

# HUMANITARIAN NEEDS OVERVIEW

## SOMALIA

HUMANITARIAN  
PROGRAMME CYCLE  
2023  
ISSUED FEBRUARY 2022



# About

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

## PHOTO ON COVER

In a malnutrition ward in Doolow District, Somalia.  
Credit: UNOCHA/Giles Clarke

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<https://data.humdata.org/>

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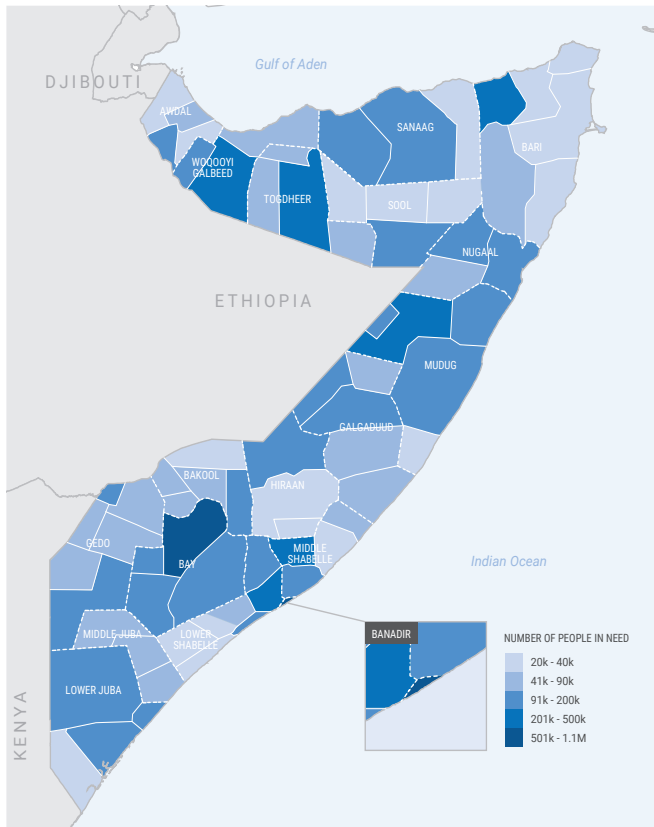
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# Summary of Humanitarian Needs and Key Findings

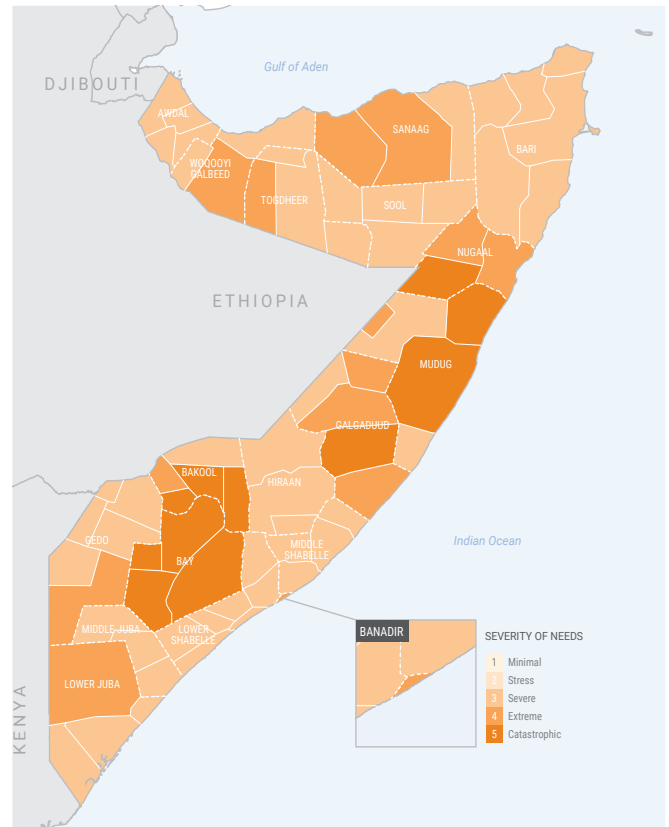
## Key Figures (2023)

PEOPLE IN NEED	TREND (2017-2023)	ADULT (18-59)	CHILDREN (0-17)	ELDERLY (>60)	PERSONS WITH DISABILITY
<b>8.25M</b>		<b>2.7M</b>	<b>5.1M</b>	<b>412K</b>	<b>1.2M</b>
CHILDREN (<5)	BOYS (5-17)	GIRLS (5-17)	MEN (18-59)	WOMEN (18-59)	ELDERLY (>60)
<b>18%</b>	<b>22%</b>	<b>22%</b>	<b>17%</b>	<b>16%</b>	<b>5%</b>

