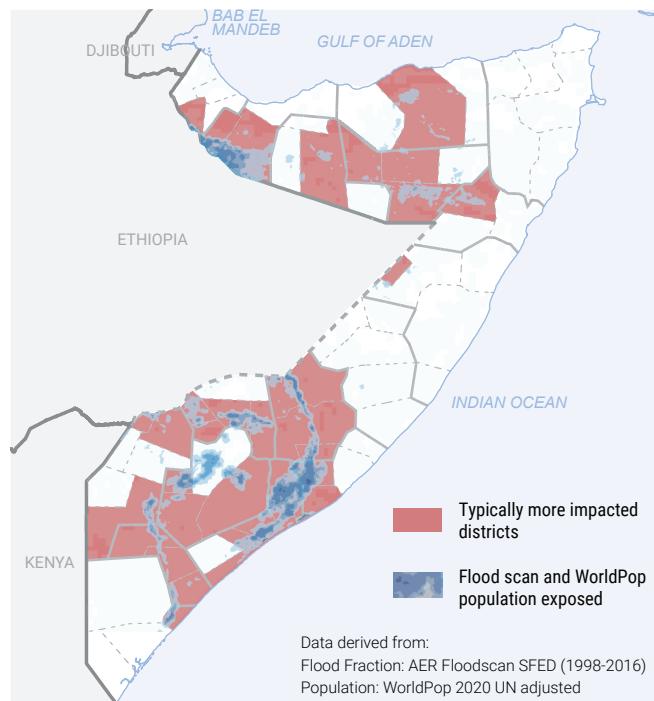
Conflict

The on-going Government-led offensive against non-state armed actors, the resulting volatile security situation as well as the transition of security responsibility from ATMIS to the Somali National Security Forces (SNSF) are already impacting humanitarian access and programme delivery. The existence of diverse armed actors with varying command structures and geographical presence, as well as rapidly changing national, bilateral and regional forces have created an environment where territorial control by loosely allied groups shifts regularly. It is expected that the conflict and insecurity situation will remain highly complex in 2024, including further escalations of inter-clan violence in parts of the country. This will continue to generate displacement and significant protection risks, and impede humanitarian access in parts of the country.

Flooding

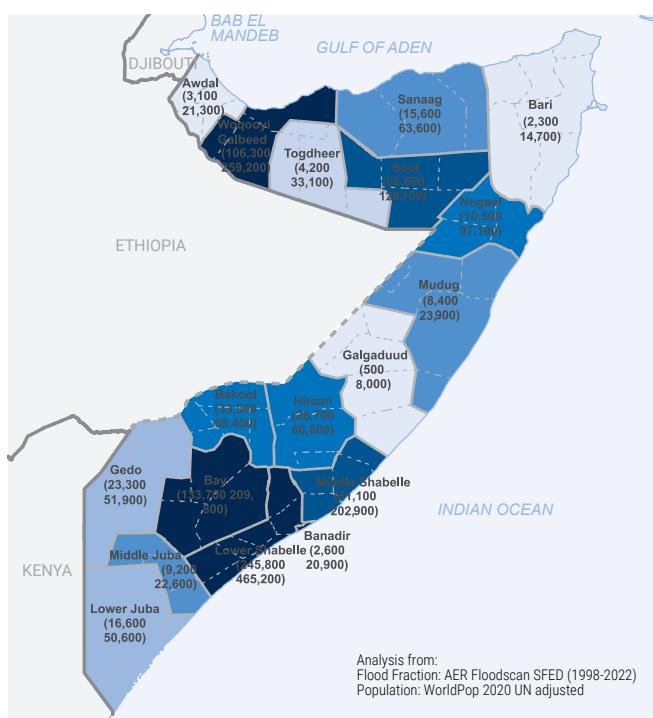
Somalia experiences two types of flooding, river floods along the Juba and Shabelle Rivers in southern Somalia, and flash floods that can occur across the country. Flooding usually takes place during the two main rainy seasons, the *Gu* (March to June) and *Deyr* (October to November). Even in years with overall average rainfall, flooding – especially flash flooding – can occur. With El Niño conditions expected to persist until at least April 2024³⁸, seasonal forecasts indicate an increased likelihood of above-average *Gu* rains and associated flooding.³⁹ Based on historical impact analysis and information available in early January 2024, it is anticipated that at least 770,000 people could be affected by *Gu* flooding from March to June 2024.⁴⁰ This estimate is conservative and below the number of people affected by the 2023 *Deyr* floods (2.5 million).

Historic flood exposure during the *Gu* rainy season (March-May)



Historic ranges for number of people exposed to Gu flooding

(March-May, 50-95th percentiles)



Cholera / AWD

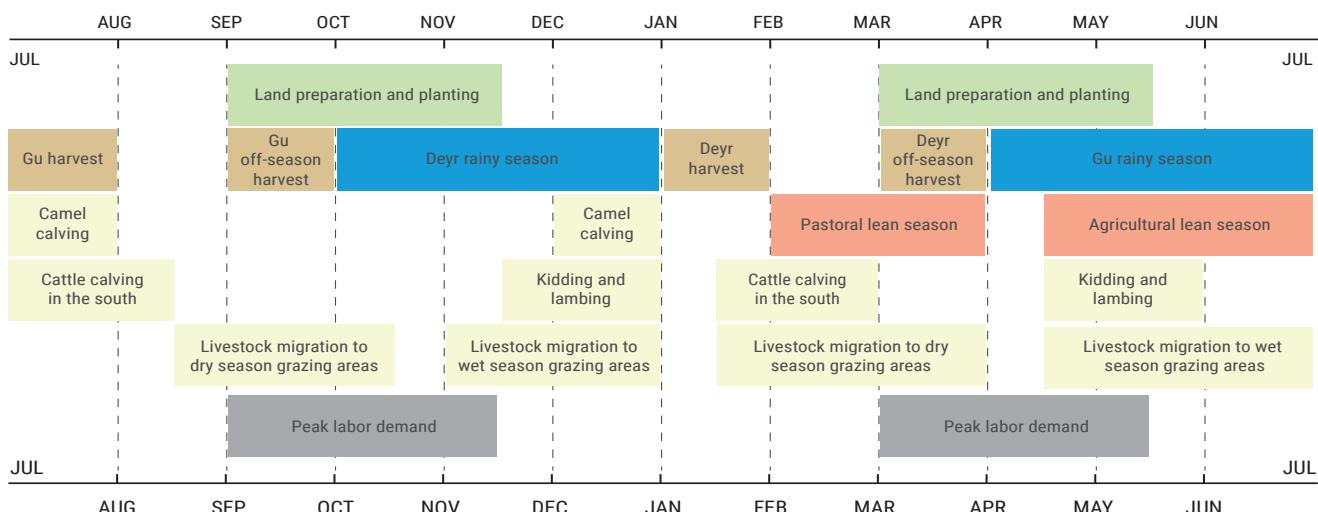
Structural causes for cholera and AWD outbreaks in Somalia include weak WASH and health infrastructure and service capacity. In 2024, an increase in cholera and AWD cases is expected, including outbreaks in areas where cholera has not been observed in years. This increase is anticipated due to 2023 Deyr flooding having damaged WASH facilities and health/cholera treatment centers (CTCs), and polluting water sources such as boreholes and shallow wells. At the same

time, hundreds of thousands of people have been displaced from sites or settlements which had some level of WASH infrastructure to areas where WASH facilities were non-existent or overwhelmed. Access constraints in some affected areas are expected to slow down required health and WASH interventions. The cholera caseload climbed to almost 60 per cent above the three-year average by end-November 2023⁴¹, with more than 29 districts affected. It is projected that the number of cholera cases will increase to at least 22,000, an increase by about 20 per cent compared to end-November. This is concerning as the CFR for cholera in Somalia has historically been above regional or global CFR average⁴², with children and pregnant/lactating amongst the populations groups who are most at risk. In addition, an increase in acute watery diarrhoea (AWD) will likely be seen in most parts of the country. Outbreaks of malaria, measles, dengue and Rift Valley Fever also remain a key concern.

Drought

For 2024, the likelihood of drought is uncertain. While seasonal forecasts for the 2024 Deyr season (October–December) are not yet available, and a pivot to below-average rainfall conditions cannot be excluded. Humanitarian impact of a below-average Deyr 2024 would manifest late in 2024 and in early 2025. Building on lessons learned from the last prolonged drought caused by five consecutive below-average rainy seasons between 2020 and 2023, the situation will need to be closely monitored.

Seasonal Calendar (FEWS NET)



Part 2: Humanitarian Response

2.1. Response Strategy

Strategic Objective 1

Prevent loss of life by decreasing the prevalence of hunger and acute malnutrition, public health threats, and the impact of armed conflict and natural disasters.



S\$1.02B required



4.3M people targeted

Strategic Objective 2

Sustain people's lives by ensuring safe, equitable, inclusive and dignified access to livelihoods and critical basic services.



S\$479M required



3.8M people targeted

Strategic Objective 3

Address critical protection risks arising from exclusion, displacement, and indiscriminate attacks on civilians and their objects.



US\$81M required



2.8M people targeted

Key assumptions and risks

Humanitarian funding for Somalia is expected to be further constrained, which will negatively impact operational reach. It will also coincide with an expected increase in both logistics and security costs for the humanitarian operation, linked to the drawdown of ATMIS and increased complexity in conflict dynamics. Conflict and insecurity, flooding and cholera are high risks which are anticipated to generate above-average humanitarian impact in 2024. Strengthened planning for readiness and anticipatory action (AA) ahead of the 2024 Gu floods (late March-June 2024) specifically have been incorporated in this HNRP.

Stricter response boundaries and targeting

The humanitarian community will implement a more stringently targeted response in 2024, with a focus on assisting populations in areas with 'extreme' and 'catastrophic' need severity at sector level.⁴³ Programmatically, resilience, non-emergency livelihood as well as durable solutions support are no longer included under Strategic Objective 2 of the 2024 HNRP. These activities remain critical for enhancing people's capacities to cope with shocks but will need to be coordinated and financed through

non-humanitarian mechanisms. Against the backdrop of a slight decrease in the people in need, tighter HNRP boundaries have led to a 32 per cent reduction in the HNRP target compared to 2023, from 7.6 to 5.2 million people. Total financial requirements to enable this response stand at US\$ 1.6 billion, a reduction by almost 40 per cent compared to 2023. Almost two thirds of funding requested is required for life-saving programmes in line with Strategic Objective 1.

Integrated programming for rapid response

Building on lessons learned over the past two years, the HCT's Integrated Response Framework (IRF) will be adjusted to ensure a clearer focus on coordinated emergency response to newly displaced and newly accessible populations within a 7-14 day window (first-line response), based on a standardized set of commodities and services which will be adapted to specific needs of different population groups. Standard operating procedures will be developed to enhance operationalization of the IRF, including on the role of subnational ICCGs and area-based coordination structures; systematic conduct of rapid assessments; data sharing and joint registration; stronger inclusion of

NGO partners in delivery; adjustments to the minimum delivery package, including critical protection activities; and strengthened monitoring and reporting.

Critical dimensions for effective integrated first-line response are:

- Rapid needs assessments: joint assessments of market functionality, food security, nutrition, and mapping of existing/functional services.
- Referrals: during the first-line response, partners will orient and refer affected communities to available services, for example referrals of SAM with medical complications and protection cases.
- Registration: registration conducted during the first-line response is a critical enabler for a second-line response. Where registration cannot be done jointly, data sets are shared among partners to ensure de-duplication of assistance. Common registration systems, including biometric, for all beneficiaries (displaced and newly accessible) will be used wherever available.

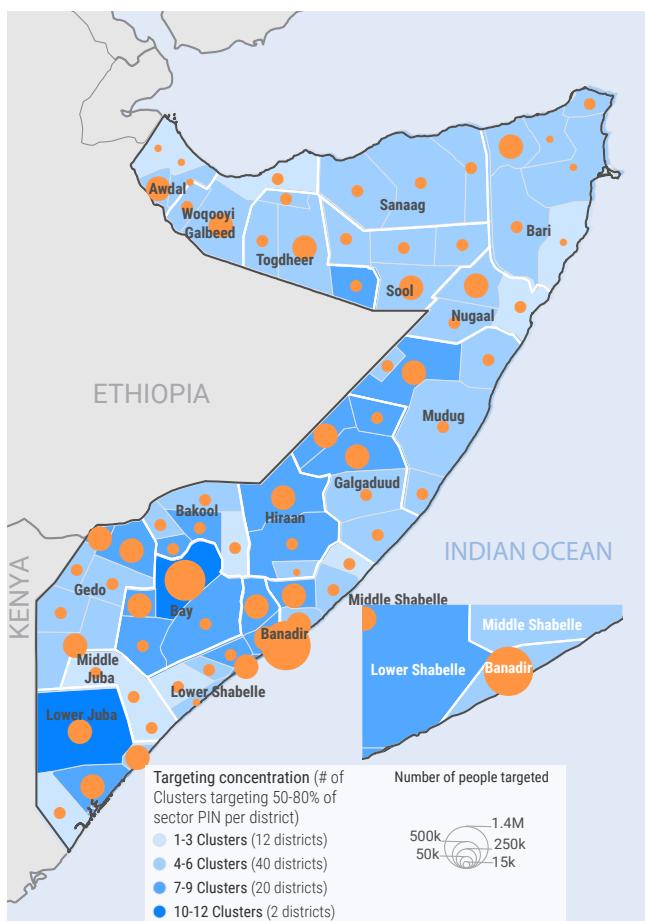
Inter-sectoral prioritization (January-March 2024)

Underlining that the entire HNRP response requires funding, the HCT has set clear programmatic and geographic inter-sectoral response priorities for the first quarter of 2024 to use available resources effectively. Integrated response will be prioritized in ten districts where :

- the *Deyr* floods from October to December 2023 have sharply exacerbated high preexisting needs across sectors;
- *Deyr* flood-related displacement, which occurred after 2024 PIN was finalized, is estimated to have led to a particularly high proportion of the population to be in humanitarian need;
- a general scale-up of response is required to improve comparatively low reach in 2023.

Priorities include multi-sectoral assistance to households who remain displaced and those returning, with a focus on access to water, sanitation and

HNRP targeting: geographic concentration



Districts with highest target numbers

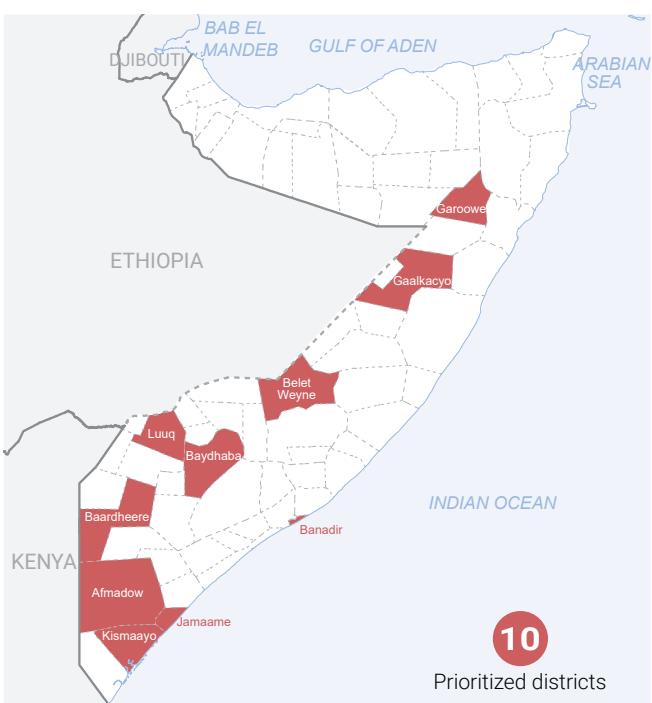
DISTRICT	INTER-SECTOR TARGET	% OF PIN
Banadir	1.4M	78%
Baydhaba	340k	80%
Bossaso	169k	80%
Jowhar	131k	63%
Afgooye	141k	70%
Kismaayo	145k	74%
Hargeysa	130k	75%
Jamaame	129k	80%
Gaalkacyo	127k	80%
Percentage of total target		54%

health to mitigate ongoing outbreaks of cholera and AWD; improved availability of and access to food, including high energy biscuits and ready-to-eat food, following agricultural, livestock and income losses for subsistence agropastoralists and disrupted markets in several areas; and emergency livelihood support and rehabilitation of destroyed WASH and other key facilities in flood-affected communities, as informed by updated flood risk assessments.

Two out of the ten districts prioritized (Garoowe and Gaalkacyo) are less flood-affected but saw a significant influx of displaced people due to drought and conflict in early 2023. Assistance in these districts will focus on under-serviced displacement sites and settlements, improving access to WASH, health and protection services as well as food.

Wherever market conditions allow, coordinated Multi-Purpose Cash (MPC) programming will be used as an effective multi-sector response modality, enabling households to meet their basic needs in a flexible manner. The HCT/ICCG will update response priorities in March 2024, based on more detailed flood impact

Geographic prioritization (January-March 2024)

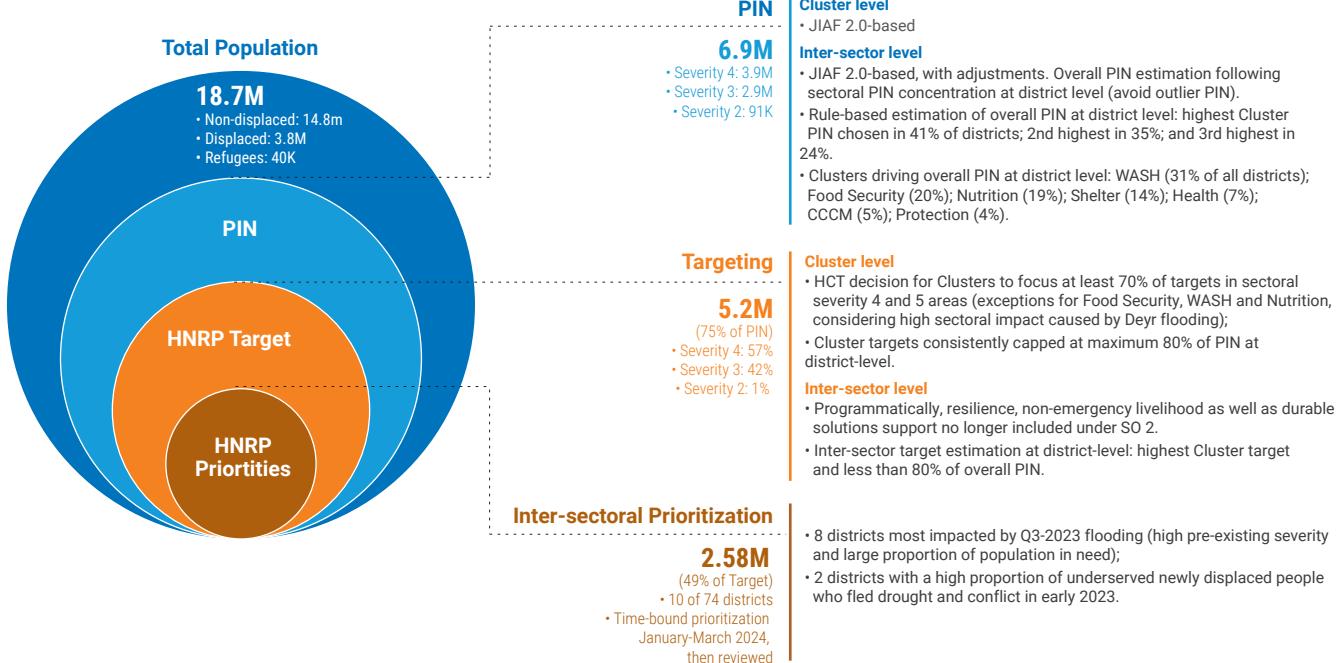


assessments, IPC, conflict and insecurity indicators, and level of available resources.

Planning figures for prioritized districts

District	# of sectoral severity 4 classifications	2024 PiN (established Oct. 2023)	# of flood-affected people (Oct-Dec 2023)	# of newly displaced people in 2023	PiN 2024 + flood-displaced people (Oct-Dec 2023)	% of population	Response reach in 2023	Priority classification in August 2023
Luuq	5	66.8k	30.4k	119.7k	181.1k	> 90%	90%	High
Belet Weyne	6	143.9k	373.1k	491.4k	369.4k	>90%	65%	High
Baardheere	5	129.0k	120.5k	271.2k	219.8k	>90%	83%	High
Baydhaba	7	425.5k	429.8k	187.6k	515.3k	70%	61%	High
Kismaayo	4	195.7k	171.0k	131.2k	292.4k	81%	72%	High
Banadir	4	1.8M	21.1k	192.6k	1.8M	57%	23%	High
Afmadow	5	119.5k	152.8k	42.3k	147.8k	54%	38%	High
Garoowe	2	148.9k	-	119.4k	149.2k	45%	39%	High
Gaalkacyo	3	158.4k	393.2k	202.2k	353.2k	43%	52%	High
Jamaame	5	161.8k	20.0k	5.2k	164.6k	37%	4%	Medium

HNRP PiN and target methodologies



2.2 Humanitarian-Development-Peace Nexus

Scaling up development and international financing is key

The structural drivers for high baseline levels of humanitarian needs in Somalia cannot be tackled through humanitarian assistance. These underlying drivers include, among others, multidimensional poverty, with 55 per cent of the population living below the national poverty line⁴⁴; a lack of diversified livelihoods and equitable economic growth which are required to reduce extreme poverty; political division and marginalization, which have contributed to conflict and insecurity; weak delivery of basic services such as health, water, sanitation and education resulting from dysfunctional infrastructure and a lack of technical staff and maintenance; and Somalia's high exposure and vulnerability to the effects of climate change, with climate shocks driving displacement and, increasingly, conflict dynamics themselves.

A more targeted humanitarian response going forward requires an even stronger focus on ensuring that

vulnerable communities are more comprehensively supported through non-humanitarian mechanisms and financing instruments, particularly households with comparatively lower levels of vulnerability and more time-bound, seasonal support needs. Government leadership at all levels is key in this endeavour, with consistently increasing domestic revenue and the recently agreed relief of US\$ 4.5 billion in debt under the Heavily Indebted Poor Countries (HIPC) Initiative also increasing financial space.⁴⁵

The HCT will deepen its nexus and advocacy efforts in the following three areas:

1. Durable solutions for displaced people

Stronger collaboration with authorities, the World Bank, IOM and UNHABITAT and other key actors is critical to address integration, housing, land, access to basic services, livelihoods and other challenges faced by people living in protracted displacement. Underlying vulnerability analysis of households, to which humanitarian can contribute significantly, will

be important to inform geographic and demographic prioritization. There is significant scope, for example, to expand joint UN-Government programmes such as "[Saameynta](#)", which supports 75,000 IDPs in Baïdoa, Bossaso and Belet Weyne, including via capacity-building on land management, urban planning and land tenure security, with funding from the Somalia Joint Fund and donors. These efforts, framed by the Federal Government of Somalia's National Durable Solutions Strategy and the UN Secretary General's Action Agenda on Internal Displacement, need to be scaled up and financed appropriately.

2. Supporting vulnerability-based, social safety net programming

The Government's social protection programme "Baxnaano" had reached 200,000 households by the end of November 2023, with financial assistance from the World Bank and implementation support by WFP. The programme currently reaches seven per cent of households in the country. It focuses on the most vulnerable 20 per cent of the population in 21 (of 74) districts where registration has sufficiently advanced. 86 per cent of households assisted through the programme self-report improved food consumption and 78 per cent were able to protect productive asset⁴⁶, dramatically increasing their resilience and rendering them less likely to require humanitarian assistance as a result of future shocks. The programme includes a temporary shock-responsive component through which almost 600,000 households were reached during the drought. Strengthened collaboration between these and similar programs and humanitarian organizations, particularly those implementing seasonal or emergency MPC programming, is key; complementarities (trigger for disbursement, duration, and transfer values) will need to be mapped systematically to identify opportunities for better linking humanitarian MPC programming with national social protection programs, particularly in stable areas with permissive access.

3. Water management and disaster risk reduction

Somalia will remain at the forefront of climatic change and risk, with most climate shocks water-related, including likely intensified cycles of drought and

flooding. These climate shocks cascade through food, urban and environmental systems, as they routinely displace people, deepen household income and asset losses, and destroy modest gains in basic service and shelter infrastructures. Various Government strategies, including the National Water Resource Strategy 2021–2025, the National Climate Change Policy and associated programmes, aim at improving water management. Managing increasing water scarcity in Somalia resulting from drought, desertification and the long-term rise in temperature is key for food production, economic growth and poverty reduction; investments in improved soil absorption, storage and exploration of untapped water sources, and climate-smart agriculture can help built more resilient systems that can deliver food and water during droughts.⁴⁷

At the same time, risks from flooding require improved prevention and mitigation efforts, including by water diversion into natural flood plains, increased forest coverage, strengthened river embankments but also cross-boundary data exchange and coordination. These measures will disproportionately benefit the most vulnerable households who are most vulnerable to climate shocks as they more likely rely on rainfed agriculture, live on the most marginal, flood-prone lands, and are most at risk from contaminated water and inadequate sanitation; and who, for these very reasons, have been routinely supported through short-term humanitarian assistance in the absence of more comprehensive approaches.

Humanitarian interventions will therefore more consistently link with adaptation and long-term disaster risk reduction (DRR) efforts, for example by ensuring that emergency livelihood and agriculture interventions support local water management priorities whenever feasible; shelter interventions and camp management more strongly link with urban planning, including improved information-sharing and cataloguing of flood risk mapping of recent/spontaneous IDP settlements; short-term cash-for-work/asset programming, for example on river embankments and canal drainage, support longer-term DRR interventions; and community flood preparedness is enhanced, including through early warning (EW) reaching remote communities

and being accompanied by arrangements for Government-led evacuation, if required.

In the immediate term, the extensive destruction of critical infrastructure caused by the 2023 Deyr floods includes bridges, river embankments, health posts and cholera treatment centres, and safe spaces for women and girls, among others. While post-disaster needs assessments will provide more detailed quantification of the damage sustained, it is evident that non-humanitarian support to rapidly rehabilitate and reconstruct these essential infrastructure assets will be critical to support community recovery and limit price increases for both food, key commodities and basic services, which in turn would affect humanitarian caseloads and the cost of humanitarian operations.

Humanitarian partners will closely coordinate, for example, with ongoing initiatives such as the **Jowhar Off Stream Programme (JOSP)** which seeks to restore functionality of a large irrigation scheme in the Middle Shabelle region of Hirshabelle State. The multi-donor, multi-year programme brings together five UN Agencies and multiple line ministries to reduce flood risk (particularly in Middle Shabelle along the riverine corridor), mitigate drought (particularly for downstream populations in Lower Shabelle), support local production, and boost food security for approximately 1.65 million people. The programme focusses on integrated natural resource management, durable solutions, land tenure, and governance.

2.3 Centrality of protection, accountability and inclusivity

In 2024 the HCT will build on ongoing efforts to ensure that the humanitarian response is accountable, inclusive and focused on reducing protection risks. These efforts will not just strengthen the quality of the response but also help mitigate and prevent risks of post-delivery aid diversion.

Upholding the Centrality of Protection (CoP)

In 2023, the HCT set up a detailed implementation plan and distinct workstreams to systematically track and reduce protection risks linked to (1) exclusion and denial of assistance, (2) displacement, and (3) protection of civilians. An updated HCT Protection Strategy for 2024-25 aims to better support HNRP partners in reducing protection risks during program design, implementation and monitoring. Specifically, it will mitigate and respond to

- risks of exclusion and denial of assistance by ensuring access to assistance in safety and dignity, with beneficiary selection based on vulnerability;

defining and addressing roles of powerful influencers in accessible and hard to reach areas via trainings on protection principles, prevention of sexual exploitation and abuse (PSEA), diversity, equality and inclusion; and enhancing dialogue with communities on entitlements, referral and feedback mechanisms, and roles and accountability of leaders and service providers;

- risks associated with forced displacement by strengthening risk communication with communities and addressing negative coping mechanisms such as child marriage, school dropouts and sex in exchange for assistance. Beyond advocacy regarding land laws and/or moratoriums, the issue of forced evictions will require a multi-sectoral intervention that addresses immediate needs of evictees ;
- **risks related to indiscriminate attacks on civilians and civilian objects** by responding to the needs of civilians during and after pre-emptive displacements due to escalating insecurity. The drawdown of ATMIS and anticipated protection risks due to

complex security dynamics requires an intersectoral response to prevent and mitigate threats and to transition some interventions currently undertaken by ATMIS.

Consult the [HCT Centrality of Protection Action Plan](#) for 2024-2025.

Delivering an accountable response

Community feedback on assistance delivered largely being satisfactory demonstrates that community engagement and accountability (CEA) efforts are having a positive impact, yet much remains to be done.⁴⁸ 60 per cent of households are aware of who to ask about assistance delivered in their community, a significant upward trend from only 32 per cent being aware in 2022. 40 per cent reported barriers to accessing humanitarian aid, with levels slightly higher among displaced people. Almost one in four households expressed dissatisfaction with the way aid workers generally behave.

Among others, making more community feedback mechanisms (CFM) available in areas with currently low coverage is therefore a priority in 2024. A common

Barriers to assistance

40 per cent of households report barriers for accessing humanitarian assistance, the top three being:

1. Lack of information about aid delivery time, date and/or entitlements cited as the most important barrier (32%)
2. Assistance is conditioned to favors or payment (20%)
3. Non-inclusion in assistance/registration (18%).

Nepotism by gatekeepers and restricting access to food, water and aid, are flagged as a particular concern by organizations working with minority claims.

Source: 2023 MSNA / 2023 MSNA Qualitative Analysis.

CFM will support this effort and will be rolled out gradually in 2024; it will complement existing CFMs and support with systematizing feedback and redress patterns to inform decision-making.

Among others, making more community feedback mechanisms (CFM) available in areas with currently low coverage is therefore a priority in 2024. A common CFM will support this effort and will be rolled out gradually in 2024; it will complement existing CFMs and support with systematizing feedback and redress patterns to inform decision-making.

Consult the 2024 [Strategic Priorities](#) by the CEA TF and detailed information on [community feedback](#) received.

Inclusive response

Minorities and marginalized groups: humanitarian partners will enhance effort to ensure meaningful participation of minorities and marginalized groups in all aspects of programming, including identification of people to be assisted. Consultations and decision-making processes that affect beneficiaries must not be limited to a small number of camp leaders/elders which increases risks of exploitation and exclusion. This requires a change in the modus operandi. To limit language barriers and exclusion errors, members of minorities and marginalized groups should benefit from greater employment opportunities in the humanitarian sector. In addition, participation of minority-led organizations in the cluster system will be strengthened to increase the trust and voices of those usually left behind. Regularly updated mapping of minorities and marginalized groups will be availed to facilitate inclusion.

Disability Inclusion: In 2024, the Disability Inclusion Working Group (DIWG) Somalia will scale up its activities to enhance inclusive responses in line with the IASC guidelines on Inclusion of Persons with disabilities in humanitarian action. The DIWG will work closely with clusters and their members to build their capacity on disability inclusion, provide technical support on developing and reviewing inclusive proposals and tools, support disability data collection for programming and monitoring, and engage persons with disabilities throughout the program

cycle. Moreover, localization and AAP should address disability inclusion, through empowerment of local OPDs and making AAP mechanisms accessible to all persons with disabilities. The DIWG will also establish a technical support mechanism for humanitarian actors to address various technical advisory request from clusters and humanitarian actors around harmonizing disability-inclusive data collection for effective needs assessments and response monitoring, removal of barriers, programme cycle, empowerment

and capacity development of humanitarian actors, including organizations of persons with disabilities. Advocacy efforts will focus on ensuring that disability programming is effectively integrated in emergency and nexus-oriented efforts, including by factoring additional disability-related costs, and on strengthening meaningful participation in programme design to ensure barriers are reduced, including by enhancing community awareness.

Mitigating and preventing risks of aid diversion:

Since December 2022, the HCT has reinforced measures to prevent and mitigate risks related to post-delivery aid diversion (PDAD), specifically in sites hosting Internally Displaced Persons. PDAD refers to actions where, after humanitarian assistance is received by the affected people, all or part of the aid is taken, stolen or damaged by a third party. It almost always involves coercion or threats, such as removal of a beneficiary from distribution lists, eviction, harassment, or arrest. In addition to Somalia's robust monitoring and compliance systems, the HCT identified the following ten priority actions to address residual risks of PDAD.

1. **Research:** additional light research on the sub-national political economy of aid.
2. **Beneficiary selection and improved targeting:** supporting more sectors and partners on shifting from status-based and geographically-focused targeting to household vulnerability-based targeting.
3. **Registration:** explore options for aggregating registration data into a common repository for inter-agency use, including biometrics for all recipients of humanitarian assistance, including IDPs.
4. **Data sharing:** Establish and operationalize suitable data-sharing agreements among relevant UN agencies and NGOs.
5. **Minority inclusion:** Engage minority rights organizations to identify and address barriers to access registration for minority and marginalized groups.
6. **Accountability to Affected People (AAP):** Complete mapping of AAP resources, reporting mechanisms and consolidation of key issues, including sensitive reports, for HCT review and guidance.
7. **Hiring practices:** strengthen inclusive hiring in the humanitarian workforce as well as internal arrangements for marginalized groups reporting grievances.
8. **Community engagement:** Increase awareness, particularly among internally displaced people, including children, about available services, entitlements and modalities of assistance, using culturally appropriate channels.
9. **Monitoring and Evaluation:** establish a multi-layered monitoring and reporting system to improve early detection of aid diversion.
Monitoring field presence: Assess needs and opportunities for increasing physical field presence and investigative monitoring.

Women: The Somalia Accountability Compact identifies 11 key areas of accountability to be monitored collectively, including the promotion of gender equality and women's empowerment in all humanitarian interventions; the implementation of a multi-cluster gender analysis that is planned and budgeted as part of the assessment process; ensure the collection, analysis and reporting of sex, age and disability-disaggregated data (SADDD) in programming and information products; support the integration of adapted GBV interventions as the first and/or second line of response and advocate/commit increased funding to address key GBV needs; accelerate/support advocacy with the government and other key stakeholders accountable for the enactment of implementation of the Sexual Offense Bill to improve legal protection for women and girls; establish and implement mechanisms/actions to improve multi-sectoral response focusing on psychosocial, legal protection and response to GBV; uphold mainstreaming/integration of GBV concerns across key clusters of response; adopt and implement Gender and Age Marker (GAM) in call for applications, review of proposals and award of grants and projects; promote gender parity in all committees, humanitarian and camp coordination mechanisms; and improve gender representation in humanitarian coordination forums.

Prevention of Sexual Exploitation and Abuse (PSEA)

In 2023, the HCT, through the Inter-agency PSEA Network, successfully trained SEA Investigators selected from 15 regional humanitarian partners, mapped community feedback and complaints mechanisms in partnership with the CEA Taskforce, and conducted PSEA training for field-based partners. In 2024, the PSEA network will focus on the following initiatives:

- engagement of power holders on PSEA, including clan leaders, religious leaders, community leaders, and local authorities, through focus group discussions and community dialogues;
- radio broadcasts and TV spot production with country-wide coverage, as well as other public awareness campaigns on PSEA;
- long-term engagement of Loop Hotline as an inter-agency CFM for sensitive allegations;
- continuous capacity building of cluster partners, including for setting up safe, accessible and child-friendly reporting channels in consultation with communities;
- provision of assistance to victims of sexual abuse;
- training of 30 SEA investigators from local partners.

2.4. Delivery Capacity

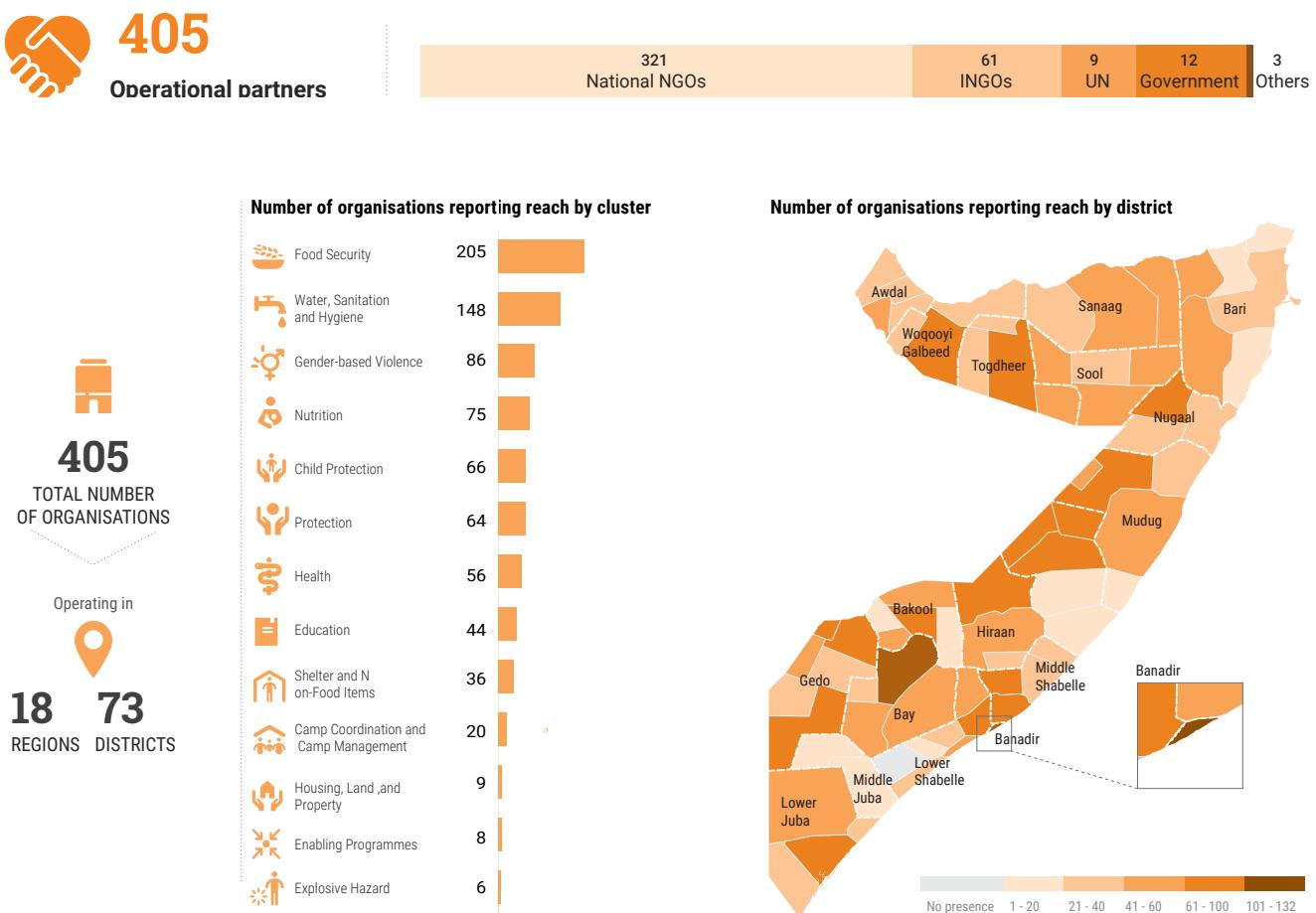
Operational presence

The number of national and local humanitarian NGO partners has progressively increased in recent years and makes up the largest group of HNRP partners, reflecting the HCT's commitment to localization.⁴⁹ The HCT and ICCG will continue to reinforce coordination structures, particularly at subnational level, including through seven state-level ICCGs (S-ICCGs) supported by WASH, Food Security, Education, Shelter & NFIs, CCCM, Health, Nutrition and Protection Clusters, respectively. S-ICCGs cover

Puntland (Garowe), Galmudug (Dhuusamarreeb), Jubaland (Kismaayo), Hirshabelle (Belet Weyne), South West State (Baidoa), Banadir region (Mogadishu) and Somaliland (Hargeysa), and are supplemented by Area Humanitarian Coordination Groups (A-HCGs). In addition, various thematic working groups provide specific advice and coordination support to the HCT and ICCG.

215 individuals of 60 different organizations support cluster coordination at national, state and regional levels (45 per cent are UN staff; 31 per cent INGO staff;

Operational presence



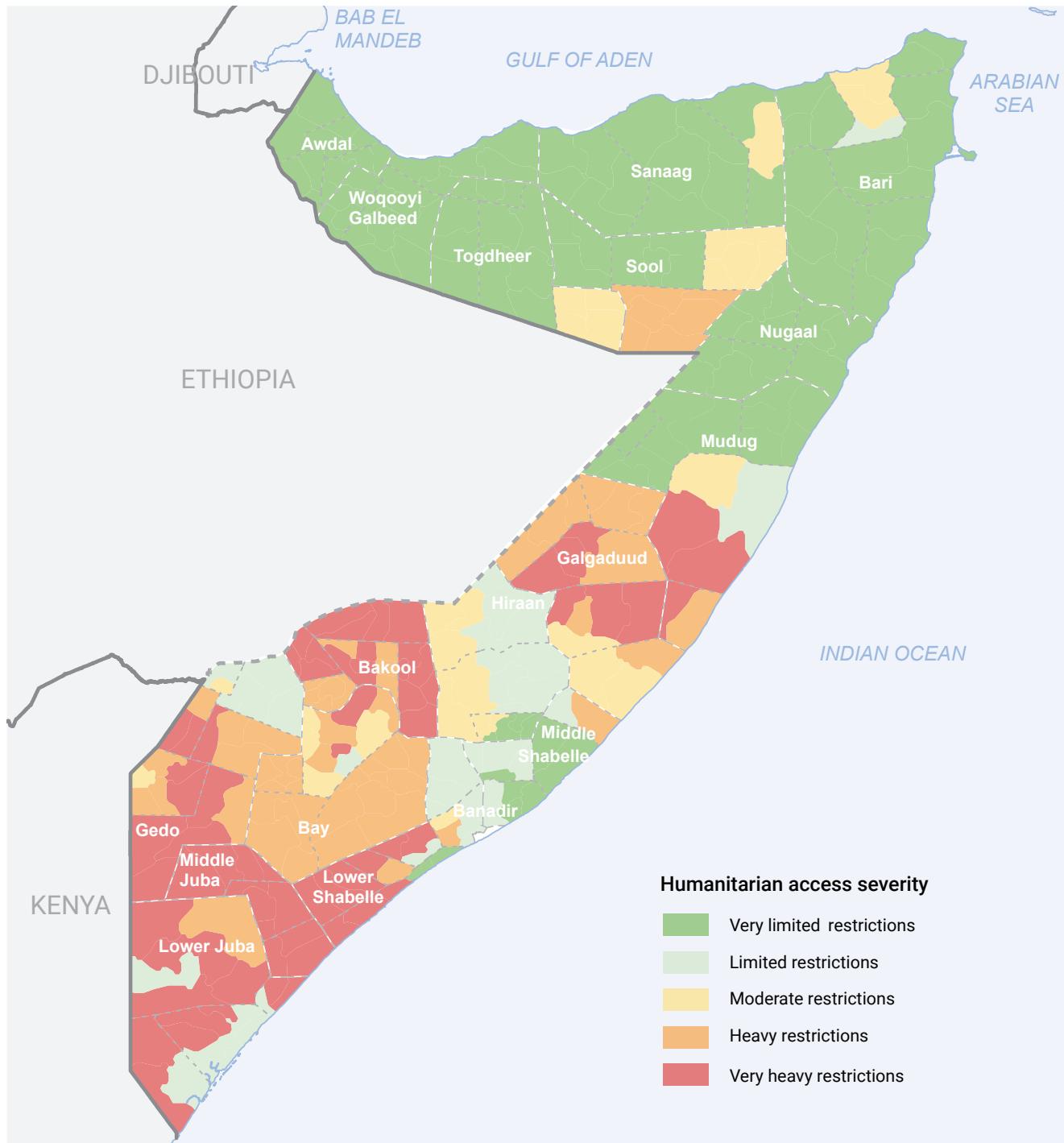
13 per cent NNGO staff; and 11 per cent Government employees). Following the end of the IASC Scale-Up, UN agencies are committed to maintaining increased

levels of staffing to guarantee coordination and operational support, particularly at subnational level.

Access

Humanitarian access in Somalia continues to face a diversity of challenges amid rapidly evolving security dynamics. The ongoing non-international armed conflict as well as, often interrelated, inter-clan violence continues to pose access challenges, with military offensives likely to continue in Galmudug and possibly be extended to South-West and Jubaland States. While there is currently limited evidence of active targeting of humanitarianists by non-state armed groups, active conflict in contested areas and asymmetrical tactics in urban areas continue to pose a threat to civilians and humanitarianists alike. Direct targeting of international and national militaries and allied armed actors and government officials by non-state armed

groups will continue and potentially escalate in 2024, and still poses a risk, particularly for humanitarian organisations that are collocated with ATMIS sector commands and who use combatants as armed escorts as well as increases the risk for other humanitarian organisations of being harmed unintentionally. Main supply routes are hampered both by conflict, with improvised explosive devices posing significant dangers in some areas, and by checkpoints operated by a range of security forces and non-state armed groups. Access to populations within areas under the control of non-state armed groups will continue to face restrictions, and the need for greater humanitarian



distinction and a reinforcement of humanitarian principles in the response is essential in reaching them.

The drawdown of the African Union Transition Mission In Somalia (ATMIS) is expected to be finalised in 2024, with deliberations ongoing on a possible successor multilateral force. The Federal Government of Somalia's Security Development Plan envisages a greater role for Somali Security Forces in military operations and a smaller AU force with the vast majority of the 71

remaining Forward Operating Bases being handed-over or closed – carrying a significant logistical impact for humanitarian flights, as well as reduced predictability in the operational environment as other armed actors fill the security vacuum. Security costs for humanitarians will rise as will incidents of predatory behaviour. Humanitarians will need to incorporate a degree of flexibility into their 2024 planning, as there will be a growing need to adapt to changing security dynamics

in particular in Jubaland, South-West, Hirshabelle and Galmadug States.