Number of People in Need: by geographical area



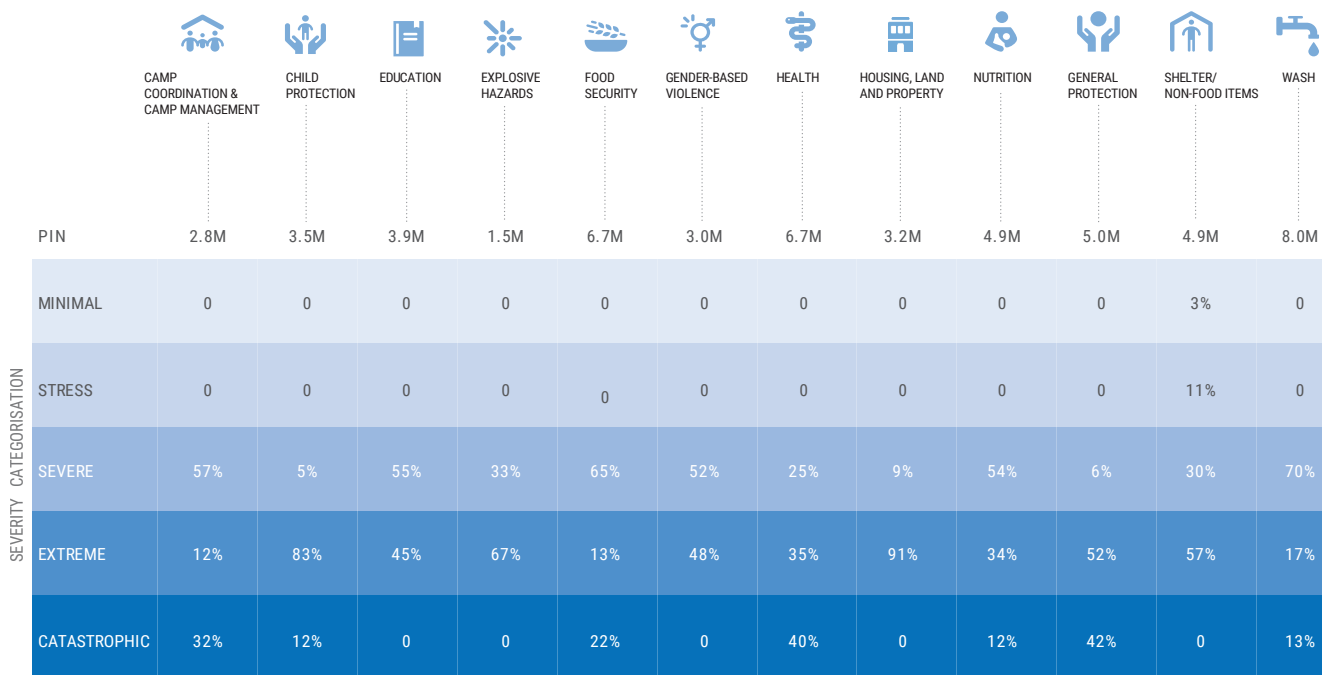
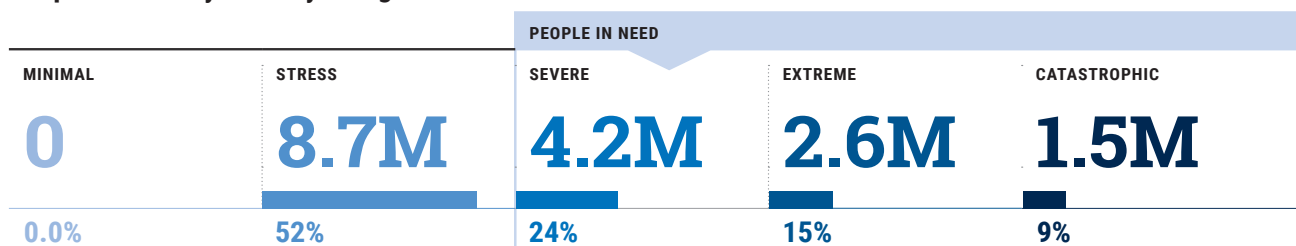
Severity of Needs: by geographical area





## Severity of Needs (2023)

### People in Need by Severity Categorisation



### By Population Groups \*

POPULATION GROUP	PEOPLE IN NEED
Newly Displaced People	752.4K
Protracted IDPs	1.1M
Shock Affected Populations in Rural Areas	4.9M
Shock Affected Populations in Urban Areas	3.3M
Refugees, Asylum Seekers, Returnees	51.4K

### By Sex and Age

	PEOPLE IN NEED
Children Under Five	1.5M
Boys	1.8M
Girls	1.8M
Men	1.4M
Women	1.3M
Elderly	412K

\* The figures for the five population groups cannot be aggregated due to overlap. The newly displaced people and protracted IDP numbers are included in the urban and rural population groups.