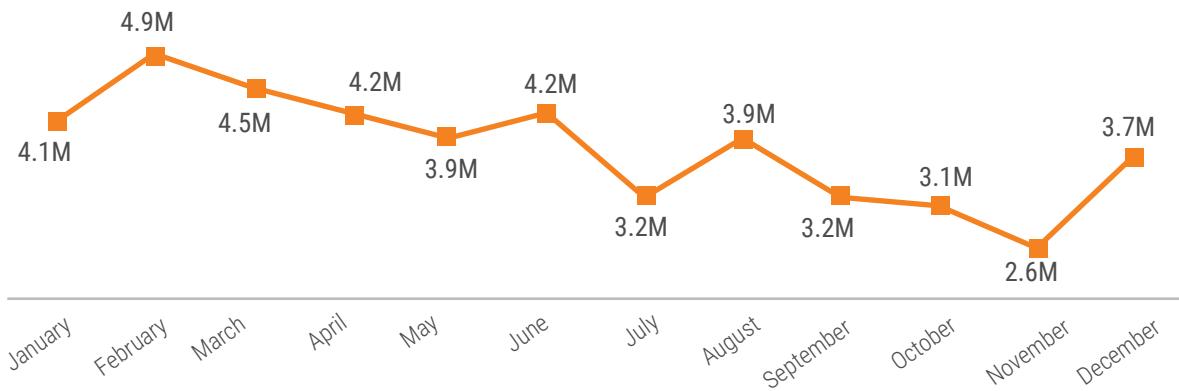
In 2024, physical access will continue to be hampered by the severity of the 2023 Deyr rains. The damage to main supply routes has been extensive, with several bridges washed away, however the full extent of the impact will be clearer following a planned assessment by UN Agencies in early 2024. Further seasonal flooding is highly likely in the 2024 Gu rains and will continue to cause physical access challenges.

To address an evolving operational environment without risking the damage inherent in further bunkerization, humanitarians will need to emphasize

distinction from military and political actors and expand acceptance strategies. Investing in negotiations with relevant stakeholders, such as local authorities, sub-military commands, clans and armed groups, are crucial to ensure access to affected populations. Finally, capacity-building initiatives focusing on enhancing staff skills and knowledge in security protocols, negotiation techniques, and response strategies remain important. These strategies are essential for navigating Somalia's complex and evolving operational environment.

Response reach in 2023

Response reach, as measured on a monthly average basis at inter-sector level, declined towards the end of 2023 due to significant underfunding of the 2023 HRP response (44 per cent funding). This forced humanitarian partners to scale down the response, prioritizing the most vulnerable populations in areas with the greatest severity of needs. On average, humanitarian partners reached 3.8 million people per month in 2023.⁶⁷



Consult [operational presence](#) and [reach](#) reporting for Somalia.

2.5. Risk-Informed Planning

Informed by updated risk analysis (Section 1.5.), the 2024 Somalia HNRP for the first time explicitly reflects critical readiness and anticipatory action (AA) planning to get ahead of predictable shocks and reduce their humanitarian impact. Early response to move assistance forward after impact have also been identified. Available early warning (EW) information, priority activities, windows of opportunity for implementing and funding these actions, and high-risk locations have been identified for all key shocks: flooding, conflict and insecurity, cholera/AWD outbreaks and drought. Beyond the HNRP document, this will inform more detailed operational planning and pre-agreement in the first quarter of 2024, including on funding, which will be necessary to guarantee the timely delivery of assistance.

Focus on Gu flood risk (March-June 2024)

Immediate inter-cluster focus is on reducing the anticipated humanitarian impact of *Gu* flooding as from March 2024. Sufficient forecast and EW data is available on flood risk in Somalia, enabling AA based on pre-agreed signals and triggers. According to available forecasts as at early December 2023 there is a 75 per cent likelihood of above-average *Gu* rains and flooding. Based on a review of flood impact data during the past 20 years⁵⁰, it is expected that least 770,000 people could be affected, particularly in March and April 2024, after which both El Niño and positive Indian Ocean Dipole conditions are expected to weaken. Activities benefitting cholera risk mitigation are embedded in flood related readiness and AA.

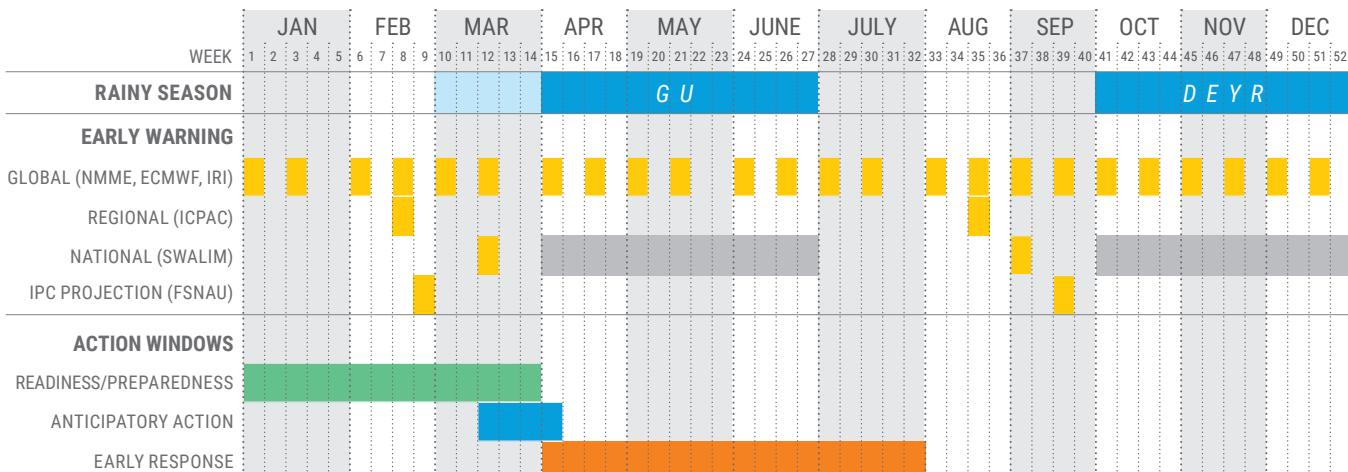
Linking readiness, AA and early response

Specific readiness, AA and early response activities have been prioritized at ICCG level, informed by an initial review of gaps in readiness and response during the 2023 *Deyr* floods. Considering the extremely short lead time for implementing AA ahead of flood impact (7-10 days), neither AA (pre-shock) nor early response (post-shock) are possible without ensuring adequate levels of readiness in January and February 2024.

High-risk areas and relation to 2024 PIN and targets

Based on historical impact of *Gu* flooding under similar conditions, high-risk areas⁵¹ have been identified and may guide geographical prioritization of readiness and AA. Identified EW indicators need to be monitored closely over the coming weeks to right-size geographic focus. Based on a mapping of high-flood risk areas against 2024 PiN, it is assumed that most people expected to be affected by floods in 2024 have already been identified as people in need in 2024, with proportions varying by district. In addition, a proportion of the population at flood risk in 2024 is currently or will receive assistance as part of the response to late-2023 *Deyr* flooding, with response implementation likely to last until the second quarter of 2024. There are therefore significant opportunities to strengthen operational readiness, risk education and community awareness as part of ongoing response efforts in flood-affected areas which will remain at high flood risk in 2024.⁵²

Gu flood risk in 2024: Opportunity windows for readiness, AA and early response



READINESS/PREPAREDNESS (PRE-SEASON, JANUARY-FEBRUARY 2024):

- EW approach: Review HCT support to EW and risk communication and community engagement (RCCE) ahead of the Gu floods:
 - content / local language adjustments, including review with communities
 - delivery channels (radio/SMS/community FPs/religious institutions)
 - modalities to reach remote communities, incl. identification/training of outreach volunteers
 - review coordination arrangements with authorities at all levels, including EW-based SOPs.
- Flood risk/impact forecasting and monitoring.
- Evacuation: Support authorities in reviewing the suitability of evacuation sites and clarify evacuation procedures/SOPs (e.g. transport support).
- HCT/ICCG internally, review arrangements and tools for rapid needs assessment, data-sharing, and coordination.
- Quick update to flood risk mapping of IDP sites, health facilities and cholera treatment centers (CTC).
- Rapid rehabilitation of water and sanitation facilities in evacuation centers, health and CTCs; provision of chlorination materials.
- Mapping of protection referral services, incl. for GBV survivors.
- Registration of (likely) target population, including for potential MPC distribution; verification of lists of people to be targeted.
- Procurement and prep-positioning (from central warehouses to district locations) of relief items (e.g. food, sandbags, shelter, sexual and reproductive health and GBV kits; jerry cans; animal feed; inflatable bladders; medicines and medical supplies/equipment such as cholera testing kits) and essential logistics (rubber boats, life jackets).
- Drainage of canals, rehabilitation/strengthening of critical flood defence infrastructure.



ANTICIPATORY ACTION (POST-TRIGGER, LIKELY 7-10 DAYS BEFORE ONSET OF FLOODING BY END-FEB/EARLY MARCH):

- Dissemination of EW messages.
- MPC distribution, contingent on market functionality, to allow HH to relocate and/or meet essential needs ahead of the floods.
- Flood protection (sandbags etc.) of critical service infrastructure (evacuation centres, health centres, CTCs), temporary removal of exposed infrastructure assets.
- HCT/ICCG internally, review arrangements and tools for rapid needs assessment, data-sharing, and coordination.
- Quick update to flood risk mapping of IDP sites, health facilities and cholera treatment centers (CTC).
- Rapid rehabilitation of water and sanitation facilities in evacuation centers, health and CTCs; provision of chlorination materials.
- Mapping of protection referral services, incl. for GBV survivors.
- Registration of (likely) target population, including for potential MPC distribution; verification of lists of people to be targeted.
- Procurement and prep-positioning (from central warehouses to district locations) of relief items (e.g. food, sandbags, shelter, SRH and GBV kits; jerry cans; animal feed; inflatable bladders; medicines and medical supplies/equipment such as cholera testing kits) and essential logistics (rubber boats, life jackets).
- Drainage of canals, rehabilitation/strengthening of critical flood defence infrastructure.



EARLY RESPONSE (POST-SHOCK/FLOODING):

- (Continued) MPC distribution.
- Distribution of relief items, incl. food (HEB/RTE) and kits (NFI, WASH, health, MHM, etc.)
- Water trucking, as logistically feasible
- Health care provision (incl. cholera, SAM treatment, etc.) through mobile/static teams/facilities.
- Rehabilitation of WASH facilities, health centers and CTCs.
- Oral cholera vaccine campaigns.
- Shelter construction.
- Deployment of RRTs and community health workers.
- Protection services (monitoring, referral, case management, safe spaces, MHPSS, etc.)
- Distribution of school materials.
- Provision of emergency agricultural and livestock inputs where feasible.

2.6 Multi-Purpose Cash Programming

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
3.9M	2.7M	\$70M	80
CONTACT PERSONS	Jessa M. Serna Coordinator, CWG		

Overview

24 districts across Somalia are categorized as in inter-sector need severity 4, with an estimated 3.8 million people in need in these areas. Cash Working Group (CWG) partners aim to reach 450,141 of the most vulnerable households (2.7 million people) across severity 4 districts, at a cost of US\$ 70 million. Requirements were established based on 2022 transfer values (TV) for Multi-Purpose Cash (MPC), ranging from \$90 to \$180 per household depending on the region. To ensure accurate targeting and avoid duplication, the CWG will coordinate closely with the principal sectors employing cash-based transfers (CBT), mainly the Food Security, WASH and Shelter Clusters, respectively, with the aim of ensuring complementarity and reducing gaps in coverage. Current target figures might be subject to change depending on an adjusted transfer value in coordination with key clusters.

The Federal Government of Somalia (FGS) and humanitarian actors have progressively increased the use of CBTs to support emergency response and specific sectoral outcomes. This includes integration in social safety net programming to address multiple needs. 2.75 million people (approximately 17 per cent of the population) were reached in 2021. The need for cash and voucher assistance has increased significantly since then.

Role of the cash working group (CWG)

The CWG's functions are as follows: (1) to lead an effective inter-agency cash coordination mechanism and provide operational and technical guidance to cash actors; (2) to share information and learning and support the implementation of CVA throughout the response; (3) to work closely with FGS, including state governments, to improve alignment of humanitarian cash programming with existing initiatives.

Multi-Purpose Cash Assistance (MPCA) strategy

In 2022/23, the CWG and stakeholders acknowledged the need to review the TV to i) conceptually build a more cohesive response under social protection schemes; ii) have a more harmonized and accurate TV representing the current market price/fluctuation for people to better meet the essential needs; and iii) have a ready to use emergency package to address multiple and sector specific essential needs. Upon identification of the revised MPCA TV in coordination with sectors, a review of the ongoing transfers among acting agencies will be conducted to better meet needs. The CWG and stakeholders agreed that this review will be conducted through secondary data comparative analysis. A gap analysis is planned for the first half of 2024. The CWG will use the Somali Household Budget Survey dataset (SHBS) by the SNBS/World Bank for income and expenditure analysis to estimate regional-level household gaps. If insufficient, the CWG may conduct a dedicated household budget and expenditure survey at regional level to inform income gap analysis.

While the decision to deliver food and/or cash depends on a combination of factors, designing a response inclusive of MPCAs requires a more comprehensive approach to feasibility assessments, gap analysis, and rapid assessments to identify needs of the most vulnerable population groups in crisis-affected areas. MPCAs will be the first line of response, with CWG partners targeting the most vulnerable population groups in the 24 districts in inter-sector severity 4, as informed by i) gap analysis conducted; ii) adjusted minimum thresholds based on the minimal expenditure basket (MEB) to cover essential needs; iii) context and response specific vulnerability criteria; and iv) CCCM-consolidated beneficiary lists of newly displaced populations (if applicable), with priority placed on households in severity 4 districts. Recognizing that marginalized groups and individuals face additional barriers to access and are at heightened risk of protection risks, CWG partners will ensure inclusive and vulnerability-sensitive cash programming for all marginalized groups.

Response priorities and coordination with clusters (Integrated Response)

CWG partners will closely coordinate with clusters to reduce overlap, enhance complementarity, including via i) field coordination through established S-ICCGs and with government authorities; ii) regular response

reporting on populations assisted and remaining gaps; iii) referrals to specific sectors and assistance required, including on protection concerns; iv) an agreed targeting framework; and v) key messaging, community engagement, and transparent information sharing.

Quality and inclusive programming

To strengthen AAP, CWG partners will implement the following:

- Capacity building of sub-national CWGs
- Strengthen coordination with key stakeholders (Clusters, Government, others)
- Development of harmonized tools, including for market analysis and joint market/price monitoring
- Incorporation of community feedback in response design and implementation
- Coordinated referral pathways, including for people facing heightened protection risk
- Regular project monitoring/PDM and response reporting on reach and gaps
- Sharing of information and lessons learned
- Market and price monitoring (JMMI) and cash dashboard.
- Development and application of exit strategies to transition from humanitarian cash assistance to social protection and safety nets, where applicable.

2.7 Cost of the response

In late 2022, the Somalia HCT introduced unit-based costing to enhance transparency and bolster the credibility of the HRP. An improvement to the 2023 approach included the HCT's consensus on utilizing standard inflation costs endorsed by the World Bank to mitigate some of the discrepancies encountered in 2023. As in 2023, the costing process entailed cluster partners reviewing activities aligned with Strategic Objectives and cluster objectives, and establishing targets for each activity. Units of measurements from 2023 have broadly been retained, with necessary refinements made to costs per unit, factoring in inflation and/or other increases linked to logistics

costs, for example. Total costs per cluster are derived by multiplying the unit cost by the number of units.

Total 2024 HNRP financial requirements decreased by about 40 per cent compared to 2023, from US\$42.6 billion to US\$1.6 billion. This decrease is explained by several factors, including a slight (17 per cent) decrease in PIN, more robust boundary-setting for the response (programmatic exclusion of resilience, non-emergency livelihood and durable solutions support) and stricter targeting principles (concentration of Cluster targeting in sectoral need severity 4 and 5; capping of Cluster targets at maximum 80 per cent of PIN at district level).

Of total requirements, 65 per cent are planned for implementing life-saving activities under Strategic Objective 1; 30 per cent for critical livelihood and basic services under Strategic Objective 2; and 5 per cent for protection activities under Strategic Objective 3.

Consult Part 3 for more detailed information on cost drivers by cluster as well as the detailed breakdown of [2024 activity costs by cluster](#).

2.8 Monitoring

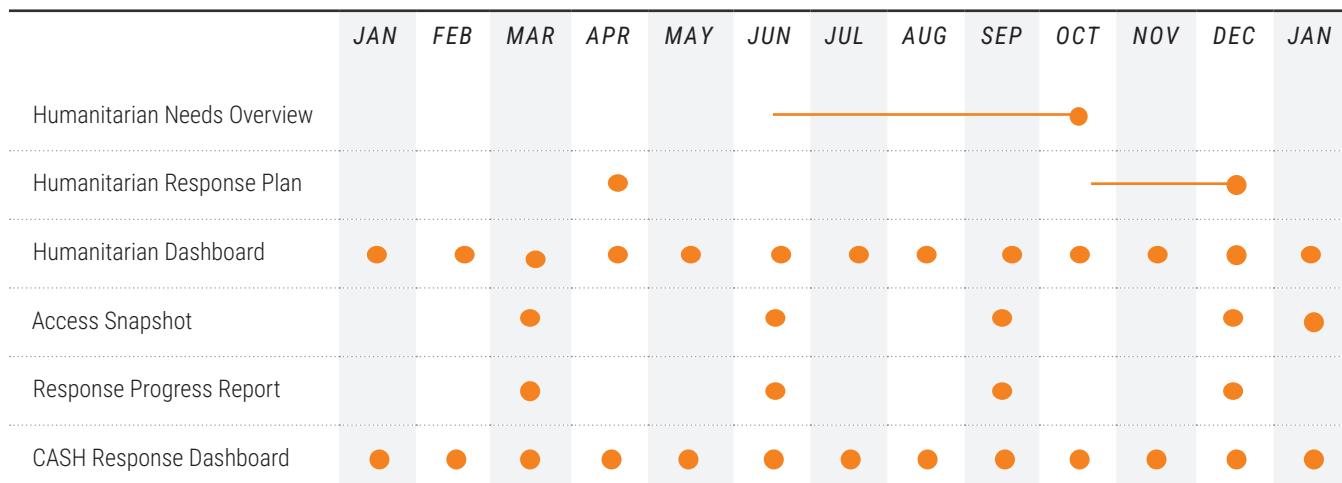
A comprehensive approach to monitoring key situation and needs indicators, identified risks, as well as response progress and gaps will be enhanced in 2024.

- Situation and Needs:** This will include monitoring key indicators which speak to trends in humanitarian needs, for example, changes in IPC levels of food insecurity and malnutrition, displacement flows, and key trends in community feedback obtained. Significant context changes will trigger more detailed needs assessments and operational response adjustments.
- Risks:** The timely implementation of readiness, anticipatory action and early response measures which are integrated in this HNRP will depend on closely monitoring key risk and early warning indicators, and on taking swift HCT action in coordination with the authorities. Datasets to monitor include both seasonal (long-term) and

short-term meteorological forecasts, which for example will inform decision on initiating anticipatory action ahead of possible *Gu* flooding and subsequent early response in March/April 2024.

- Response progress and results:** OCHA, through the Information Management Working Group (IMWG), consolidates monthly Cluster response monitoring (output level). This informs rolling inter-sectoral reach and gap analysis for HCT review, for example to determine response adjustments required to improve operational reach in prioritized districts. The methodology for inter-sector reach and gap reporting will be adjusted in 2024 to ensure greater consistency between key sectoral indicators driving inter-sector PIN, target and reach at district level. Wherever possible, outcome-level reporting against 2024 targets for Strategic Objectives will be undertaken.

Timeline for analysis, planning and monitoring products



INTEGRATED MONITORING FRAMEWORK

CONTEXT AND NEEDS	Frequency	Source (with links)
% change in the population living in 'crisis' (3) and 'emergency' food insecurity and malnutrition as per Integrated Phase Classification (IPC)	February (post-Deyr 2023) and September (post-Gu 2024)	FAO FSNAU
% of children under five with Global Acute Malnutrition (GAM)		
# of civilian population newly displaced by conflict or natural hazards	monthly	IOM DTM, UNHCR PRMN
Key concerns raised by communities regarding the timeliness, content and information needs regarding humanitarian assistance (qualitative)	continuous	CEA TF

RISKS (FLOODS AND DROUGHT)		
Seasonal precipitation and temperature forecasts (up to 6 months lead time)	monthly	ECMWF, IRI, NOAA, IGAD-ICPAC (seasonal)
Short-term meteorological forecasts (1 week - 1 month lead time)	weekly and daily	IGAD-ICPAC (monthly weekly), SWALIM
River level monitoring (during the Gu and Deyr rainy seasons)	daily	SWALIM

RESPONSE	In need	Target	Frequency	Source
Strategic Objective 1	% reduction in the number of people facing severe food insecurity by end-2024	4.3M	2.4M (44% reduction)	monthly
Strategic Objective 2	% of people in need with sustainable access to safe water services in targeted settlements and communities	6.6M	2M (30% coverage)	monthly
Strategic Objective 3	% of targeted women, girls and boys in conflict affected/hard to reach areas provided with risk mitigation and prevention interventions to address gender-based violence	864KK	605K (70% coverage)	monthly

Part 3: Needs and Response by Cluster

BAIDOA, SOMALIA

Flooding in a site of displaced people in Baidoa, South West State, during the heavy rains and floods of October 2023.

Photo: OCHA/Ayub Ahmed

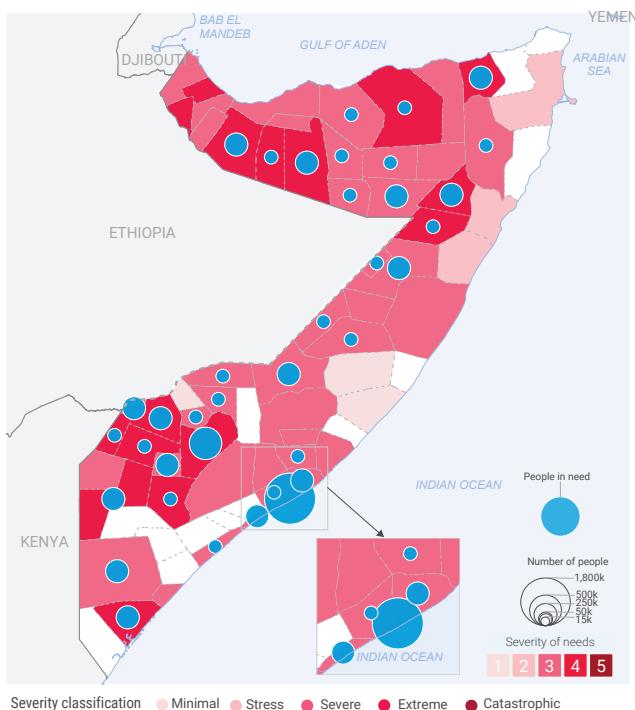


3.1 Camp Coordination and Camp Management

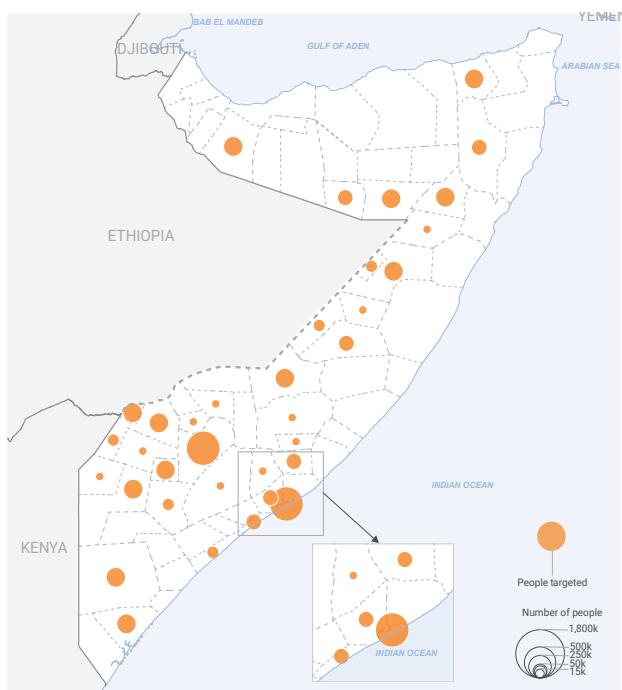


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
3.9M	2.7M	\$61M	20

Sectoral severity and of people in need



People targeted



Trends in sectoral needs

Somalia continues to face conflict, insecurity and climatic shocks that exacerbate displacement. As per the Protection Response and Monitoring Network (PRMN), more than 2.9 million people were internally displaced in Somalia in 2023. The CCCM Cluster's New Arrivals Tracker (NAT) 2.0, recorded nearly one million IDPs entering CCCM-managed sites in the course of 2023. The overall displaced population is more than 3.8 million in Somalia.

The majority of the displaced population lives in unplanned and self-settled IDP sites in rural and peri-urban areas, with at least 81 per cent of the sites located on privately owned land as per the CCCM/Reach Detailed Site Assessment (DSA) 2022/23 data

analysis. Further, a large percentage of IDP sites in Somalia are precariously located in either drought or flood-prone areas and in congested sites, leading to challenges in the provision of services such as WASH, site decongestion, and shelter provision.

The prevailing weak land tenure systems further exacerbate the stresses affecting displaced people and in particular adversely affect women, elderly, children, People with Disability (PWD), and minorities in sites by hindering equitable access to services and assistance.

In 2024, the CCCM Cluster will continue to target sites across 35 districts where CCCM has a physical partner presence. The cluster plans to target a total of 2.7 million people across IDP sites in Somalia with CCCM activities including; engaging with the

affected populations to ensure that their needs are met through protection mainstreaming activities, including complaint response and feedback mechanism, information awareness, NAT registration to enhance targeting of assistance to affected population, provision of site maintenance activities for reconstruction efforts following site damages caused by 2023 floods, coordination of site activities, service mapping and monitoring to address service gaps across IDP sites alongside other CCCM mechanisms to enhance service and assistance to affected population across IDP sites in Somalia.

Response priorities and cross-sectoral coordination (Integrated Response)

CCCM will rely on the best practices of 2023 and previous years in planning for a more focused response utilizing CCCM site assessment analysis and information management tools. The site prioritization matrix developed through the DSA would be utilized to enable the identification of sites with extreme needs, to ensure that the cluster can advocate for service delivery across most in-need IDP sites. The CCCM Cluster will continue to highlight the sites affected by recent floods and conflict-induced displacements. As highlighted in the Post Distribution Aid Diversion (PDAD) action responses, the CCCM Cluster will focus on improved communication with communities in its service delivery to ensure that displaced people's rights and humanitarian principles are adhered to.

Tools such as satisfaction surveys which enable affected communities to report on cluster performance directly will be applied to focus on those with higher severity needs and maintain a community-centered approach.

The expansion of existing IDP sites, the creation of new sites and the further reduction of financial resources in 2023 continue to highlight the critical need for stronger CCCM-guided area-based response in 2024. The CCCM Cluster will enhance the identification of service gaps and needs. The CCCM Cluster will strengthen its presence in sites and increase inter-cluster collaboration, local authorities' and partners' awareness and capacity in camp

management, humanitarian principles, and the rights of displaced people.

Establishing effective camp management, identification of suitable land, and integrated response projects will enable convergence and coverage of the same geographical sites and a better comprehensive response to the targeted IDP population while limiting duplication and overlapping of the responses.

The inter-cluster nature of the CCCM response positions the cluster in both integrated response and nexus programming. As such, CCCM data management will be more influential in identifying IDP sites that should be prioritized for durable solutions or development activities utilizing an evidence base methodology.

Quality and inclusive programming

In 2023, CCCM crystalized the highlighting of needs and inclusion as a main theme in CCCM strategy. This will continue in 2024 through enhancing community engagement via an accessible complaint feedback mechanism -Zite Manager as well as collaborating with other CFM mechanisms such as the Inter-Agency Complaint and Feedback Mechanism (ICFM) in the Somalia response.

The Cluster will provide protection referrals to the identified humanitarian needs to address and mitigate protection risks. MUAC screening will be undertaken in CCCM-managed sites to expedite SAM/MAM referrals to nutrition partners. Safety audits will remain a focus of CCCM activities for inclusion as a conduit of concrete actions derived from the safety audits for enhancing protection, especially of women and girls on sites. Community engagement will systematically be carried out prior to CCCM site interventions to ensure ownership and community management of CCCM activities.

The CCCM Cluster will continue to focus its programming based on age, gender, and diversity lens, ensuring community participation and inclusion of minority groups, women, boys, girls, youth, elderly, PWD, and other categories of community members. CCCM partners will enhance the engagement of

persons with disabilities for awareness raising, access to information and their inclusion in decision-making processes during humanitarian responses. The cluster will apply IASC guidelines on inclusion of persons with disabilities and coordinate with the Disability Inclusion Working Group to strengthen the capacity of CCCM partners regarding inclusive humanitarian action.

Cost of response

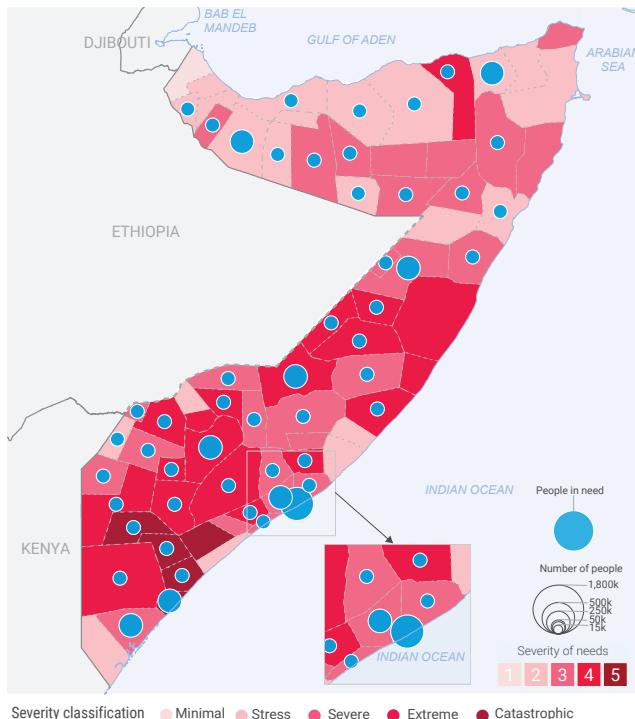
The Cluster will require a total of \$61 million in funding to provide essential CCCM support to a total of 2.7 million beneficiaries in IDP sites. The response cost for CCCM utilizes an average cost per beneficiary of \$22.6 as analyzed through 2023 programming in addition to inflation costs. Primary cost drivers for CCCM

activities are site improvement and site decongestion activities which involve the procurement of toolkits and equipment in addition to payments for IDP beneficiary daily laborer. Furthermore, the cost of the response in site maintenance activities is anticipated to increase in 2024 for rebuilding and reconstruction of site infrastructure based on the infrastructure damage caused during the 2023 Deyr rains and floods across Somalia. Capacity building exercises and CCCM partner-led workshops such as camp management committee (CMC) training, safety audit assessments, community engagement and awareness, CFM and CCCM training to local authorities, among other CCCM activities, feature as secondary cost drivers for CCCM operations.

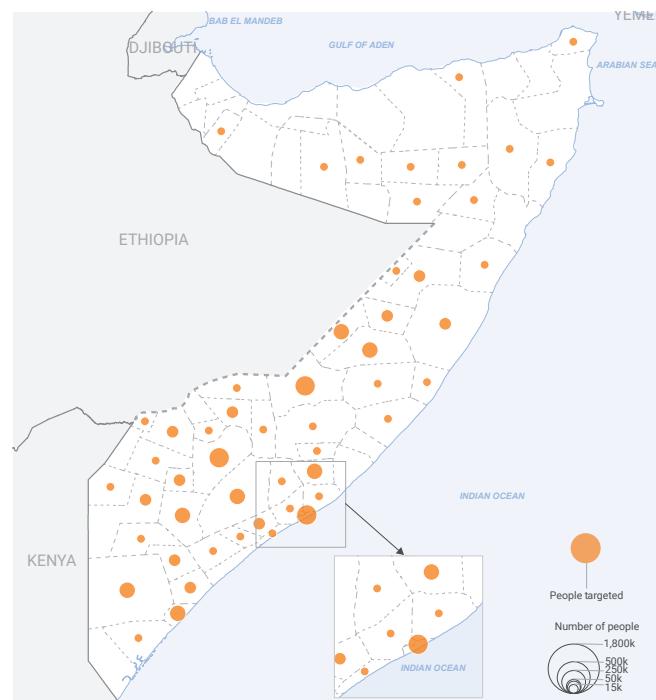
3.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
2.4M	898k	\$68M	40

Sectoral severity and people in need



People targeted



Trends in sectoral needs

The Gross Enrolment Rate (GER) in Somalia is estimated to be 31 per cent (28 per cent female) for primary education and 23 per cent (19 per cent female) for secondary education (Joint Review of the Education Sector Report, 2023). However, the Multi-Sectoral Needs Assessment paints a more optimistic picture, with an overall enrolment rate of 48 per cent (47 per cent female) as a national average, up from 35 per cent in 2022. However, both the MSNA and JRES Report show significant disparities in enrolment rates between districts and between displaced and non-displaced populations. As per the above figures, it is therefore projected for 2024 that between 3.6 million and 4.9 million school-aged children in Somalia will not have access to formal education and that nearly 2.4 million school-aged children will require humanitarian assistance to enable them to begin, return to, or remain in school. As in previous years, the main driver for school dropout and non-enrolment in Somalia is the financial cost of sending a child to school, with displaced communities significantly and disproportionately affected.

Looking ahead to 2024, it is anticipated that humanitarian conditions will improve in some areas of the country, providing additional opportunities for children to return to or remain in learning; however, access to education, as well as the quality of the learning environment, is anticipated to remain vastly inequitable across various population groups, with displaced and/or conflict-affected children, children living in rural areas, adolescents, and children with disabilities seeing proportionally smaller gains in accessing education and being significantly less likely to have the necessary materials for classroom learning. Further, children living in flood-prone districts are likely to have their education disrupted during the rainy season, with some children never returning to school thereafter.

Response priorities and cross-sectoral coordination (Integrated Response)

The Education Cluster will take a more strategically focused approach to humanitarian response in 2024.

Of the 897,951 girls, boys, and teachers who will be targeted with Education in Emergencies support, 718,386 (80 per cent) reside in the twenty-four districts with the most fragile education conditions.

In 2024, the Education Cluster's overall objective is to provide the most vulnerable school-aged girls and boys living through a humanitarian crisis, including adolescents, children with disabilities, and children newly displaced by crisis, with a safe and protective learning environment that promotes their overall wellbeing through the provision of safe drinking water, nutritious food, sanitation facilities, and child protection services while simultaneously protecting children's right to quality education and their continuity of learning. To achieve this objective, the Education Cluster has introduced for 2024 a minimum package of assistance, monitored monthly, which reflects a grouping of complementary education activities as well as water, sanitation, and child protection interventions to be delivered concurrently for maximum impact.

Quality and inclusive programming

The Education Cluster incorporates AAP throughout all stages of the Humanitarian Programme Cycle, from needs assessments through to strategic programme design, implementation, and monitoring and evaluation. In conducting the 2024, large-scale Joint Education Needs Assessment (JENA), an estimated 8,000 individuals will be interviewed, of whom at least half will be women and girls, including heads of household; more than 10 per cent of participants will be children of a suitable age; and more than 5 per cent will include a caregiver of a child living with a disability. The JENA is therefore anticipated to capture the very disparate experiences various populations have of accessing quality learning opportunities in Somalia and will provide nuanced guidance for an Education in Emergencies prioritized response that will meet the specific requirements of the most vulnerable girls and boys in Somalia. The Education Cluster also solicits direct community feedback on programme quality and relevance during implementation through school-level reporting. Finally, Education Cluster partners are expected to be fully informed on PSEA policies and empowered to prevent, stop, and report such

gross abuses of power by humanitarian actors and affiliated personnel, and to ensure any person who is subject to such abuse is immediately referred for appropriate support.

Cost of response

For 2024, the Education Cluster has prioritized the most cost-effective and impactful education in emergency activities, thereby reducing the cost per child per year to \$74. For budget precision, each HRP Education in Emergencies activity has been costed, and a target for that activity has been assigned

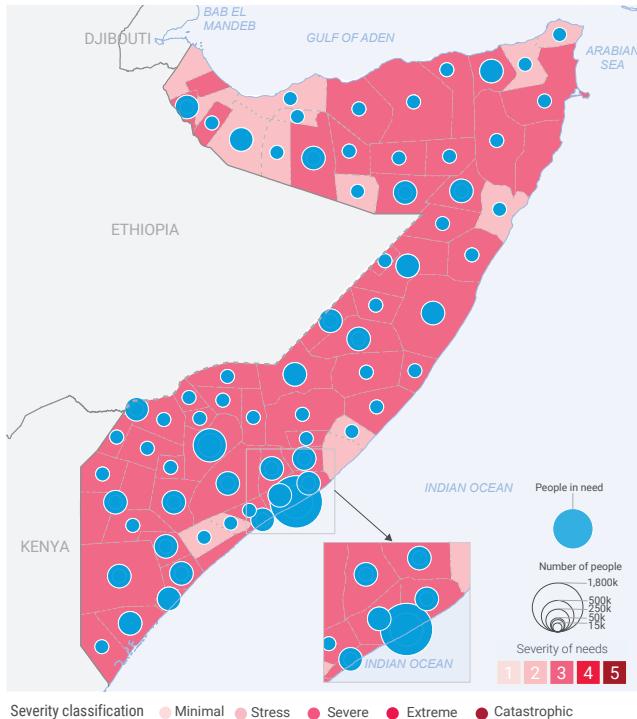
to each district. As per the cluster's prioritization and aligned to the newly established package of minimum assistance, the following three activities together account for just over half of the total 2024 Education Cluster financial requirement: temporary classrooms/classroom repair; rehabilitation of existing latrines/construction of emergency latrines (gender segregated and accessible); and provision of individual learning supplies.

3.3 Food Security

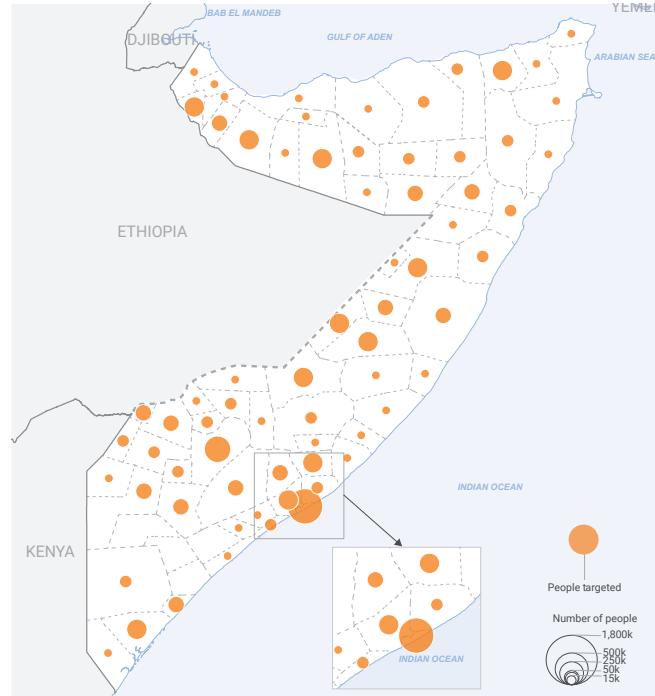


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
4.3M	2.7M	\$560M	256

Sectoral severity and people in need



People targeted



Trends in sectoral needs

Despite the positive impact provided by the 2023 *Gu* rains and sustained humanitarian assistance, the levels of acute food insecurity remain high in Somalia with 4.3 million people facing IPC Phase 3 or worse outcomes between October to December 2023. In terms of evolution of needs, the number of people facing severe food insecurity in December 2023 has decreased by 36 per cent compared to December 2022.

In 2024, acute food insecurity is projected to persist driven by the lingering impacts of the 2020 -2023 prolonged drought, the adverse impact of El Niño flooding and other contributing factors⁵³ that will continue to exacerbate needs. Population groups of concern include newly displaced persons such as flood displaced⁵⁴ and vulnerable agro-pastoral communities. Newly displaced persons face deplorable conditions due to limited livelihood assets, few income-earning opportunities, low access to social support systems and a high reliance on humanitarian assistance while vulnerable agro-pastoralists have eroded livelihood assets due to the 2020 -2023 prolonged drought, adverse impact of El Niño flooding, and other compounding shocks limiting coping capacity.

The needs of the agropastoral communities living in the areas affected by *Deyr* flooding including those households who have missed the *Deyr* season cropping activities and income from agricultural labour are expected to remain elevated during the first quarter of 2024. In agropastoral areas, the benefits of above-average *Deyr* season rainfall have been offset by delayed cropping activities and reduced agricultural labor opportunities due *Deyr* flooding. Household cereal stocks from the below average 2023 *Gu* season harvest have already been depleted or were lost during the flooding. Vulnerable households' livestock holdings are expected to remain below baseline levels due to the extended impact of previous droughts, limited herd sizes, and insufficient income from livestock and milk sales to purchase adequate food. Any improved livestock conditions and value, and increased access to milk consumption and sales are not sufficient to offset the crop-related negative impact of El Niño flooding.

Response priorities and cross-sectoral coordination (Integrated Response)

Food Security Cluster (FSC) partners will ensure a prioritized and more focused response by targeting 2.74 million people facing severe food insecurity with various forms of emergency lifesaving and time-sensitive food security interventions. Key cluster activities will include unconditional food and cash assistance, conditional cash transfers, and cash+ time-sensitive emergency agriculture, livestock, and fisheries inputs to ensure immediate availability and access to food. Cash+ activities will enable vulnerable households to get back into production, sustain animal health, and avert further livelihood assets depletion. Other FSC assistance include urgent time-sensitive and season dependent interventions through the provision of emergency agriculture, emergency livestock and emergency fisheries inputs to increase local food production and availability.

FSC partners will deliver humanitarian food, cash, and time-sensitive season dependent assistance based on geographical and population prioritization. Assistance to the most food-insecure locations (including conflict and flood affected locations) where needs are most severe, and to the most vulnerable population groups will be prioritized in line with the food security vulnerability framework. Population groups such as newly displaced people, households with acute malnourished children and pregnant and lactating women, vulnerability referrals related to protection and marginalized communities with minority affiliation, and agropastoral households with high dependency burden who have repeatedly lost their crops and livestock assets will be prioritized for humanitarian assistance.

FSC partners will strengthen the identification, targeting and verification of target beneficiaries to mitigate any potential PDAD. A shift in approach from "no regrets and status-based assistance" to proper identification and targeting of those in need based on an elaborate vulnerability framework (registration and verification) will strengthen de-duplication and accountability while maximizing efficiencies. FSC partners will enhance common post-distribution monitoring (PDM) to generate information on the

process, impact and programmatic issues requiring attention and course correction during implementation.

FSC partners will continue to take part in the scaling up of integrated response at subnational level through enhanced area-based coordination with shared leadership of NGOs and relevant government ministries. This will include enhanced engagement through the Integrated Response Framework (IRF), the joint tri-cluster (CCCM, FSC and Protection Clusters) protection referral system that will prioritize sites pre-dominantly inhabited by groups at risk of exclusion, and the referral of key groups at highest risk to FSC, and joint multi-cluster assessments utilizing the food security vulnerability framework to inform the evolving context, needs, gaps and response priorities. FSC partners will also be part of the Inter-agency Complaint and Feedback Mechanism (ICFM) that will ease the referral processes and provide basic community information consultation, including inclusion of marginalized groups and the barriers that they face. FSC partners will also ensure that registration data is shared amongst partners as per the existing data sharing agreements to facilitate cross-checking of lists for deduplication of assistance.

Quality and inclusive programming

FSC partners will implement activities in non-discriminatory and impartial ways that promote safety, dignity and integrity of the people receiving assistance and avoid, minimize, or reduce any unintended negative impacts by commitment to a 'do no harm' conflict sensitive approach to programming. Cluster partners will mainstream gender, protection, and inclusion in their programming to ensure quality and equity of assistance and services for all vulnerable groups, including minority groups, female headed households, pregnant and lactating women, PWDs, older people etc. Partner activities will ensure gender, age and disability responsiveness to respond to the distinct needs and situations of women, girls, boys and men, older people and people with disabilities by applying gender analysis using SADDD.

Targeting criteria will be aligned to the food security vulnerability framework and other vulnerability criteria including SADDD. In close collaboration with the protection cluster, FSC partners will identify threats and address, mitigate, or reduce key protection risks in food security and livelihoods programmes. The most vulnerable households will be identified and prioritized while ensuring men, women, PWDs and other high priority groups have equal and fair access to assistance, and locations of distribution points are jointly preferred and safe. FSC partners will enhance effective engagement and consultation with communities to understand their needs and preferences, and provide a formal, functioning, and effective community feedback mechanism. The choice of delivery mechanisms or modalities of assistance will be based on an assessment of options and consultation with beneficiaries. FSC partners will continue to provide clear and appropriate information to beneficiaries regarding their entitlements, redress measures for aid diversion through relevant anonymized community complaints and feedback mechanisms utilizing multiple channels, including radio, in-person briefings, and phone voice messages.