### Persons With Disabilities

	PEOPLE IN NEED	% PiN
Persons with disabilities	1.2M	15%

## KEY HUMANITARIAN ISSUES

As Somalia enters 2023, the humanitarian situation continues to deteriorate. The severe drought, hunger, disease and violence merge to bring Somalia to the brink of famine.

An estimated 8.25 million people (1.5 million children under five, 1.8 million girls (five to 17 years), 1.8 million boys (five to 17 years), 1.3 million women, 1.4 million men and 412,000 elderly) require humanitarian assistance. Significant segments of the population are on the brink of famine. In the absence of sufficient funding and enhanced capacity, Famine is projected between April and June 2023 and beyond for three population groups in the following areas: Baidoa and Burhakaba Rural districts as well as IDPs in Baidoa and Mogadishu.

Humanitarian needs continue to grow disproportionately for marginalised and vulnerable groups. The increasing scale and severity of needs is alarming. Within one year, 1.5 million people have transitioned from facing severe and extreme food insecurity to catastrophic levels of food insecurity. Somalis are hungrier, sicker and more vulnerable than a year ago, pushing an ever greater number of people into reliance on humanitarian assistance for survival.

### DROUGHT

Following the historic failure of four consecutive rainy seasons, Somalia is facing a climatic event not seen in at least four decades. The current drought is the longest and most severe in recent history and has surpassed the 2010/2011 and 2016/2017 droughts in terms of duration and severity.

With a poor start to the current Deyr rains and a high probability of below-average April- June 2023 rains, Somalia is facing an unprecedented sixth consecutive season of below-average rainfall. Water shortages are at critical levels exposing vulnerable people to additional risk. About eight million people lack access to safe water and sanitation facilities. Drought-induced displacement has increased fivefold since the beginning of 2022 with more than 1.3 million people displaced by the end of 2022.

Climate change and variability are increasingly understood as major drivers of conflict in Somalia as the struggle for dwindling resources exacerbate

clan divisions and inter-clan conflict. Climate change disrupts rural livelihoods resulting in rapid urbanisation which in turn contributes to high rates of forced evictions. These evictions are among the most severe and prevalent protection threats in Somalia and represent both a cause and a multiplier of the internal displacement crisis.

### FOOD INSECURITY

The prolonged drought, conflict, high food and water prices and displacement are driving the country to the brink of famine. One in two Somalis is facing food insecurity.

Over 8.3 million Somalis (49 per cent of the population) are expected to face high levels of acute food insecurity between April and June 2023, and about 1.8 million children under five are likely to face acute malnutrition through June including over 513,000 who are expected to be severely malnourished.

Even if no famine emerges, the situation is extremely alarming. Over 6.3 million Somalis are expected to face high levels of food insecurity between January and March 2023 including 322,000 in catastrophic levels of food insecurity. The cumulative levels of excess mortality could be as high as in 2011 when almost 260,000 people lost their lives, at least half of them children. In 2022 alone, 1,049 children died in nutrition centres and many more without even accessing the centres.

About 1.8 million children under five are likely to face acute malnutrition through mid-2023 including over 513,000 who are expected to be severely malnourished. Disease incidence, including an increase in measles cases, contributes to rising levels of acute malnutrition. Over 1.3 million children received treatment for malnutrition between January and November 2022. At the same time, 1,049 children have died in nutrition centres since January 2022 following related complications. Many more may have died without being able to receive treatment.

### CONFLICT

Although the formation of a new Government and the peaceful transition of presidential power in May 2022 brought some level of political stability, the security situation in Somalia remains extremely volatile. In addition to ongoing political and inter-clan tensions,

the recent escalation of the military offensive against Al-Shabaab has resulted in significant humanitarian impacts including increased displacement and reprisal attacks. Overall, it is expected that up to 450,000 additional civilians will be displaced due to conflict in 2023. Protection concerns include widespread forced family separation, indiscriminate attacks against civilians, freedom of movement restrictions, forced recruitment, abductions and destruction of civilian infrastructure.

The ongoing military operations offer both an opportunity for expanded access into areas previously under Al-Shabaab control as well as the increased likelihood of widespread insecurity and acute deterioration of humanitarian access. This uncertainty will require partners to exercise flexibility in programming to adopt to shifting insecurity, to assess and provide assistance in newly recovered areas as well as to engage in coordinated advocacy for the protection of civilians.

## **DISEASE**

Mortality in famine is often driven by disease which overwhelms a weakened immune system.

Somalia is experiencing epidemic outbreaks with a measles outbreak that resulted in significant deaths as well as an uptick in cholera. The high epidemic risks are attributed to low vaccination coverage, poor WASH coverage, a shortage of functional health facilities, low capacity for surveillance and rapid response to alerts. Increasing food insecurity and declining water availability and quality have led to outbreaks of acute watery diarrhoea (AWD) and cholera in many parts of the country. As of December 2022, 13,430 cumulative suspected AWD cases and 73 deaths were reported. Similarly, more than 16,000 cumulative suspected cases of measles were reported, 77 per cent among children below five years of age.

Somalia's overall health system remains fragmented, under-resourced and ill-equipped to provide lifesaving and preventative services. With only 19 per cent of health facilities fully functional, access to health care is severely limited. Famine-risk districts are particularly vulnerable as many children, mothers and people with illnesses or malnutrition in these areas may be unable to access health care. In areas where private-sector health services exist, they remain out of reach for millions of vulnerable people due to high prices.

## **ECONOMIC PRESSURE**

The lives and livelihoods of the most vulnerable and marginalised people have been irreversibly harmed and last resort coping mechanisms have been exhausted.

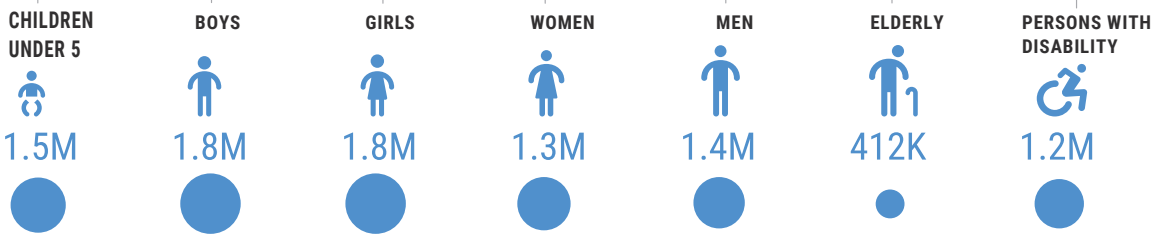
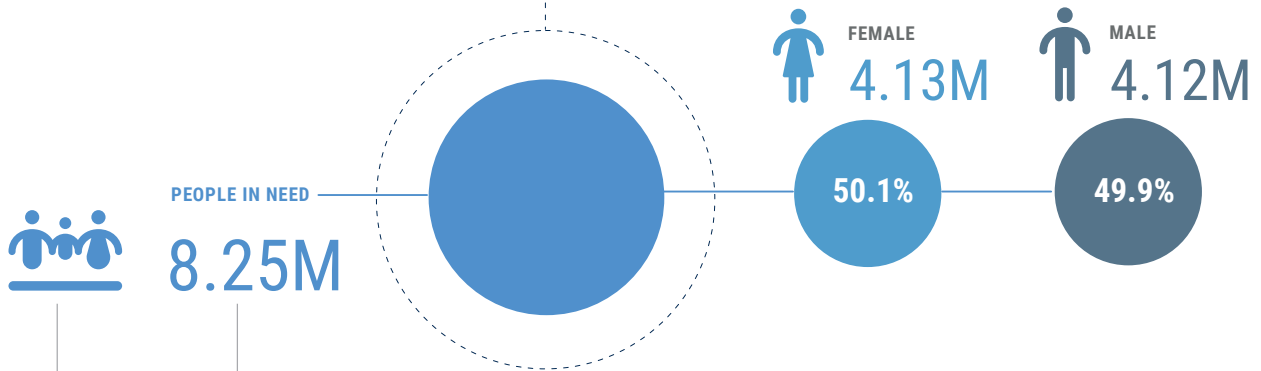
According to the World Bank, overall inflation is projected at above nine per cent with food inflation reaching 17.5 per cent which increases the pressure on households<sup>1</sup>. High food prices disproportionately affect poor households including internally displaced people (IDPs) and exacerbate inequality.