Cost of response

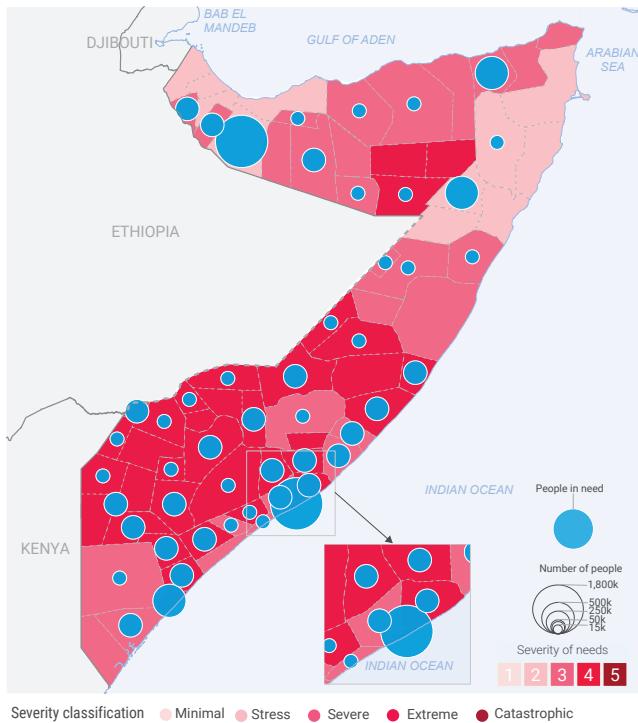
FSC requirements of US\$560 million costs are based on a full cost recovery model that includes service fees for delivering cash transfers, procurement costs for in-kind food rations and emergency agricultural, livestock or fisheries inputs, as well as costs related to security, port charges, warehousing, transportation, distribution, and monitoring. Access and logistical constraints in hard-to-reach areas, and additional costs for enhanced monitoring during distribution and post distribution to prevent and mitigate the risk of aid diversion increase operational costs. Choice of modality will be rooted in in-depth market assessments and community consultation to minimize operational costs and improve the effectiveness, efficiency, and timely delivery.



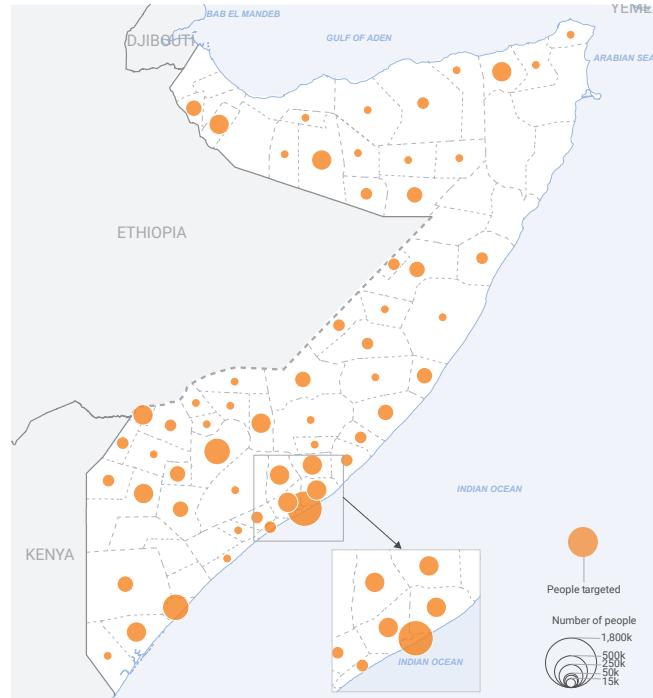
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
6.6M	3.8M	\$122M	55

Sectoral severity and people in need



People targeted



Trends in sectoral needs

Availability and accessibility to health services for people affected by crisis is expected to reduce with donors indicating reduced funding availability in 2024. Development funding, including the implementation of a recent World Bank funded 'Improving Healthcare Services in Somalia Project'⁵⁵, covers less than 20 per cent of functional health facilities in selected regions in Somalia. The remaining public health facilities continue to depend on short-term humanitarian funding and service provision by Health Cluster partners as the operational capacity of the ministries of health to deliver health services remains extremely limited.

Multiple, frequent, and concurrent disease outbreaks on top of protracted conflict and extreme weather conditions continue to threaten the health and the lives of the crisis-affected populations of Somalia. In addition to the 2020-2023 prolonged drought and the resultant food insecurity, flooding due to El Niño in the last quarter of 2023 disrupted health infrastructure and service provision. Extreme rainfall and flooding are expected to continue in 2024 and WHO's Public Health Situation Analysis^{56, 57} identified additional health threats in 2024, including potential outbreaks of vector borne diseases like malaria, dengue fever, chikungunya, and Rift Valley Fever, pregnancy related complications and disruption in BEmONC and CEmONC services. There is a high risk that the ongoing disease outbreaks of cholera and measles will increase

and spread further into new geographical areas. Alerts of vaccine preventable diseases like whooping cough and diphtheria increased in the last quarter of 2023 demonstrating insufficient coverage of vaccination services in the country. Polio remains a high risk in Somalia with five reported cVDPV2 cases in 2023; the date of onset of the most recent case from the Baidoa district was on 16 September 2023.

The 2023 MSNA confirmed once again that most women delivered their babies at home; only 42 per cent reported to have delivered in a private or public health facility. The main reason provided was the absence of a functional health facility or maternity ward nearby.⁵⁸ The most vulnerable tend to be women and adolescent girls with disabilities and those displaced in hard-to-reach areas.

Response priorities and cross-sectoral coordination (Integrated Response)

The Health Cluster partners will prioritize service delivery to the most vulnerable among the affected communities with a focus on children and pregnant women in newly established sites for displaced people, newly recovered areas, and residents in rural and hard to reach areas. The Health Cluster will focus on lifesaving interventions to populations affected by floods, conflict and disease outbreaks and increase access by providing health services as close as possible to the affected populations, guided by globally-approved approaches such as the Minimum Initial Service Package (MISP) for Reproductive Health. Referral pathways will be strengthened to ensure access to essential health services needed for pregnant women, malnourished children with complications and survivors of gender based and sexual violence. Prevention and response to outbreaks of diseases will be achieved by early detection and early treatment of infected patients. Activities will include strengthened surveillance of epidemic prone diseases, rapid field and laboratory investigation of alerts and case management of diseases in the community and health facilities. Prevention services include measles vaccination, oral cholera vaccination for population in cholera hotspot areas, micronutrient supplementation of children, pregnant and lactating women, promotion of breastfeeding and family

planning, vitamin A supplementation, deworming of children and promotion of kangaroo care for premature and underweight babies.

The Health Cluster aims to provide a comprehensive health service package as defined in the Essential Package of Health Services 2020 guideline of the Ministry of Health (MoH)⁵⁹, including maternal and newborn care, mental health and psychosocial services and trauma care for victims of violence. Inter-cluster coordination will continue with the aim to deliver comprehensive humanitarian services at the same place, at the same time to the same people among especially the Health, WASH, Nutrition and Protection clusters, including other cluster services where possible.

The Health Cluster will work closely with the MoH to ensure joint coordinated responses and alignment of response provided by development partners such as the World Bank through the Federal and State ministries of health.

Quality and inclusive programming

The Health Cluster will continue to provide technical guidance and support to partners to ensure prevention of sexual exploitation and abuse. Cluster partners will continue to raise awareness of the toll-free LOOP 2023 phone number to the population in need. Referral pathways for assistance for survivors of sexual violence, exploitation and abuse will be continuously updated and shared among cluster members. The Health Cluster team will promptly provide feedback to questions and concerns raised on health and health service delivery by Radio Ergo listeners and other emerging community feedback mechanisms.

The Health Cluster promotes the hiring and training of female community healthcare workers and strongly encourages Health Cluster partners to have gender balanced teams at all levels in their organizations. Partners are continuously reminded of the need to adapt service provision to ensure access is guaranteed to all, including those with a disability or other limiting factors, for example by removing infrastructural barriers and strengthening the provision of assistive devices within essential health care services. The Health Cluster continues to provide support to partners

to collect and disseminate disease risk communication material adapted to the specific needs of different population groups considering literacy levels and locally used languages. The Health Cluster will adopt strategies to ensure the elimination/reduce exclusion of women and adolescent girls from minority clans and those living with disabilities.

Continuous mapping of health service delivery with the support of the newly established WHO GIS centre enhances the capacity to recognize gaps and avoid duplication of service delivery.

Cost of response

Apart from the national Health Cluster team, sub-national and area-based coordination continues to be critical for integrated quality responses. Dedicated

staff at national, state and regional levels is needed to coordinate between Health Cluster partners and national, state and regional ministries of health. The funding needed for coordination is a small fraction of the overall Health Cluster estimated budget for 2024 but a critical element for success.

The estimated budget needs for 2024 could increase dramatically if disease outbreaks are not detected as they emerge; disease surveillance and rapid response will be critical to save lives and avoid high costs of responding to the highly likely disease outbreaks that might occur in 2024.

3.5 Logistics



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
N/A	N/A	\$35M	102

Trends in sectoral needs

Humanitarian operations in Somalia face significant logistical challenges. According to the World Bank (2022), out of the 21,830 kilometres of roads in Somalia, only 2,860 kilometres are estimated to be paved (13 per cent). Most of this paved infrastructure is reportedly in poor or very poor condition. Only 31.2 per cent of the rural population has access to all-season roads, leaving the majority without reliable connectivity. Compounding these challenges, Deyr floods in 2023 have inflicted extensive damage on critical transport infrastructure in Jubaland, South-West, and Hirshabelle State. The predicament is anticipated to intensify in 2024 due to the expectation of more rainfall. Somalia's two rainy seasons (between April and June and between October and December) render most airstrips in Somalia inaccessible to fixed-wing aircraft, and

vital overland supply routes remain closed. Critical bridges, essential for maintaining primary access routes, are washed away or submerged, exacerbating connectivity challenges. Disruptions in commercial resupply lead to heightened fuel and market prices. Simultaneously, humanitarian logistics operations are consistently affected by persistent security challenges stemming from non-state armed groups that continue to impede cargo deliveries and the safety of air passenger flights. The anticipated ATMIS withdrawal in 2024 introduces an additional layer of uncertainty, necessitating strategic logistics planning. Furthermore, the imminent risk of cholera intensifies the pressure on logistics operations, demanding swift transport of medical supplies and resource allocation to strengthen logistics assets for an effective response. The ongoing closure of the Kenyan-Somalian border and prolonged customs clearance delays for humanitarian cargo further compound these challenges, placing Somalia

among the three countries in the world with the lowest Logistics Performance Index (World Bank, 2023). In navigating these multifaceted challenges, vigilant monitoring and adaptive response strategies emerge as imperative for success.

Response priorities and cross-sectoral coordination (Integrated Response)

To address these challenges in 2024, the Logistics Cluster and UNHAS will continue to support the humanitarian and development community in Somalia. This support encompasses logistics coordination, information management, common services (cargo transport via road, sea, and air), and passenger air services, with a specific focus on priority regions like Juba, South-West, and Shabelle State where humanitarian access is more difficult. A combination of both fixed wing and specialized air assets will be utilized to transport humanitarian cargo and passengers to hard-to-reach and inaccessible areas not served by UNDSS approved air carriers. As a last resort, the Logistics Cluster will extend its support to the humanitarian community through road and sea transport. In addition to these efforts, the Logistics Cluster will facilitate the reopening of the Somalia-Kenyan border and the continuous strengthening of import and customs clearance procedures for humanitarian cargo. Regular coordination meetings at the national and sub-national levels will facilitate streamlined logistics information sharing, and the Logistics Cluster will continue to develop and disseminate crucial logistics IM products. Moreover, the Logistics Cluster will enhance the logistics capacities of the humanitarian community through tailored trainings, emergency simulations, and the sharing of best practices. In the realm of air transportation, the Logistics Cluster will continue to facilitate partners' access to air cargo, with UNHAS managing the air assets to ensure the safe and timely delivery of life-saving cargo. Moreover, UNHAS, with its diversified fleet of five passenger aircraft strategically positioned in Nairobi, Mogadishu, and Hargeisa, will also continue its commitment to facilitating passenger air travel, responding to medical evacuations and security relocations to and from 15 regular destinations, in addition to any ad-hoc destinations. The service maintains operational

flexibility to meet future demands, reinforcing security protocols and monitoring resource optimization.

Quality and Inclusive Programming

The Logistics Cluster and UNHAS will monitor its ability to meet partners' needs and track cargo movement through appropriate tracking and reporting systems. Regular national and subnational Cluster coordination meetings will facilitate information sharing and the identification of operational gaps. End-of-year surveys will assess partner satisfaction. The Logistics Cluster's strategy and action plan for 2024 will be further informed by the 2023 end-year survey and the ongoing Gaps and Needs Analysis (GNA). Additionally, UNHAS will monitor passenger and air cargo transport needs through its routine user group meetings and the UNHAS Board of Directors meetings. These meetings will be complemented by two satisfaction surveys: the Passenger Satisfaction Survey and the provision of Access Satisfaction Survey to reform flexible flight schedules for future demands.

Cost of Response

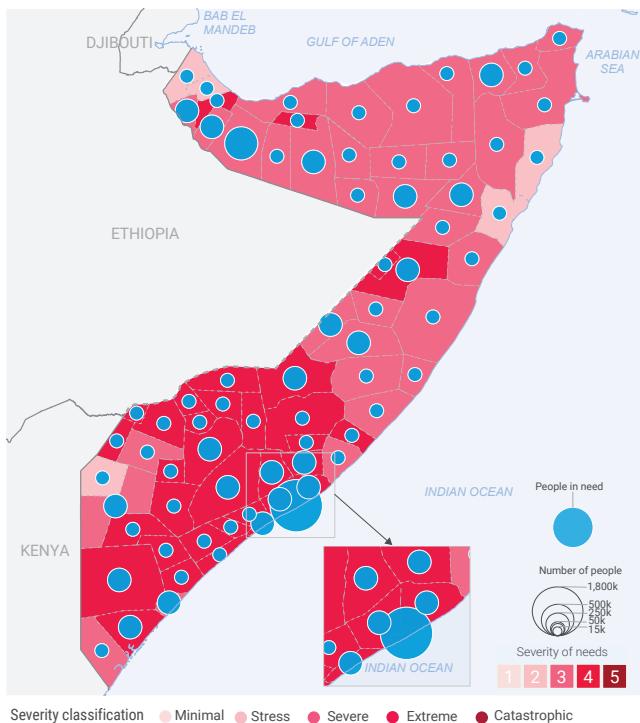
The Logistics Cluster and UNHAS response planned for 2024 require \$35 million. The main cost drivers for UNHAS (\$19.8 million) stem from the need to ensure the uninterrupted provision of air passenger services to the entire humanitarian community in Somalia and from heightened demand for humanitarian assistance, especially in areas where insecurity in combination with flooding have compounded access challenges. Despite achieving significant milestones in logistics accessibility in 2023, the continual degradation of logistics infrastructure, and access challenges due to conflict, along with the anticipated ATMIS withdrawal in 2024, have and will further impede the seamless flow of humanitarian supplies in the country. Given these conditions, there is a need to rely on the continued use of specialized air assets and fixed-wing aircraft to provide cargo transport support to the humanitarian community.

3.6 Nutrition

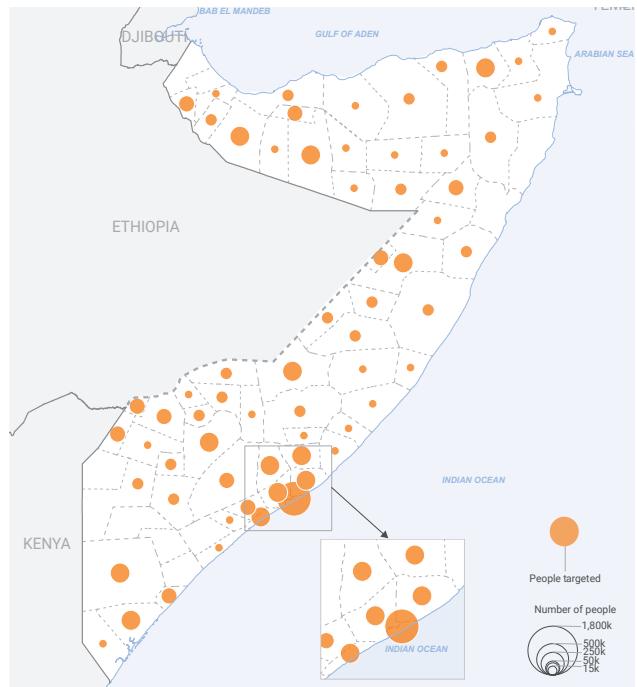


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
4.8M	3.0M	\$165M	73

Sectoral severity and people in need



People targeted



Trends in sectoral needs

According to the FSNAU IPC Post Gu 2023, the nutrition situation in Somalia improved from a national average GAM rate of 15.9 per cent to 12.4 per cent. The nutrition situation is predicted to relatively improve in most places in 2024, except for flood-prone areas, especially if floods result in disease outbreaks (AWD/Malaria) and restrict humanitarian services.

Children under five and pregnant and breastfeeding women are more vulnerable to food insecurity and disease epidemics. Cluster priority interventions include the treatment of severe wasting⁶⁰, food supplementation for moderate wasting, and improved access to quality diets through food/

cash-based approaches and social behaviour change communication.

Response priorities and cross-sectoral coordination (Integrated Response)

Nutrition Cluster partners will target all accessible districts with life-saving services for the treatment and supplementation of wasting and nutritional oedema in children under the age of five and pregnant and breastfeeding women. Severely wasted children face a 12 times higher risk of mortality, highlighting the necessity to target all districts to prevent any excess mortality among children in Somalia. Blanket supplementary feeding programs and other nutrition-specific prevention interventions, including food or cash-based approaches, will focus on districts where a

lot of households are in IPC 4 and 5 and/or where the GAM is over 15 per cent and aggravating factors.

The treatment and supplementation of wasting will be integrated into the public health system (services to be provided in health facilities). All nutrition services will be linked to health, WASH services, child protection, and improved food security services. In the hard-to-reach areas, the nutrition Cluster will promote approaches for emergencies and exceptional circumstances e.g. iCCCM+.

Sub-national (state, region, and area-based) nutrition Cluster coordination will be strengthened to ensure a well-coordinated nutrition response that meets field-level needs. The nutrition Cluster will also support the strengthening of Area-based coordination as required.. The nutrition Cluster partners will participate in integrating initiatives, including the Integrated Response Framework (IRF), and collaborate on needs assessments and response planning.

Quality and inclusive programming

The nutrition Cluster will map ethnic minorities, female-headed households, households with persons with disabilities, and other marginalized groups to ensure that all affected populations have equal and inclusive access to nutrition services. If any affected demographic subgroup is not obtaining services, barriers will be assessed, and relevant measures put in place.

Nutrition facilities shall include accessible complaints and feedback procedures to inform changes to address

risks and barriers to service. These will include radio with call-in options, SMS, toll-free hotlines, U-Report platform, community engagement sessions, and other forums that the affected community can readily access. Infrastructural accessibility of nutrition centers for persons with disabilities will also remain critical.

All nutrition Cluster partners will adhere to accountability and PSEA policies to ensure “do no harm” and zero tolerance for sexual exploitation and abuse. PSEA and GBV risk mitigation and safe disclosures will be included in all nutrition training.

Cost of response

The burden of wasting and nutritional oedema among children under five and pregnant and breastfeeding women reduced from 1.8 million in 2022 to 1.5 million in 2023/24. Prioritization of prevention interventions to only targeting hotspot districts with GAM prevalence of >15% and IPC 4 and 5 has significantly contributed to the Cluster's reduced financial requirements.

The rising cost of procuring and importing therapeutic and supplementary foods, a high number of nutrition frontline staffing requirements (nutrition services are provided in over 2,500 sites), and high operational costs in Somalia, such as airlifting nutrition supplies, mobile teams to provide services in hard-to-reach areas, and additional costs to prevent and mitigate aid diversions, are other cost drivers.



3.7 Protection

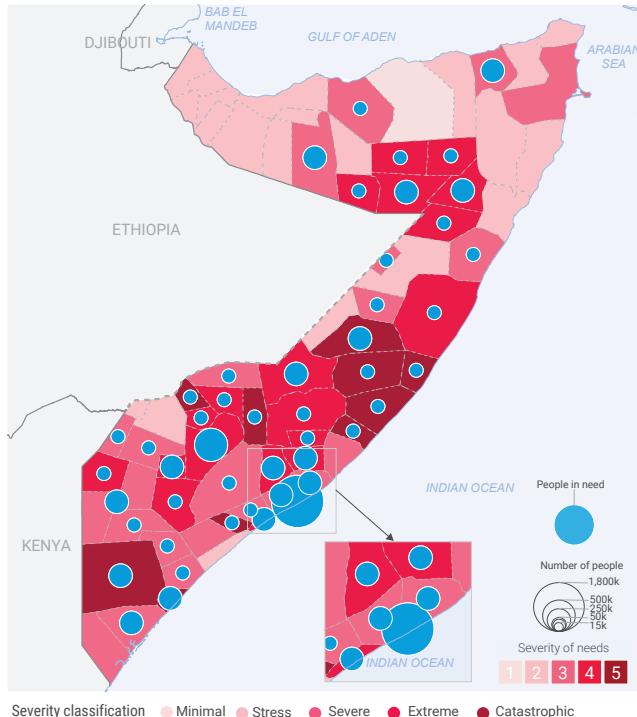
Overarching Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
3.8M	2.7M	\$174M	115

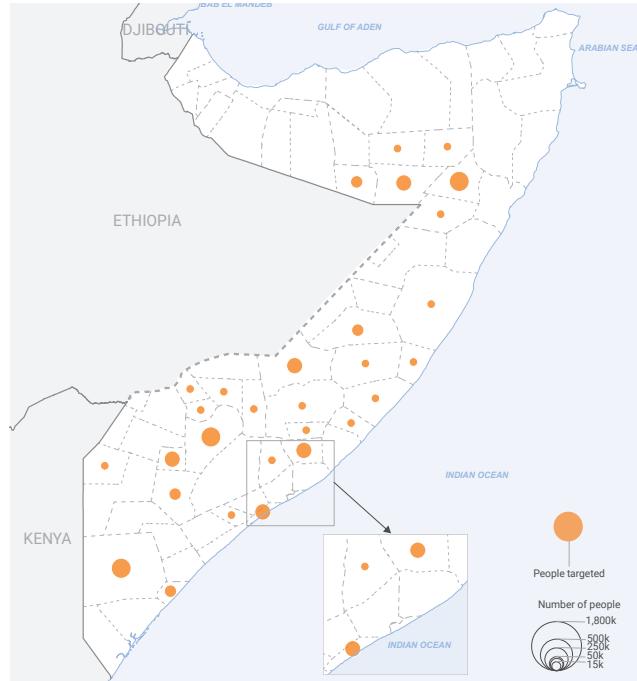
Protection Cluster only

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
857K	643K	\$24M	115

Sectoral severity and people in need



People targeted



Trends in sectoral needs

The protection response plan for 2024 is anchored in four strategic pillars: protection of civilians, response prioritization, integrated approaches across sectors, and operationalization of frontline protection responses. With each of these pillars, the Protection Cluster seeks to not end up in a siloed

response but to represent an added value to the inter-sectoral coordination and response and, thus, to the centrality of protection across the humanitarian response in Somalia.