The drought has devastated the agriculture sector which accounts for up to 26 per cent of Somalia's gross domestic product, 90 per cent of its informal employment and 90 per cent of its exports. One-third of all livestock in the worst-affected areas have died since mid-2021. Conditions for crop and livestock production are expected to remain extremely poor until at least the start of the next rainy season in April 2023, if not longer, leading to further loss of livelihoods.

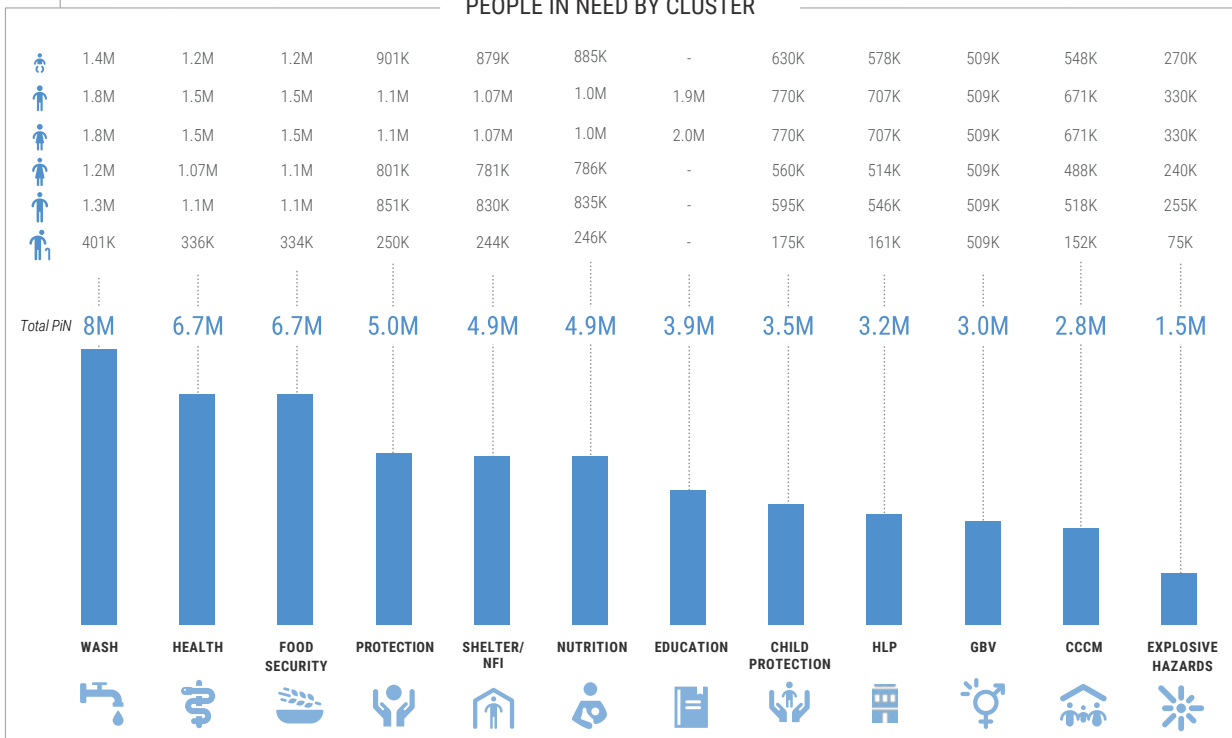
TOTAL POPULATION

16.9M

Estimated number of people in need



PEOPLE IN NEED BY CLUSTER





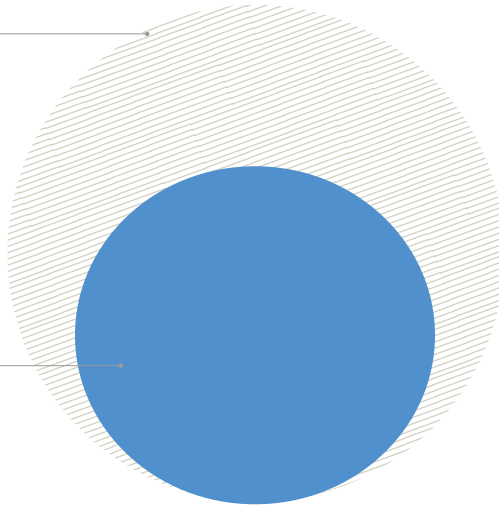
People in need by population groups \*

TOTAL POPULATION

16.9M

PEOPLE in NEED (PiN)

8.25M



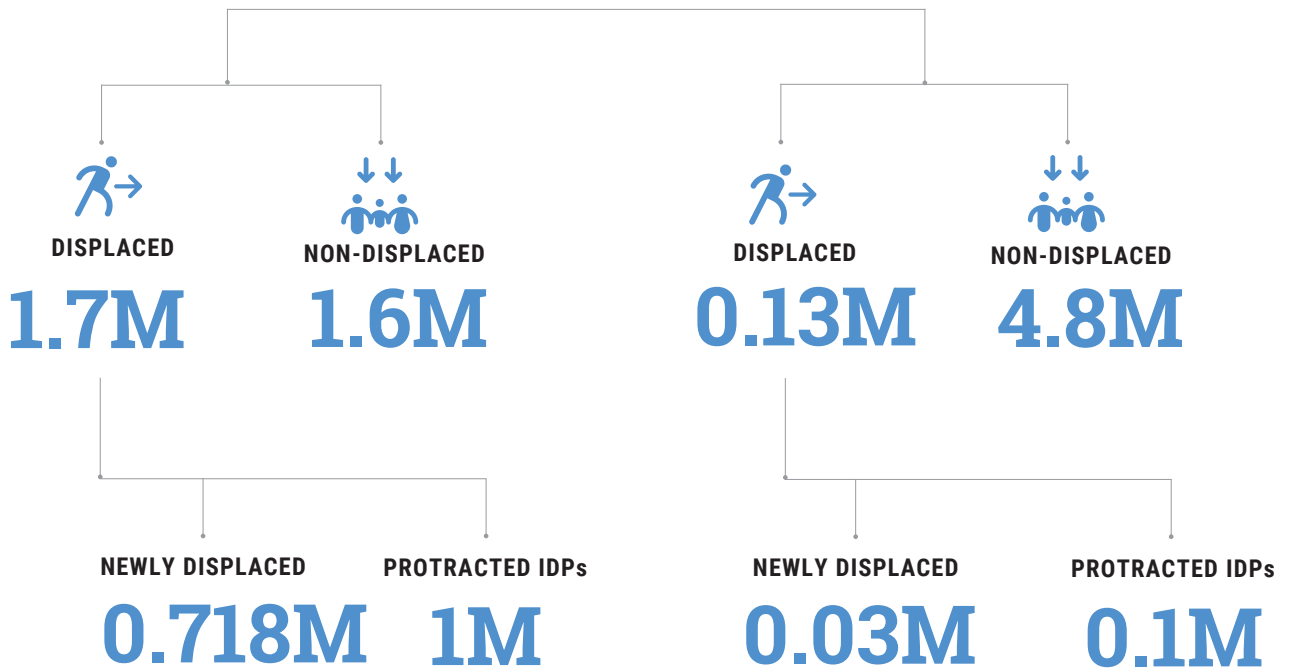
SHOCK-AFFECTED  
PEOPLE IN URBAN  
AREAS

3.3M



SHOCK-AFFECTED  
PEOPLE IN RURAL  
AREAS

4.9M



\* 1. This is further disaggregated by Urban and Rural and various population groups at district level  
 2. The PiN is calculated by taking the highest/maximum number submitted for each district per cluster.  
 3. The final total PiN is the sum of all targets identified per district.



Part 1:

# Impact of the Crisis and Humanitarian Conditions

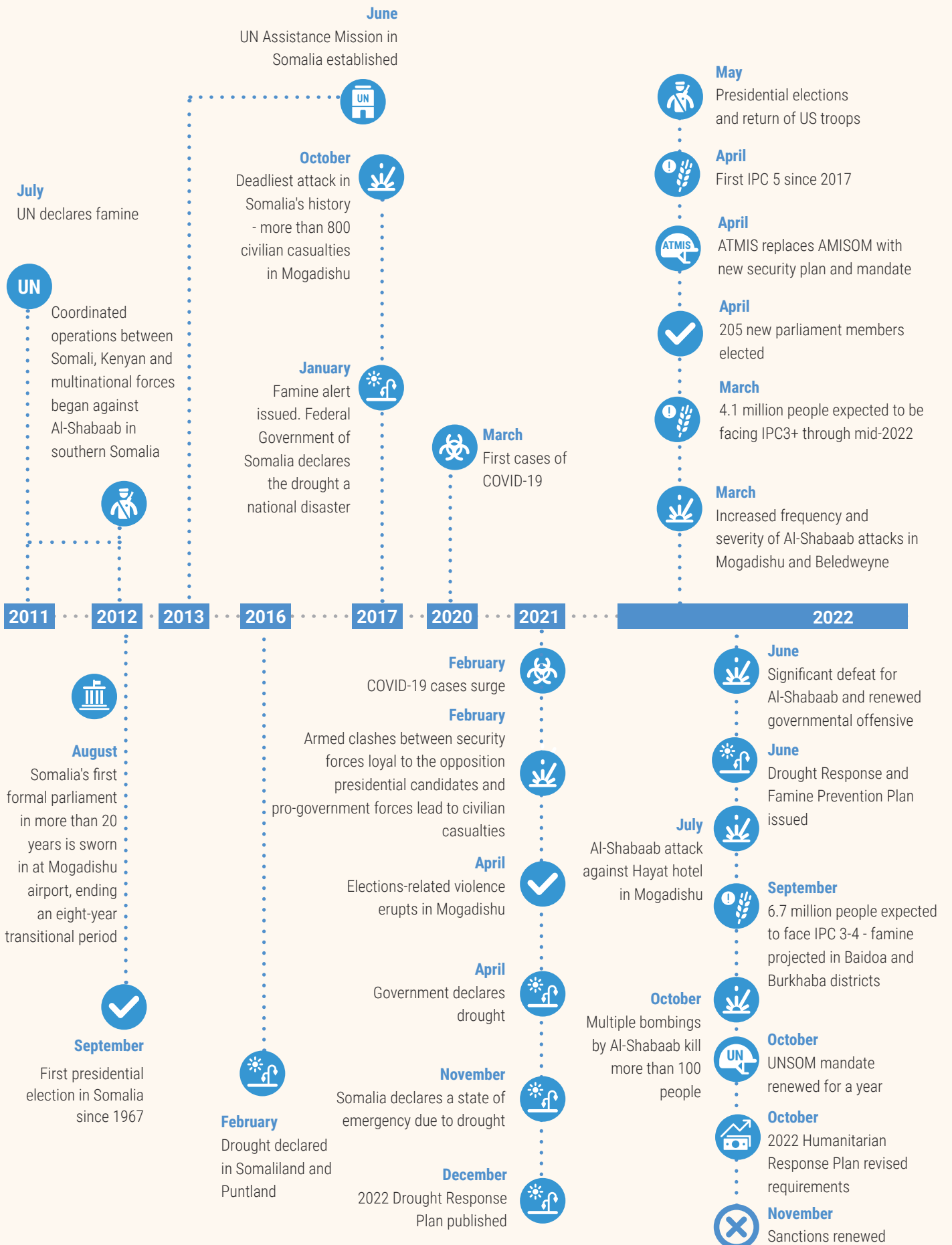
## SOMALIA

26 September 2022, Doolow, SOMALIA. A doctor is performing a medical check-up on a little girl.  
Photo: UNOCHA/Yao Chen





# Timeline of Events 2011 - 2022



## 1.1

# Context of the Crisis

### DEMOGRAPHIC / SOCIO-CULTURAL

Somalia's current population is estimated to be around 16.9 million, 60 per cent of which is estimated to be under the age of 18<sup>2</sup>. The population growth rate has been about 2.9 per cent yearly since 2015. According to the 2020 Somalia Health and Demographic Survey, the average life expectancy is estimated to be 51.5 years. Somalia is among the countries with the highest ranking in infant and child mortality globally: 76.6 and 121.5 per 1,000 live births respectively. The maternal mortality rate (692 deaths per 100,000 live births) and the fertility rate (average of 6.9 children per woman) are also among the highest in the world, while 79 per cent of all births are home delivered without skilled assistance.

The country's rapid population growth strains the weak health-care system and contributes to instability. Currently, health and education outcomes are low with substantial gender disparities and regional inequities which puts Somalia at a disadvantage. Young children, girls and women of reproductive age, minorities, IDPs and persons with disabilities are most at risk of dying due to lack of access to health services. Overall, only 11 per cent of children aged 12-23 months are fully vaccinated and around 19 per cent of children in urban areas have received all basic vaccinations, however, this is only the case for less than one per cent of children in rural areas<sup>3</sup>.