Protection is prioritizing responses to two shocks:

- **Climate change-related disasters:** The current response to 'El Niño' flooding is already showing

the focus of the Protection Cluster in carrying out integrated approaches other Clusters such as Food Security, Shelter and CCCM in ensuring the inclusion of persons with specific needs (PSN) among displaced populations, notably persons with disabilities, older people, minorities, and marginalized groups.

- **Conflict:** The risk of armed conflict—either non-international or intra-clan—ranks the highest in terms of likelihood and impact for 2024 in Somalia. The operationalization of a frontline response in conflict-affected areas has been discussed and agreed upon with a range of protection partners, covering protection analysis to specialized protection agencies, and considers an early action response package for newly displaced and civilian populations in hard-to-reach areas and the strengthening of the capacity of affected communities as first-line responders.

Response priorities and cross-sectoral coordination (Integrated Response)

Following the joint global methodology, the Protection Cluster and Areas of Responsibilities (AoRs) in Somalia have defined an overarching protection severity targeting priority districts, 10 of which are categorized as in severity level 5 and 19 as in severity level 4. These 29 districts are primarily conflict-affected districts where the population is facing a higher level of protection risks, and the clusters identified bigger protection response gaps. Protection Cluster partners will be systematically prioritizing districts to protect civilians through integrated approaches across sectors and operationalize frontline protection responses.

Core response priorities for the Protection Cluster will include, among others:

Integrated Protection approaches:

- Ensure a core protection response across the 29 prioritized districts with the four active areas of responsibility in the country.
- Support and take the lead of the protection sector and partners in promoting a more integrated inter-sectoral response (IRF, RRM, etc.).

- Continue to develop an integrated protection response with CCCM and Shelter as part of UNHCR's Tri-Cluster initiative.
- Continue to develop and expand the joint Food Security, CCCM, and Protection Fast-Track referral mechanism.
- Continue and expand the current close collaboration with the OCHA-chaired working groups on access and civil-military coordination, as part of the joint UNOCHA and Global Protection Cluster Agenda for Change: Access that Protects.

Protection response priorities:

- Ensure timely and evidence-based protection analysis, focusing on the risks to civilians in hard-to-reach and conflict-affected areas.
- Ensure a timely conflict-related frontline protection response for newly displaced and civilian populations in hard-to-reach areas.
- Strengthen communities affected by conflict as first-line protection responders.
- Continue and expand with other clusters the protection workstream on the inclusion of PSN among the displaced population, notably persons with disabilities, older people, minorities, and marginalized groups at risk of exclusion.

Quality and inclusive programming

In 2024, the Protection Cluster will keep supporting any inter-agency effort to strengthen the Accountability to AAP. As an ICCG member, the Cluster has endorsed and will support the establishment of the Inter-Agency Common Feedback Mechanism. Moreover, the Cluster is heavily involved in the HCT PDAD Action Plan together with UNHCR as Cluster Lead Agency. For the HCT Action Plan, the Protection Cluster is UNHCR's focal point for activities #1 (research), #5 (minimum inclusion), #10 (field presence), and chairs together with the CEA TF chairs activity #8 (IDP community engagement).

The inclusion of PSN and marginalized groups, including minorities, is one priority Cluster workstream. This workstream is aligned with Specific Objective #1 of the HCT's Centrality of Protection Strategy and will continue to be a priority for the Cluster in 2024. The

Cluster will keep co-chairing together with CCCM, the Disability Inclusion Working Group (DIWG), and will keep working with the platform of 15 organizations specialized on minority inclusion. The protection strategy on inclusion is not based on stand-alone protection responses addressing the needs of PSN and marginalized groups, but on ensuring the inclusion of these groups in the overall inter-sectoral response. Examples of this are the current integrated approach with Shelter for the response to flooding or the joint Food Security, CCCM, and Protection Fast-Track referral mechanism.

Cost of response

The Cluster's financial requirements were reduced from 2023 due to a decrease in the target population which primarily results from the Protection Cluster response strategy focusing on conflict-affected districts.

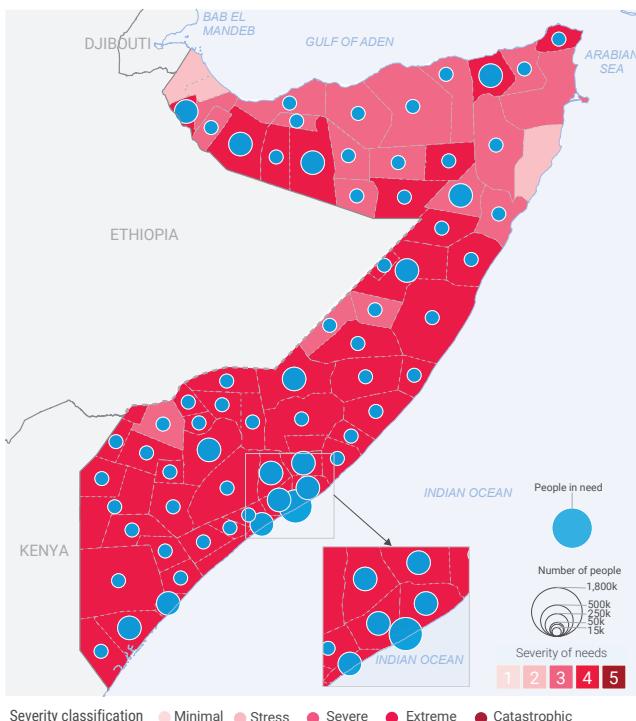
Conflict, insecurity, and accessibility are significant cost drivers, as protection is repositioned to front-line response in conflict-affected districts in 2024. The Protection Cluster will use integrated approaches to provide protection solutions to the populations most in need of humanitarian response.

3.7.1 Child Protection

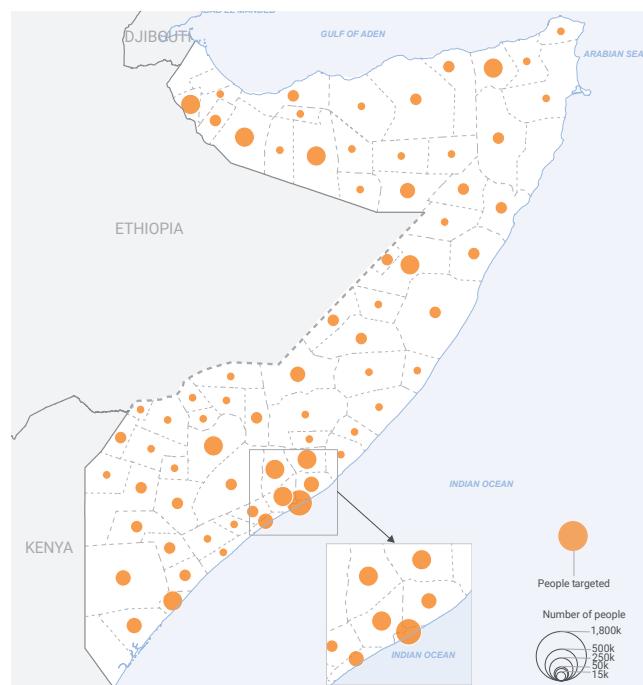


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
3.0M	2.1M	\$63M	61

Sectoral severity and people in need



People targeted



Trends in sectoral needs

Children's protection needs in Somalia remain complex and multi-faceted due to decades of emergencies spanning multiple generations, thereby requiring a robust, holistic response. Children's safety, survival, and well-being are constantly threatened by armed conflicts such as those in Laascaanood, Hirshabelle, and Galmudug regions, natural climatic-induced disasters such as floods and drought, disease outbreaks, grinding poverty, and repeated forced displacement—all of which impact children's development and growth and inflict profound levels of life-altering distress and injuries. Children, who comprise over 62 per cent of affected populations in Somalia, continue to be disproportionately affected by these shocks and hazards, leaving them vulnerable to serious forms of violence, abuse, exploitation, and neglect.

Somalia is among the countries recording the highest numbers of grave violations against children worldwide. Between January and September 2023, 1,742 grave violations against 1,660 children (77 percent boys) were verified, including 498 children recruited and used (10 percent used in combat); 455 killed or maimed by armed actors; and 568 abducted (over half of these cases have led to child recruitment). Girls continue to be exposed to rape and other forms of sexual violence [1], often taking place in rural areas and in and around IDP sites. Places that are meant to be safe for children were also attacked, with 34 schools and 18 hospitals verified to have been attacked by armed actors. Children represent 80 per cent of the total mine- and unexploded ordnance-related casualties recorded in 2023. The majority of these grave violations were documented in primarily conflict-affected areas, such as Lower Shebelle, Bay, Middle Juba, Hiran, and Gedo.

Many Somali girls and boys grow up in communities where Female Genital Mutilation (FGM), child marriage, sexual assault, violence in the home, and child labor are accepted or tolerated societal norms. These risks are heightened when combined with different shocks or hazards. Family separation is an ongoing concern.

Children's well-being continues to be disrupted by the breakdown of routines, the inability to play and go to school, and deteriorating mental health and healthy social support systems. Children are facing enormous psychological challenges, yet mental health and psychosocial support (MHPSS) services and activities are lacking or overstretched. Distress levels are higher among child-, female-, and elderly-headed households, minority/marginalized populations, households with children with disabilities, and more than 79 per cent of IDP children indicate the unavailability of MHPSS⁶¹ services. Currently, Somali caseworkers handle caseloads 10 times higher than minimum standards⁶², while 60 per cent of affected children lack access to specialized protection services due to inadequate services.

Response priorities and cross-sectoral coordination (Integrated Response)

The Child Protection AoR plans to reach 2.1 million people in 2024 (75 per cent children [739,145 girls, 844,737 boys] and 25 per cent adults [285,099 women, 200,625 men]). Among those targeted, 10 per cent have disabilities and 3 per cent are elderly. The targeted people have the most severe needs, according to sectoral and joint inter-cluster analyses.

The CP AoR and partners will build on previous investments by scaling up services in additional areas with the most severe needs, including areas with recent displacement, newly accessible areas, and areas with limited or no access to services.

At the individual and family level, CP actors will provide quality case management, including family tracing, reunification and alternative care, by trained case/social workers, with increased support to case management volunteers for a wider reach. The CP AoR will continue to enhance referral pathways and networks, particularly by strengthening multi-sectoral, web-based referral pathways.⁶³

Partners will scale up MHPSS, focusing on psychological first aid, individual and group psychosocial support with children, and positive parenting and psychosocial support with caregivers.

Structured, child-friendly space activities will be supported to include comprehensive gender-sensitive, age-appropriate education, hygiene promotion, nutrition, life skills support and other skills development.

At community level, mobile teams will be deployed to reach children in hard-to-reach locations, and community volunteers and youth will raise awareness on child protection risks through peer-to-peer activities and safe child participation initiatives. The CP AoR will enhance measures to monitor, prevent and respond to grave child rights violations, through advocacy, referrals (e.g., assistance to children injured by explosive hazards), and services, including family-based care and community reintegration for children formerly associated with armed forces/groups, particularly in displacement sites and conflict-affected areas.

The CP AoR will bolster the capacity of CP community workers, the social service workforce, and other national/local partners for quality child protection service provision and coordination through training, mentoring, coaching, and supervision. Topics will include case management, CPIMS+⁶⁴, MHPSS, safe referrals, assessments, community-based protection, and coordination. The CP AoR will also enhance the operationalization of integrated frameworks with Education, Nutrition, and GBV. The joint CP and Education response framework will focus on MHPSS

in schools and capacity strengthening of teachers to create nurturing environments and safely recognize and refer children at risk. Operational coordination and joint Child Protection and GBV capacity strengthening initiatives will be reinforced to address increasing cases of child and adolescent survivors of GBV, including trainings on GBV risk mitigation and caring for child and adolescent survivors of GBV.

Quality and inclusive programming

The CP AoR ensures all socio-ecological layers affecting children's lives are addressed in line with minimum standards and informed (and led where possible) by children, their families, and communities using participatory approaches. All interventions are also designed to be gender-, age- and disability-friendly and inclusive. With children accounting for more than 80 per cent of explosive ordnance (EO) in Somalia, CP AoR partners in coordination with the EH AoR will continue supporting children injured by EO, including through MHPSS and rehabilitation, including assistive devices and mobility aids. All partners will promote child participation and safe-guarding, using various child-friendly feedback and reporting mechanisms throughout the programme cycle, with training for at least 60 per cent of partner staff/volunteers on PSEA and code of conduct.

3.7.2 Explosive Hazards



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
2.3M	321k	\$9M	6

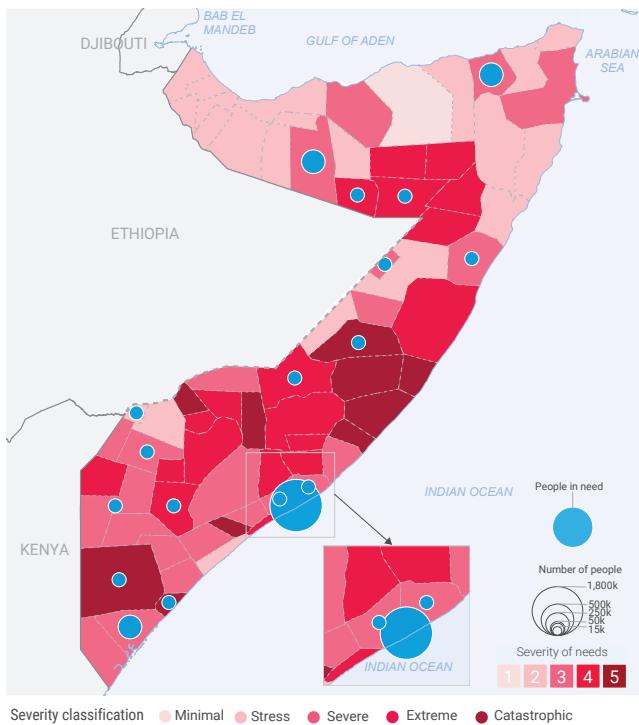
Trends in sectoral needs

APMBC deadline extension to 2027: Somalia's new Anti-Personnel Mine Ban Convention (APMBC) deadline comes with additional funding and operational requirements, which obligate Somalia to implement comprehensive capacity-building for

national institutions, a nationwide non-technical survey (NTS), and intensive explosive ordnance risk education (EORE).

Explosive hazards in newly recovered Areas: As military campaigns increase, communities in newly recovered areas face an elevated risk in addition to the

Sectoral severity and people in need



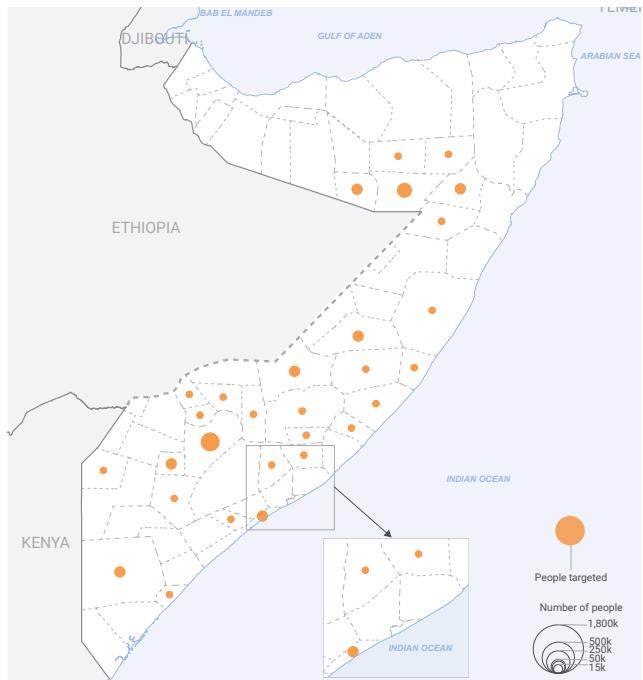
legacy contamination, given that locations previously under the control of non-state armed actors were excluded from mine action assistance.

IEDs affecting civilians: Improvised explosive devices (IEDs) have claimed a total of 4,495 civilian casualties, 55 per cent of all IED casualties over the last four years. This risk spreads to new communities as military campaigns recover new areas, requiring IED risk awareness to help communities reduce their exposure.

Laascaanood conflict: The conflict in Laascaanood resulted in extensive explosive ordnance contamination, exposing communities to a significant risk of ERW accidents as they sought to reconstruct. The battle areas in the SSC regions require a comprehensive assessment and response to the EH threat.

Reducing EH AoR partner presence: The presence of active EH AoR operators has drastically reduced over the last 24 months due to the overall drop in funding for mine action in Somalia. This leaves a considerable

People targeted



financial and operational gap, impacting the ability to respond to the growing mine action needs.

Funding and operational uncertainty in EH AoR: The geographical coverage of EH AoR operations was largely in ATMIS-controlled locations, which could be impacted by the anticipated transition of ATMIS. This transition also has implications for the funding source that is currently supporting UNMAS-funded teams.

El Niño: Flood-affected communities have been forced to migrate to less-affected areas where explosive ordnance contamination remains uncertain. Returning communities may also encounter explosive items relocated by the floods, necessitating urgent measures to raise awareness and respond to any callouts.

The threat of IEDs is expected to spread into new areas pursuant to the ongoing military offensives. In addition, children are the most vulnerable to ERW accidents, accounting for up to 80 per cent of all recorded victims.

Response priorities and cross-sectoral coordination (Integrated Response)

EH AoR partners have mapped the locations with explosive ordnance contamination and a high frequency of explosive ordnance accidents, overlaying them with severity mapping. The deployments of partners for EORE and clearance activities are prioritized in these locations and proposed to include newly recovered areas.

Response to the most at-risk groups was prioritized, including an awareness package for civilians and frontline workers exposed to the risk of IEDs, intensifying awareness-raising for children in new displacement settlements, flood-affected areas, and communities living in contaminated areas. These activities include EORE training of trainers (ToT) to key persons and frontline humanitarian workers during disaster response.

For humanitarian and protection partners in the frontlines, the EH AoR provides EORE to protect the workers and EORE ToT for onward delivery to the targeted communities. Similarly, EH AoR partners with CP AoR to provide EORE to children in and out of schools. This was achieved in Laas Caanood, Kismayo, and Qoryoley.

Quality and inclusive programming

EH AoR employs a community-based approach to providing mine action assistance. This is delivered through a network of community liaison officers

and clearance teams recruited from, trained, and deployed within the affected localities. These form the most suitable points of feedback and escalation mechanisms.

- ERW accidents were recorded in locations that were unsafe or hard to reach. To reach these communities with EORE, EH AoR partners deployed portable risk education talking devices (RETDs) to the affected and to other highly mobile communities such as displaced people and nomadic families.
- With a significant number of PwD who often find it difficult to participate in EORE sessions, RETD have demonstrated the ability to break these barriers to participation by reaching the targeted beneficiaries at-source with messages that can be replayed on-demand.
- RETD are particularly effective at engaging children, as they can listen repetitively to the awareness messages. The device can be passed on to other households or domiciled in schools within the community.
- SADDD is critical for tracking reach to people with disabilities.

Cost of response

2024 places higher demands on the EH AoR to support Somalia's APMBC obligations, compounded by the needs in newly recovered areas, the increase in IEDs affecting civilians, the contamination in Laas Caanood, and the flood-related displacements. These are to be implemented by the two main/active EH AoR partners.

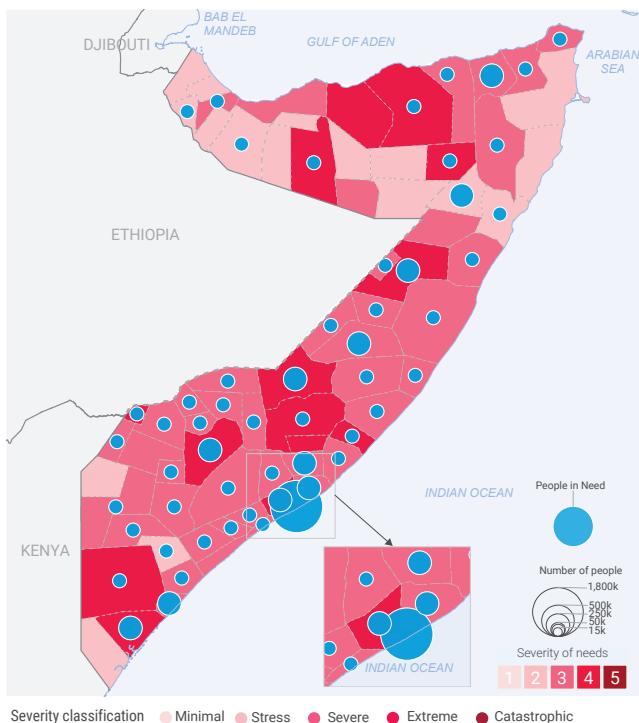


3.7.3 Gender-Based Violence

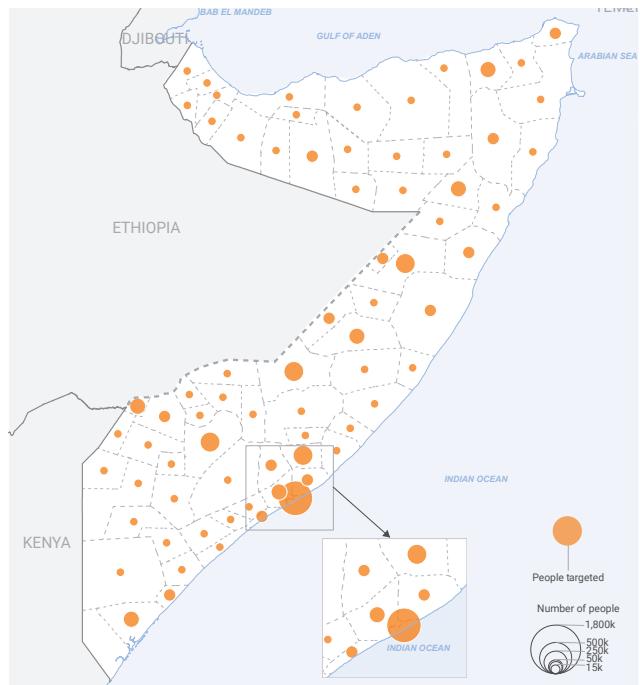
PEOPLE IN NEED PEOPLE TARGETED REQUIREMENTS (US\$) NUMBER OF PARTNERS

3.2M **1.9M** **\$73M** **78**

Sectoral severity and people in need



People targeted



Trends in sectoral needs

Floods, droughts, conflicts, and displacement are putting women and girls at risk in Somalia. These risks include inadequate shelter, sexual harassment while traveling, and limited access to services. A joint assessment in Galmudug found that 69 per cent of respondents reported that girls and women have become less safe, while 67 per cent reported an increase in violence, including rape (58 per cent), female genital mutilation (19 per cent), and sexual harassment (12 per cent). Minority clan women and those with disabilities are at higher risk of violence (78 per cent). Over 70 per cent of women and girls do not receive food or have protection when traveling to distribution centers. Data from the GBVIMS 2023 shows worsening levels of IPV at 52 per cent and rape

at 15 per cent, compared to 37 per cent and 11 per cent, respectively, in 2022.

Inter-communal clashes and the impact of El Niño contribute to increased displacement, food insecurity, and GBV. The increasing incidence of GBV correlates with the severity of needs, as indicated in the PIN calculation for 2024 (3.2 million), an increase from 3.1 million in 2023. Female-headed households are particularly vulnerable to sexual violence and abuse. In Baidoa, more than 83 per cent of the households affected are female-headed. Women and girls in IDP camps require social services, including GBV support, health care, and livelihood assistance. Access to menstrual hygiene materials is a challenge, especially for people with disabilities. 42 per cent of the respondents reported cost as the biggest challenge in accessing menstrual materials, followed by access to

the market (14 per cent). Lack of knowledge about the available services and transportation are barriers to accessing services.

Many households report a lack of services for women and girls, including psychosocial support, recreational activities, reproductive health care, and GBV prevention. According to an assessment by BSDC, in Badhaadhe District, 35 per cent of reported protection cases were GBV against women and girls. This was primarily attributed to the limitations of GBV services, prevention, and risk reduction interventions in the area.

Specialized GBV services will be gradually needed to mitigate and support livelihood recovery in worsening conditions. Improved coordination is required and crucial in newly recovered areas and displacement sites to ensure timely and confidential delivery of quality services, supported by real-time data from the GBVIMs.

Response priorities and cross-sectoral coordination (Integrated Response)

The GBV AoR will focus on promoting effective coordination, community-based survivor-centered response, prevention, and risk mitigation measures in Severity 4 and 5 districts. The value for money, accountability to affected populations, HDP nexus, community participation, inclusiveness, and integrating cross-cutting concerns like climate change, AAP, protection, and localization will be well considered. The core strategies include integrating GBV concerns across key clusters, strengthening the capacity of Women's Leadership Organizations (WLOs), and prioritizing the following areas of intervention in 2024:

- Enhancing access to specialized GBV survivor-centered services in displacement sites, camps, and host communities.
- Supporting legal information and services and livelihood recovery and promotion.
- Implementing integrated GBV/SRH (sexual and reproductive health) services.
- Mitigating GBV risks through key clusters in the response.

- Improving coordination and reporting, including coordination in newly recovered areas,
- Strengthening national human and institutional capacity to prevent and respond to GBV.
- Promoting a community-based approach to GBV prevention through community engagement.
- Conducting research, assessment, monitoring, and evaluation to improve GBV programmes and accountability.

Quality and inclusive programming

GBV AoR will collaborate with the AAP working group and advisory team to plan and respond with stakeholders, enabling rights holders to assert their rights. It will ensure relevancy and accessibility by consulting and engaging targeted community members in curriculum or IEC material production. In conjunction with partners, GBV AoR will increase complaint and feedback mechanisms in all areas by implementing the Client Satisfaction Survey and other community-led monitoring mechanisms to ensure AAP.

Cost of response

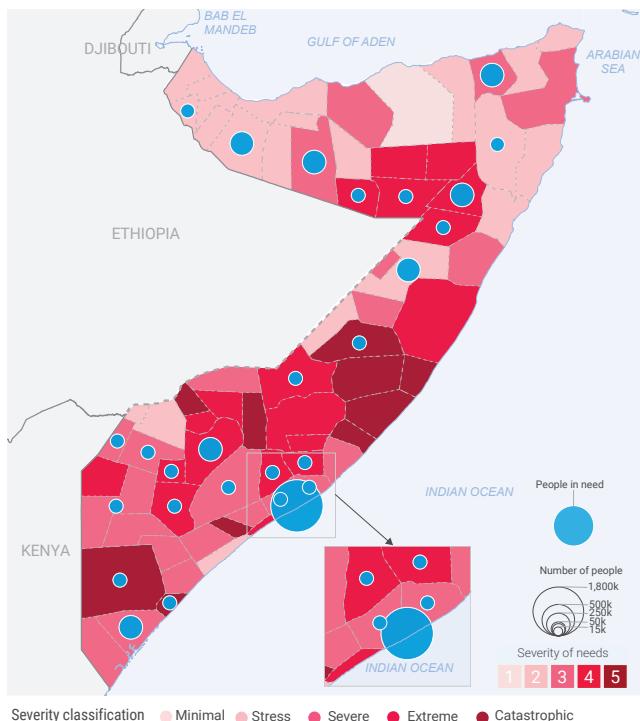
\$76.5 million is required for specialized GBV services to support 1.9 million vulnerable women and girls, including those with disabilities and from minority groups. The costing of the 2024 response considered both direct and indirect expenses, such as human resources and operational costs. However, unit costs vary based on market rates in different project areas. Overall, commodity and service costs have slightly increased compared to last year. Nonetheless, integrating activities and localizing efforts are expected to ensure value for money. Operational costs and overhead are estimated to range 25 and 30 percent of the total budget.



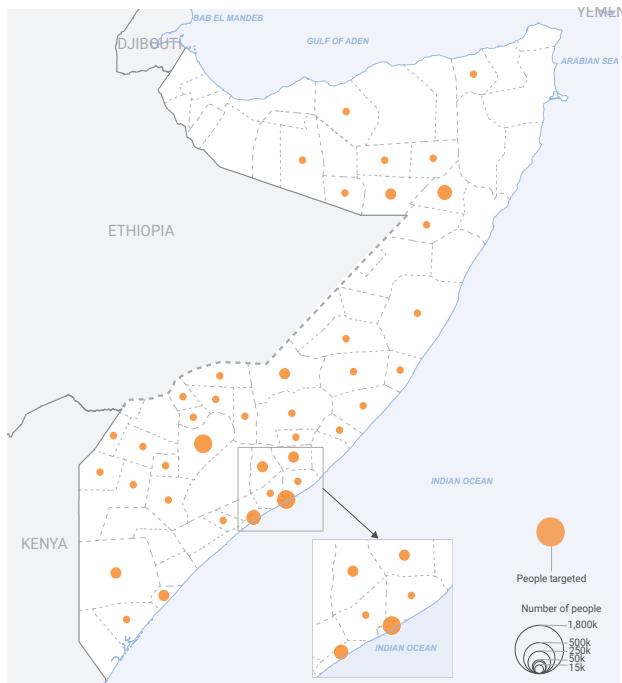
3.7.4 Housing, Lands and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
1.7M	616k	\$5M	17

Sectoral severity and people in need



People targeted



Trends in sectoral needs

The Housing, Land, and Property (HLP) AoR has evolved to address the specific needs of different population groups, including newly displaced persons, persons in protracted displacement, rural non-displaced, urban displaced, refugee returnees, and asylum seekers. The linkages between HLP and other sector-specific needs such as protection, GBV, and child protection have been heightened by the change in context. The focus has also shifted towards providing more legal assistance and information, addressing common land issues, and ensuring land tenure security to prevent forced evictions and HLP violations. Additionally, there is an increased emphasis on empowering vulnerable groups such as women,

children, elderly persons with disabilities, minorities, and other vulnerable groups through the provision of information services and legal aid to increase their access to justice. This evolution reflects a more targeted and comprehensive approach to addressing the diverse HLP needs of vulnerable populations, with protection at the center of all interventions.

In 2024, Somalia may face anticipated shocks such as flooding, potential drought, and conflicts, leading to increased displacement and heightened issues related to HLP. These include, among others, forced evictions with associated protection risks and threats, the loss of HLP documents, and HLP issues around limited emergency land for displaced individuals. The HLP AoR aims to take the lead in addressing the growing need for HLP support by mapping safe settlement areas,

focusing on providing HLP support in flood-affected and drought-prone regions and preventing HLP violations.

Forced evictions pose serious protection threats to newly displaced persons and vulnerable groups, including lack of alternative housing, property destruction, harassment, violence, family separation, and sexual violence. The HLP programme will prioritize those affected by conflicts, flooding, or potential drought, as well as vulnerable populations, to ensure access to safe and secure housing, protection from HLP violations, and legal assistance to uphold their rights in the face of anticipated displacement. Others will include rural non-displaced populations and host communities living with displaced populations, who may also be indirectly affected and need assistance in resolving land disputes to protect their property and land rights.

Response priorities and cross-sectoral coordination (Integrated Response)

The most acute HLP needs are concentrated in areas affected by conflict, and disasters, and locations hosting a large number of displaced people and returnees. The majority of people in need of HLP support are located in Banadir, Lower Juba, Hirshabelle, Galgaduud, Puntland, Somaliland, and the South West regions. These regions recorded the highest number of forced evictions, with over 200,000 individuals evicted in 2023, 60 percent of whom were in Banadir alone.

Core response priorities for the HLP AoR:

- Providing legal aid services and supporting referrals to address common land issues for displaced persons, both urban and rural and other vulnerable groups, in collaboration with protection cluster members and local partners.
- Implementing preventive engagement and remedial actions to protect vulnerable populations from forced evictions, collecting and updating data on evictions, and providing preventive response services in areas with acute HLP needs.
- Ensuring land tenure security and protection from HLP violations through due diligence processes,

mapping out secure land for emergency settlements, and conducting advocacy for the enactment and implementation of laws and regulations to protect land tenure security.

- Conducting evidence-based research and analyses to understand specific HLP needs and challenges, influencing decision-makers and government stakeholders through evidence-based arguments, and managing real-time data through the Somalia Eviction platform to inform partner, government, and donor decisions.
- To strengthen partnerships with relevant clusters and areas of responsibility to implement a multisectoral and integrated approach to HLP support, the HLP AoR will provide capacity-building initiatives, training, and technical support to local actors and institutions.
- Undertaking direct implementation and remote programming to ensure comprehensive coverage of HLP support and providing assistance to people at risk of forced eviction through in-kind, cash, or mixed modalities, depending on market functionality.

Quality and inclusive programming

The HLP AoR and its partners will continue to monitor the response through monthly 5W data collection, and reporting.

Ongoing activities such as information, counseling, and legal assistance services, including assistance to those affected by or at risk of forced eviction, provided by the HLP AoR members, will be tracked through regular documentation and reporting by the Monitoring and Learning team of the NRC. The online eviction portal and other reports will be updated on a monthly basis, and the Protection Cluster's monitoring initiatives such as SPMS and PRMN will be updated regularly. These will, among others, support the identification of response gaps, barriers, and evolving needs to inform and adapt the adjustment of the HLP AoR and Protection Cluster responses accordingly.

The HLP AoRAoR will place particular emphasis on ensuring that marginalized groups' HLP rights are promoted and protected, including those of women and people with disabilities. This can be done

through specialized targeting, collaborating with local community organizations and leaders to ensure that the voices and perspectives of vulnerable and marginalized groups are represented in decision-making processes related to HLP providing training and capacity-building for HLP stakeholders to

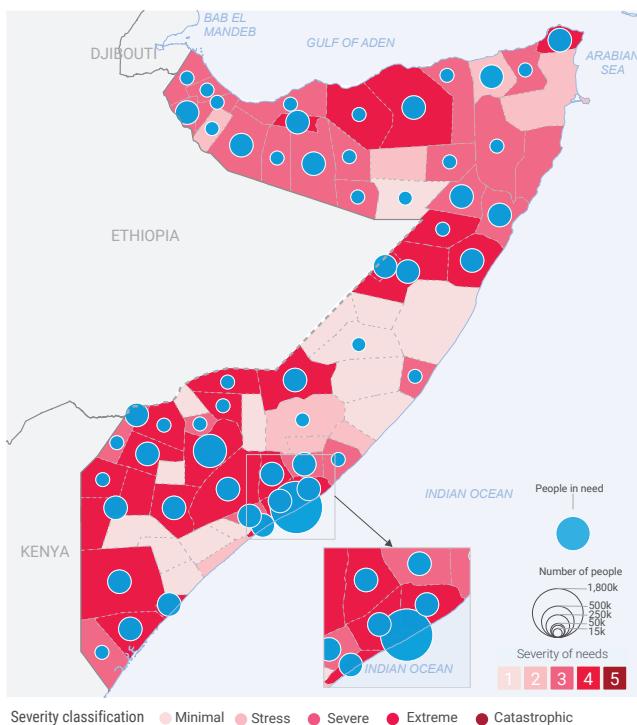
increase their understanding of the specific needs and challenges faced by vulnerable and marginalized groups, and enhancing their ability to provide inclusive and sensitive programming, etc.

3.8 Shelter and Non-Food Items

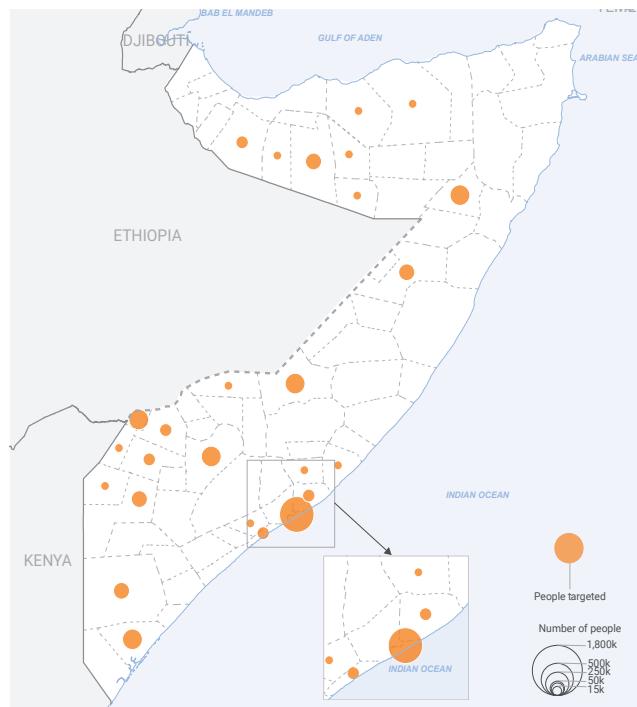


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
4.6M	1.4M	\$80M	30

Sectoral severity and people in need



People targeted



Trends in sectoral needs

During the past year, sectoral needs in Somalia have witnessed significant evolution driven by a multi-layered humanitarian crisis, including conflict, climatic shocks, and forced displacements. The El Niño-induced flooding, in particular, has exacerbated the challenges, especially in the areas affected by the floods. The displaced populations, both new and

protracted, continue to face critical needs related to shelter, access to land, and basic services. As the Deyr rainy season unfolds, there is an anticipated trend of increased demand for shelter assistance due to the ongoing floods, impacting vulnerable communities, particularly in urban and peri-urban informal settlements often located in flood-prone areas.

The 2023 MSNA highlights that over 60 per cent of the affected households reported not living in safe

and dignified dwellings. Among them, 83 per cent reported living in unsafe shelters, with newly displaced populations most affected. Inadequate shelter conditions were identified as a key safety and security issue, contributing to the vulnerability of theft, robbery, and GBV risks experienced by women and girls in both newly established and long-standing internally displaced persons settings. Additionally, 65 per cent of the households are living with an inadequate level of privacy, and within this group, 26 per cent mentioned also living in overcrowding conditions. 80 per cent of the affected population is experiencing some difficulties related to HLP issues. Despite efforts to prevent evictions—successfully averting 223,380 cases in 2023 – 105,657 still occurred during that year.⁶⁵ Secondary displacement, often resulting from evictions, significantly undermines the resilience of the affected population.

Only 36 per cent of households reported living in a functional domestic space, meaning they have access to appropriate and enough quantity of non-food items which allows the household to perform the essential domestic activities. Finally, in relation to access to appropriate common services and infrastructure in their settlement, almost half of the affected population could not provide a positive answer, with the situation being worse for the newly displaced.

Response priorities and cross-sectoral coordination (Integrated Response)

The Shelter Cluster plans to reach 1.39 million people, among whom 1,27 million internally displaced and 119,643 non displaced people, in 24 districts in collaboration with 30 partners. The response will be guided by two cluster objectives:

CO1: Populations affected by conflict, disasters, and evictions are provided protection from harsh weather conditions, privacy, and improved safety through the timely provision of emergency shelters and non-food items while minimizing negative impact on the natural environment.

CO2: Vulnerable displacement and disasters affected populations have access to sustainable shelter

solutions, enabling safer and more dignified living standards and preventing recovering communities from slipping back into humanitarian need.

The response will concentrate on providing emergency shelter and non-food items support to those vulnerable to the impacts of climatic shocks and conflict. For a more focused response, the Shelter Cluster, in close coordination with CCCM, WASH and Protection Clusters, will prioritize its emergency response to newly displaced people in districts facing the most severe humanitarian conditions, including hard to reach areas, with the intention to prevent secondary displacements.

The Shelter Cluster, in close collaboration with local communities and authorities and the previously mentioned Clusters, and particularly with the assistance of the HLP AoR, will support protracted IDPs and non-displaced individuals with land access, providing transitional, dignified, and safer shelters in zones not exposed to natural hazards. Individuals facing the possibility of eviction will receive shelter or non-food items support based on their needs, employing in-kind, cash, or mixed modalities, depending on market conditions and shelter material and NFI availability.

The Shelter Cluster will preposition emergency stocks for at least 7,000 households and build capacities of partners and communities to enhance response. To integrate the environment and mitigate further impacts, partners capacities will be reinforced to analyze impacts and integrate mitigation measures into shelter responses. SSC will support localized shelter practices, referring to the SSC Local Building Practices to prevent pollution and degradation of the environment. High severity districts, particularly hard to reach areas, will be prioritized.

Quality and inclusive programming

To strengthen AAP, the Shelter Cluster will continue to implement community engagement mechanisms, incorporating feedback from affected individuals into decision-making processes. In partnership with the GBV AoR, the Shelter Cluster will continue to build the capacities of partners to ensure vulnerability-sensitive

programming that can minimize GBV risks associated with poor site planning, inadequate lighting conditions, or lack of privacy in shelters.

Additionally, the Shelter Cluster will continue and intensify efforts to include marginalized groups and it will work with the PWD working group towards inclusivity in shelter solutions, considering the specific needs and vulnerabilities linked to disability situations to enhance the overall effectiveness and appropriateness of the response.

Cost of response

In 2024, the Shelter Cluster seeks \$79,61 million to provide shelter and non-food items to 1.39 million

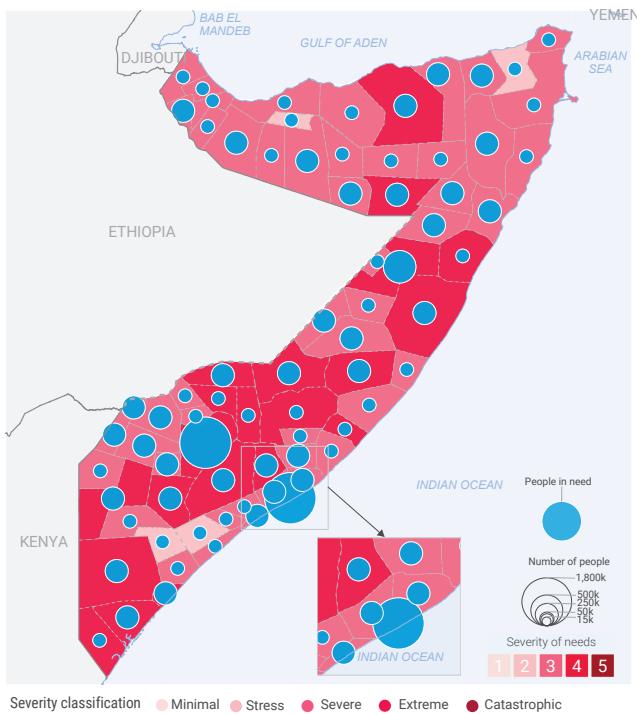
people. Estimated costs cover non-food items assistance and emergency, transitional, dignified and safer shelters. Shelter response costs vary significantly, depending on the type of shelter solution, with costs ranging from \$350 for emergency to \$2,000 for transitional shelters. Given constraints with finding adequate quality in the local market, the international procurement of bulk plastic sheets for in-kind distribution is recommended. This will enable the Common Pipeline to support Cluster partners with affordable, quality plastic sheeting.

3.9 Water, Sanitation and Hygiene

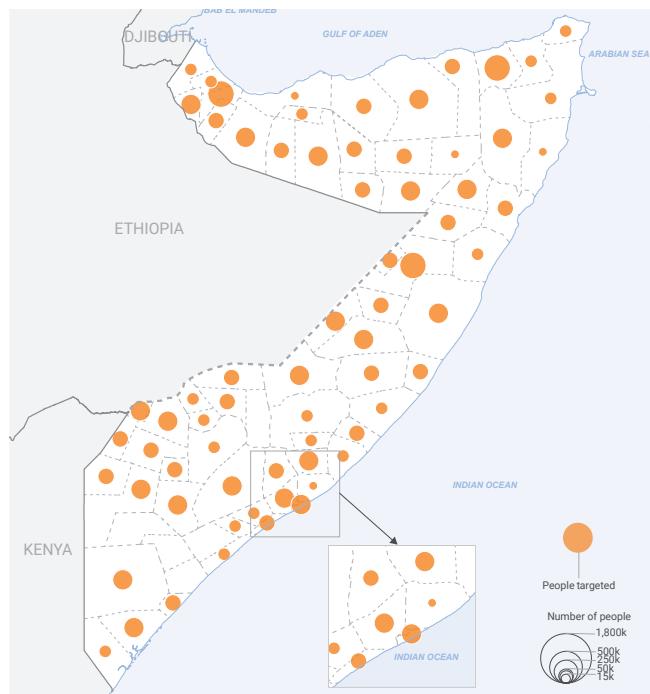


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
6.6M	4.2M	\$146M	69

Sectoral severity and people in need



People targeted



Trends in sectoral needs

Severe drought, seasonal flooding, conflict and insecurity, and Acute Watery Diarrhea (AWD) remain the key drivers of WASH needs in Somalia. Approximately 6.6 million people will require life-saving WASH assistance in 2024, an 18 per cent decrease compared to 8.0 million people in 2023. This includes 1.4 million displaced and 5.2 million non-displaced vulnerable communities, mainly in rural areas. 2023 MSNA findings indicate that 53 per cent of the population assessed has insecure access to drinking water services and 73 per cent do not treat drinking water. Regarding sanitation, 34 per cent of people interviewed defecate in the open, while 30 per cent rely on unhygienic, unimproved latrines. Population groups of greatest concern include newly and protracted displaced persons living in over-crowded camps with poor WASH services.

Recent Deyr flooding has damaged or contaminated hundreds of water points across flood-affected states, destroying or submerging several thousands of latrines, forcing a significant portion of the population to rely on unsafe water sources or practice open defecation. In Jubaland alone over 10,000 latrines were inundated, as were almost 80 per cent of water points, especially dug wells. Incidence of waterborne diseases in northern Gedo, Hirshebelle and South West States sharply increased in December 2023, with over 385 cases of AWD and suspected cholera reported. AWD/cholera cases are expected to increase further in early 2024, as large numbers of displaced people have inadequate access to safe drinking water and adequate sanitation, particularly during the harsh and long *Jilal* dry season.

Response priorities and cross-sectoral coordination (Integrated Response)

In 2024, the WASH Cluster plans to reach about 4.2 million people with life-saving WASH assistance. Target populations were identified based on limited levels of access to water and sanitation facilities, and poor compliance with hygiene practices in both displaced settlements and in host communities, across urban, sub-urban and rural contexts. Interventions

will prioritize displaced communities, drought and flood-affected communities, minority groups, and women and children in locations with chronic WASH vulnerability. This aims to mitigate risks associated with seasonal flash floods, drought and AWD, and reduce morbidity and mortality related to waterborne diseases. Moreover, partners will continue to deliver sustainable WASH packages in all locations, in parallel to emergency life-saving WASH interventions targeting population groups without access to improved water and sanitation services and those living in sectoral need severity 3 (severe) and 4 (extreme) areas. The Cluster will ensure minimum quality and standardized WASH services to displaced populations in camps and rural areas by providing safe drinking water, appropriate sanitation facilities, key hygiene messages and materials, including core WASH kits.

The Cluster will scale up WASH activities in displaced camps, accessible rural communities and hard-to-reach areas while strengthening collaboration with the Health, Nutrition, Protection, Shelter, Food Security and CCCM Clusters, respectively, and the FGS. The Cluster will ensure maintenance and expansion of WASH services in hard-to-reach rural areas, including to reduce displacement. Recently established displaced settlements with low WASH coverage, particularly in districts affected by Deyr flooding, will be prioritized. WASH services will continue to be delivered with a strong protection lens, which involves, among others, ensuring that latrine facilities are gender-separated, have lockable doors and sufficient lighting at night, and that distance to water points is within agreed standards. Where feasible and adequate, WASH partners will contribute to building local WASH markets and enhance Market-based Programming (MBP) and the use of CBIs.

Quality and inclusive programming

To ensure disaster-affected populations have equal and inclusive access to WASH services, the Cluster will strengthen accountability efforts in the delivery of humanitarian WASH assistance. This will include ensuring that people's priorities are considered during decision-making about resourcing, planning, and implementation of the response. Detailed mapping of

critical needs of all targeted populations, particularly ethnic minorities, female-headed households, persons with disabilities, and other marginalized members, in close collaboration with other key clusters will be key in this regard. The Cluster will also put in place an updated community-based complaint feedback mechanism, in coordination with stakeholders. Capacity-building of WASH partners regarding AAP, including systems for assessing and tracking commitments.

Cost of response

In 2024, the WASH Cluster requires \$146 million, a 44 per cent reduction compared to 2023, to assist 4.2 million people. This decrease is partially due to a reduction in the number of people in need. Funding requirements were informed by cluster activity costs, as extracted from WASH projects funded by the SHF, CERF and other donors in 2023. In addition, key WASH partners were contacted to cost activities at district-level, based on the number of target beneficiaries. Average costs were calculated for each activity, with cost ranges established to allow for contextualization.

3.10 Enabling Programmes



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
N/A	N/A	\$33M	8

Objectives

In 2024, partners will continue to sustain effective and efficient coordination support to the humanitarian community in Somalia, spanning inter-cluster, access and civil-military coordination, information management, field coordination, safety and security of humanitarian workers, preparedness and contingency planning, and resource mobilisation and advocacy. Enabling Programmes will intensify efforts to ensure that specific vulnerabilities related to gender, age and disability are well integrated across the humanitarian response.

To contribute to principled and effective humanitarian response in Somalia, the UN Office for the Coordination of Humanitarian Affairs (OCHA) will continue to maintain humanitarian coordination to ensure principled and effective response, reinforce collaboration with the Federal Government of Somalia, enhance advocacy and improve safe, timely

and unimpeded access to people in need including those living in hard-to-reach or underserved areas. The Somalia Humanitarian Fund (SHF) – a multi-donor pooled fund managed by OCHA will continue to support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs in alignment with the HRP. The SHF will continue to strengthen localisation through progressive increments in allocations to local NGOs.

The Somali NGO Consortium (SNC) will work towards achieving a conducive working environment for NGOs through coordination meetings with the Government, advocacy initiatives, and workshops for minority and disabled persons. SNC will support NGOs in operating without bureaucratic impediments and are in line with applicable laws. SNC will also support localization by advocating for national NGO representation within the coordination structures across Somalia.

The Food and Agriculture Organisation of the UN (FAO) will provide information and analysis on the current and

emerging food security and nutrition situation through seasonal and follow up assessments to support prioritization and targeting of appropriate food security and nutrition response interventions. FAO will also scale up the use of modernized early warning systems to conduct climate data information and analysis to facilitate and support effective evidence-based decision-making in support of humanitarian, recovery, and development intervention.

To inform prioritized and targeted humanitarian response, REACH will continue to support humanitarian partners in Somalia to understand the severity of needs of the assessed population, including those living in hard to reach and underserved areas.

The International Organisation for Migration (IOM) will collect data on populations affected by displacement through a country-wide mapping and quantitative estimates. IOM will also continue to monitor shock-induced displacement in key regions. The analysis on displacement dynamics will inform strategic and operational decision making by the humanitarian community.

The International NGO Safety Organisation (INSO) will assist humanitarian actors in fulfilling their mandates through the provision of essential security coordination and information services.

Radio Ergo will produce and broadcast content on humanitarian issues and manage an audience feedback platform for listeners to raise their voices and concerns. Radio Ergo will also support local FM radios in producing quality content.

Cost of Response

Financial requirements for enabling programmes in 2024 amount to US\$31 million, representing a 6 per cent decrease compared to 2023.

Part 4: Refugee Response Plan

Operational considerations and cross-cutting issues

Objectives

- Some 43,915 forcibly displaced and stateless people benefit from improved access to a wider range of durable solutions including alternative pathways and expanded engagement with various stakeholders to enhance the quality of the response.
- Forcibly displaced and stateless people have increased access to essential basic services, resilience, and proactive mitigation capacity to the effects of climate change.
- Forcibly displaced and stateless people have increased access to sustainable livelihood opportunities and socio-economic inclusion through strengthened partnerships with development partners and private sector entities.
- Forcibly displaced and stateless people enjoy their rights and have access to national frameworks and enhanced protection environment in line with relevant international standards.

Response strategy

UNHCR will deliver protection and assistance programmes through a combination of in-kind material support distributions, cash-based interventions, self-reliance and livelihoods activities, community and area-based assistance and support to promote peaceful co-existence. UNHCR will also incorporate advocacy interventions and technical support to the FGS and FMS in strengthening the asylum system in the country. All activities under the Refugee Response Plan will contribute to the HRP strategic objectives. Given the complexities around individual targeting, UNHCR and partners will pursue area-based approaches to the extent possible -specifically on reintegration support

to refugee returnees, as well as promotion of peaceful co-existence between different population groups.

Informed by the 2021 UNHCR study on Statelessness and Citizenship in the Horn of Africa, which identified several risk-factors in Somalia contributing to risks of statelessness, including gaps in the nationality law, the FGS developed and launched a National Action Plan (NAP) to End Statelessness in Somalia (2021-2024). UNHCR will continue to bolster the government's effort to implement the NAP, and to honor its commitment to accede to the 1954 Convention, the 1961 Convention Relating to the Reduction of Statelessness. Furthermore, UNHCR will support the publishing of a qualitative study that seeks to document the situation of groups and individuals at risk of statelessness living within Somalia.

In line with its AGD Policy, UNHCR will systematically involve affected populations in the design of its interventions as part of its accountability to affected populations and will seek to ensure that all affected populations can equally enjoy their rights, have access to protection, services, and assistance on an equal footing, and can participate fully in decisions that affect them and their communities. All UNHCR interventions will be vulnerability-based.

Protection from Sexual Exploitation and Abuse (PSEA) mechanisms will continue to be integrated into all protection and assistance programmes.

Capacity to respond

UNHCR will work with 28 partners (government, national and international NGOs) and private sector actors to provide protection, assistance and most importantly, expand access to sustainable solutions

for refugees, asylum seekers, returnees, as well as stateless persons. This will be achieved through continued efforts in strengthening collaboration with the Federal Government of Somalia, Federal Member States and other stakeholders within the framework of the humanitarian-development peace nexus.

The strategic engagement with government interlocutors some of whom are decision makers, advocates, observers, and implementers with control over inclusion of affected populations in various federal and state development plans/strategies will be maintained. At the federal level, coordination of protection and related activities will be strengthened with key government counterparts including, the National Commission for Refugees and IDPs (NCRI), Ministry of Interior Federal Affairs and Reconciliation (MoIFAR), Ministry of Planning Investment and Economic Development, Office of the Special Envoy for Migrants and Children's Rights (OPM-OSE).

Cost of response

The estimated cost of the response that targets 43,915 vulnerable refugees, asylum-seekers, returnees, and people at risk of statelessness is \$72m. This cost is arrived at based on the multi-sectorial needs assessment⁶⁶s carried out jointly by UNHCR, relevant government ministries and refugee response partners. In arriving at the cost for the response, UNHCR has to the extent possible considered all cost-effective modalities for delivery of this assistance. The use of cash will be prioritized, where feasible.

The refugee response budget is characterized by both recurrent and annual costs. Recurrent costs entail protection related assistance provided to vulnerable refugees, asylum-seekers, one-off support to refugee returnees, including the management and maintenance of the transit and way stations. The one-off support provided to newly arriving refugee returnees is multi-sectorial in nature, vulnerability-based and is aligned to the minimum expenditure basket. Annual costs entail support - both technical and financial, to government line ministries and other interlocutors, aimed at building their capacity to strengthen the protection environment for refugees and asylum-seekers, and in advocating for upholding the rights of vulnerable populations. The plan includes costs related to conducting the needs and vulnerability assessments, monitoring of the responses, delivery approaches and evaluation.

Monitoring

The refugee response will be monitored on a continuous basis. UNHCR implements a coordinated, participatory, and inclusive monitoring and evaluation approach for the different results and thematic areas at varied levels. The operation will strengthen the collection, analysis, and usage of M&E data imploring various approaches which include third party onsite monitoring (especially in hard-to-reach locations). Regular monitoring will enhance the implementation of recommendations and course correction, strengthen risk management, and ensure the participation of forcibly displaced and stateless persons.

Annexes

Migrants Response Plan: The Somalia chapter of the Regional Migrant Response Plan for the Horn of Africa and Yemen can be accessed [here](#).

Participating organizations: At cluster level, 2024 planning and financial requirement estimation were based on response activity costing rather than project submissions by individual organizations. An [*updated list of partners*](#) participating in/implementing the 2024 HNRP will therefore only become available once regular response monitoring of the 2024 HNRP commences by early 2024. In the meantime, the list of partners reporting implementation at any point during the 2023 HRP is indicative and not expected to change significantly in 2024.

2024 planning figures (district level): a summary of population baseline statistics and 2024 PIN, severity and target figures at district level can be consulted [here](#).

Acronyms

AA	Anticipatory Action	MHPSS	Mental Health and Psychosocial support
AAP	Accountability to Affected People	MISP	Minimum Initial Service Package
A-HCG	Area Humanitarian Coordination Group	MoH	Ministry of Health
AoR	Area of Responsibility	MoI FAR	Ministry of Interior Federal Affairs and Reconciliation
APMBC	Anti - Personnel Mine Ban Convention	MRM	Monitoring and Reporting Mechanism Somalia
ATMIS	African Union Transition Mission in Somalia	MSNA	Multi-Sectoral Needs Assessment
AWD	Acute Watery Diarrhea	MUAC	Mid Upper Arm Circumference
CEA	Community Engagement and Accountability	NAP	National Action Plan
CCCM	Camp Coordination and Camp Management	NAT	New Arrivals Tracker
CFM	Community Feedback Mechanism	NCRI	National Commission for Refugees and IDPs
CoP	Centrality of Protection	NFI	Non-Food Items
CTCs	Cholera Treatment Centers	NTS	Nationwide Non-Technical Survey
DRR	Disaster Risk Reduction	OPM-OSE	Office of the Special Envoy for Migrants and Children's Rights
EORE	Intensive Explosive Ordnance Risk Education	PDAD	Post-Delivery Aid Diversion
EPHS	Essential Package of Health Services	PIN	People in Need
EW	Early Warning	PRMN	Protection and Return Monitoring Network
FGM	Female Genital Mutilation	PSN	People with Special Needs
FSC	Food Security Cluster	PSEA	Prevention of Sexual Exploitation and Abuse
GBV	Gender-based Violence	PWD	People with Disability
GER	Gross Enrolment Rate	RCCE	Risk Communication and Community Engagement
HCT	Humanitarian Country Team	RETDs	Risk Education Talking Devices
HIPC	Heavily Indebted Poor Countries	RRM	Rapid Response Mechanism
HLP	Housing, Lands and Property	SADDD	Sex, Age and Disability Disaggregated Data
HNRP	Humanitarian Needs and Response Plan	SAM	Severe Acute Malnutrition
ICCG	Inter-Cluster Coordination Group	SNBS	Somalia National Bureau of Statistics
IEDs	Improvised Explosive Devices	SNSF	Somali National Security Forces
ICFM	Inter-Agency Feedback and Complaint Mechanism	SOP	Standard Operating Procedure
IPC	Integrated Food Security Phase Classification	SPMS	Somalia Protection Monitoring System
IRF	Integrated Response Framework	ToT	Training of Trainers
JENA	Joint Education Needs Assessment	WASH	Water, Sanitation and Health
JRES	Joint Review of the Education Sector	USD	US Dollars
MAM	Moderate Acute Malnutrition		

Endnotes

- 1.** The inter-sector reach reporting methodology was revised by the ICCG and IMWG in January 2024 to better reflect reach trends over time and across different sectors. Whereas cumulative reach figures were used in the past, the revised methodology draws from monthly average reach figures across clusters. This has led to a downward revision of inter-sector reach in 2023, from over 8 million people reached cumulatively as previously reported, to 3.8 million people.
- 2.** WHO/UNICEF: From Insight to Action: Examining Mortality in Somalia, March 2023
- 3.** OCHA Situation Report #2, 2023 *Deyr* Floods, 24 November 2023
- 4.** UN High Commissioner for Refugees (UNHCR), Protection and Return Monitoring Network (PRMN), accessed on 22 December 2023
- 5.** PRMN, December 2023, and MSNA 2023: In August 2023 (MSNA data collection), interviewed households cited livestock loss and the absence of livelihoods as key reasons for displacement.
- 6.** The reported average number of times a household was displaced increased from 2022 to 2023, from 1.4 to 1.6 times for protracted displaced households, and from 1.5 to 1.7 times for newly displaced households; MSNA 2023.
- 7.** Statement by the UN Special Representative for Somalia to the Security Council, 19 October 2023
- 8.** Monitoring and Reporting Mechanism Somalia (MRM), Q1-3 2023
- 9.** Somalia National Bureau of Statistics (SNBS): Poverty and Inequality Report, August 2023, and World Bank: Somalia Economic Update, November 2023.
- 10.** Only 8% (down from 17% in 2022) of newly displaced people interviewed in August 2023 intended to return to their areas of origin within the next six months, according to the 2023 MSNA.
- 11.** Integrated Food Security Phase Classification (IPC) for Somalia, 18 September 2023
- 12.** World Bank: Somalia Economic Update, November 2023. 2023 MSNA findings further confirm that daily labour (46 per cent) and livestock (20 per cent) are the primary income sources for people, with both being highly susceptible to disruptions by climatic shocks.
- 13.** According to 2023 MSNA findings, 30 per cent of households reduced essential healthcare expenses and 20 per cent sold critical productive assets/means of transportation to acquire food in the 30 days prior to data collection.
- 14.** MSNA 2023
- 15.** MSNA 2023
- 16.** Global Health Security Index, <https://www.ghsindex.org/country/somalia/>, last accessed on 16 December 2023.
- 17.** MSNA 2023
- 18.** OCHA Situation Report, 2023 *Deyr* Season Floods, No.2, 24 November 2023
- 19.** MSNA 2023
- 20.** 2023 MSNA: The proportion of host community households who reportedly do not have formal written documentation to prove their occupancy arrangement slightly decreased, from 71% in 2022 to 62% in 2023. On the other hand, the proportion of newly displaced households who reported disputed ownership as an HLP problem increased, from 7% to 21%, suggesting an increased vulnerability to eviction risks.
- 21.** REACH: Comparative analysis of 2022 and 2023 MSNA key findings, November 2023: In 2022, 80% of households mentioned having access to a sanitation facility with a door; in 2023, this proportion decreased to only 46%.
- 22.** Somalia Protection of Civilians (PoC) Sub-Working Group, Guidance for Humanitarian Leadership and Protection of Civilians, 2023
- 23.** ProCap Somalia, Intersectoral Analysis of Protection Risks in Somalia, 2023
- 24.** Country Task Force on Monitoring and Reporting (CTFMR), MRM Q1-3, 2023
- 25.** EH AoR, December 2023
- 26.** 2023 Global Hunger Index, <https://www.globalhungerindex.org/ranking.html>, last accessed on 14 December 2023
- 27.** According to 2023 MSNA findings, ten per cent of assessed households reported signs of distress in children under the age of 18 years. Lack of access to MHPSS is particularly pronounced for IDP children (79 per cent).
- 28.** Standard 18, Minimum Standards for Child Protection in Humanitarian Action, 2019 edition: At least 1 caseworker for every 25 children.
- 29.** MSNA 2023
- 30.** GBVIMS 2023
- 31.** MSNA 2023
- 32.** MARA CSRV WG, Q3-2023 Report
- 33.** National Disability Agency: Dignity Disrespected. The Perceptions and Priorities of Persons with Disabilities in Somalia, December 2023
- 34.** Somalia Disability Empowerment Network (SODEN): Mapping of specialized services available for persons with disabilities in Somalia, 2023. Also see MSNA 2023, Qualitative Component, Interviews with key informants from organisations working with people with disabilities.
- 35.** Soden 2023. As per the 2023 MSNA Qualitative Analysis, 63 per cent of HH with members living with a disability reported that food items and livelihood opportunities were not available.
- 36.** Ibid.
- 37.** CCCM Cluster: Disability Inclusion Study in IDP Sites in Kismayo, December 2021
- 38.** WMO: El Niño expected to last at least until April 2024, Press Release 8 November 2023
- 39.** Forecasts for the *Deyr* 2024 season only become available in June 2024.
- 40.** In order to provide an initial estimate of the number of people potentially impacted by flooding in Somalia in 2024, the UN OCHA Centre for Humanitarian Data worked with a wide range of technical partners to develop a methodology that was then endorsed by the Somalia ICCG and HCT. Daily FloodScan (1998-2022) & WorldPop (2020 UN Adjusted) raster data was analyzed to gain understanding of flood conditions across Somalia for both March-April-May (MAM) and October-November-December (OND) seasons. See a full description of the methodology here. [link to be provided].
- 41.** WHO Somalia, November 2023.
- 42.** Lubogo M, Evans B, Abdisasir A, Sherein E, Muhammad T, Mohamed A, et al.: Responding to cholera outbreaks in Somalia in 2017–2019. East Mediterranean Health Journal 2023; 29(9), pp. 734–741. <https://doi.org/10.26719/emhj.23.096>
- 43.** At least 70 per cent of Cluster targets are in sectoral need severity areas 4 and 5. Exceptions to this approach were granted to the Food Security, Nutrition and WASH Clusters, considering the short and mid-term impact of the October-December 2023 *Deyr* floods and anticipated *Gu* floods from March-June 2024, which affect needs in these three sectors in particular.
- 44.** Somalia National Bureau of Statistics (SNBS), 2022 Somalia Integrated Household Budget Survey (SIHBS), June 2023
- 45.** Central revenue has consistently increased since 2012, except for a short dip during the Covid pandemic. See Federal Government of Somalia, Ministry of Finance: Budget Fiscal Performance Report for Fiscal Year 2022, March 2023, and World Bank: Somalia Economic Update, November 2023. International Monetary Fund: IMF and World Bank Announce US\$4.5 billion in Debt Relief for Somalia, Press Release NO. 23/438, 13 December 2023
- 46.** FGS, Ministry of Labour and Social Affairs, Launching Event for Unified Social Registry (USR), 12 November 2023.

- 47.** World Bank, Economic Update, Integrating Climate Change with Somalia's Development: The Case for Water, November 2023.
- 48.** In 2023, 89% of households who had received assistance were satisfied with the latter. The top two types of assistance received, access to food and water respectively, also aligned with top priority needs expressed by households; MSNA 2023
- 49.** The number of operational partners has been aggregated across all organizations reporting response reach at any point during the 2023 HRP. [Monthly operational presence reporting](#) is also available.
- 50.** See *footnote 40*.
- 51.** "High-risk areas" consider historical flood impact and magnitude. This does not account for existing response capacity/access or underlying vulnerability (e.g. IPC), which will need to be considered when selecting districts to be targeted for readiness and AA. Some districts may be less affected by floods at such but receive significant inflows of flood displaced people.
- 52.** Several agencies had established AA programs ahead of the *Deyr* floods. In addition, response funding to *Deyr* floods (including \$10m by CERF, \$26 million in SHF funding) has been provided and will likely run until March/April 2024. Most CERF-funded agency responses to *Deyr* flooding include strong RCCE/awareness/training components which are cost-effective and can be used to strengthen community readiness in areas at high risk of *Gu* flooding in January/February 2024.
- 53.** These include insecurity, reduced levels of humanitarian assistance, and limited household access to food due to income constraints and elevated food prices
- 54.** Populations displaced by floods are highly vulnerable due to extensive loss of livelihood assets, few income-earning opportunities, low communal support, and high reliance on external humanitarian assistance.
- 55.** [DAMAL CAAFIMAAD - Ministry of Health Somalia \(moh.gov.so\)](#)
- 56.** [GHoA PHSA J \(who.int\)](#)
- 57.** Public Health Situation Analysis: El Niño (who.int)
- 58.** REACH_SOM_2023_MSNA_Results_Tables
- 59.** [Essential Package of Health Services \(EPHS\) Somalia, 2020 - Somalia | ReliefWeb](#)
- 60.** Wasting refers to acute malnutrition
- 61.** MSNA 2023
- 62.** Standard 18, Minimum Standards for Child Protection in Humanitarian Action, 2019 edition: At least 1 caseworker for every 25 children
- 63.** To ensure quality, the CP AoR will strengthen the implementation of Case Management Standard Operating Procedures, roll out the information management platform (CPIMS+/PRIMERO), and strengthen capacity of caseworkers through Face-to-Face and remote training, coaching, and mentoring. In remote and hard to reach locations, the CP AoR will train non-CP frontline workers on safe recognition and referral of children in need of protection using the CP AoR's guidance on safe referrals for non-CP actors.
- 64.** Child Protection Information Management System +
- 65.** source: <https://evictions.nrcsystems.net/index.php> .
- 67.** The inter-sector reach reporting methodology was revised by the ICCG and IMWG in January 2024 to better reflect reach trends over time and across different sectors. Whereas cumulative reach figures were used in the past, the revised methodology draws from monthly average reach figures across clusters. This has led to a downward revision of inter-sector reach in 2023, from over 8 million people reached cumulatively as previously reported, to 3.8 million people.

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About

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

PHOTO ON COVER

A woman at a contaminated shallow well in Doolow, Gedo Region, after the Deyr floods in December 2023. Photo: OCHA/Farhasaad Shahid

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**HUMANITARIAN NEEDS
AND RESPONSE PLAN
SOMALIA**