Rural communities in Somalia employ two livelihood systems: pastoralism, and agro-pastoralism, while a small proportion of the riverine population in the south, including the Somali Bantu community, depends on settled agriculture<sup>4</sup>. Traditionally a nomadic and agro-pastoralist rural society, Somalia is being transformed by exceptionally high levels of rapid urbanisation fueled by forced displacement. In addition, climate change, desertification and poor land and water resource management including poor land-use practices such as deforestation and overgrazing contribute to rapid urbanisation. The growth rate for urban areas is extremely high at approximately 4.2 per cent per year, while it is estimated that 46 per cent of the Somali population are urban dwellers<sup>5</sup>.

The country's social structure is highly complex and includes numerous social groups, clans, sub-clans and ethnic minority groups that are not members of a specific clan. Clan identity – a central pillar of Somali society – is a significant driver of conflict and instability in many parts of the country. This is due to several factors such as the struggle for power and limited resources. Settlement patterns are typically highly segregated by ethnic groups/clans. Existing social inequalities reflected in the political influence and power relations among and within different social groups (i.e. clans and sub-clans) result in further marginalisation of the most vulnerable groups including women and girls, the young and elderly, minorities and persons with disabilities. Poor and marginalised groups, more broadly, are often excluded from access to land, equitable assistance and essential services. This is further exacerbated by the patriarchal social structure where power is predominantly held and negotiated by men and within which women remain predominantly excluded from power and decision-making and subject to discriminatory laws, social norms and customs (in spite of recent efforts to elevate their political and social status).

### ECONOMIC SITUATION

Poverty in Somalia is deep and widespread. Somalia remains one of the poorest countries in the world with about 70 per cent of Somalis living below the poverty line and 90 per cent living in multidimensional poverty. Economic growth continues to be affected by long-standing issues such as conflict, persistent climate shocks, widespread poverty and a high level of vulnerability coupled with a very limited fiscal space to provide resources for public services.

Service provision and social spending continue to rely predominantly on external grants. Limited domestic revenue mobilisation at about two per cent of GDP and the inability to take on additional debt limits public spending abilities to provide additional support. Remittances continue to play a predominant role in providing relief and resilience at individual level.



The prolonged electoral stalemate from 2021-2022 contributed to fiscal stress as the electoral impasse slowed progress in tax administration and policy reforms that began in 2018/2019. It also halted budget support from multilateral partners in 2021 leading to liquidity pressures and a fiscal deficit of 1.1 per cent of GDP. Approximately 50 per cent of the Somalia working-age population actively participates in the labour market. This figure drops to 43 per cent and 39 per cent for women and youth, respectively. Jobs are dominated by low-value services in sectors such as retail and commerce and are largely in the informal sector without labour protection.

Somalia's trade deficit affects the economy as Somalia currently imports essential commodities and runs a trade deficit estimated at around 65 per cent of GDP which is largely attributable to the country's dependency on imports of food, fuel, construction materials and manufactured goods.

Growth has repeatedly been interrupted by climate-related shocks such as floods, droughts, locust infestations, the COVID-19 pandemic and insecurity.

In 2022, the impact of the ongoing severe drought compounded by the rising commodity prices contributed to increased inflationary pressure. Food price inflation exceeded 10 per cent in the first half of 2022 and was aggravated by lower domestic agricultural output and high imported food prices driven by the war in Ukraine. High food prices disproportionately affected poor households, including IDPs, thus further exacerbating inequality. The worsening drought conditions prevent the economy from sustaining a modest rebound in growth as real GDP growth is projected to slow to 2.2 per cent in 2022 from 2.9 per cent in 2021. This continues the trend of net zero growth in GDP per capita starting in 2014.

Despite the challenges, Somalia's economy is expected to grow gradually. Government spending is projected to increase as political uncertainty declines significantly following the completion of the elections.

## INFRASTRUCTURE

Low human development indicators, expensive and unreliable electricity, poor roads, unreliable Internet access in rural areas and pervasive government corruption constrain investment and development.

Infrastructure remains a challenge with road access impeded by active conflict, the potential presence of explosive hazards, poor road conditions as well as natural hazards including seasonal flooding, which all contribute towards damage and destruction.

Somalia is characterised by poor access to clean water, proper sanitation and solid waste management leading to negative impacts on health and welfare of Somalis as well as the economy.

The 15,000 km-long road network in Somalia is in poor condition with almost all main roads in need of major repairs due to the lack of proper maintenance. The limited road infrastructure is not only preventing the delivery of humanitarian aid; it is also a major constraint on the population's access to social services such as education and health care<sup>10</sup>. During the Gu rainy season between March and June and the Deyr season from October to December, poor road networks are heavily affected by recurrent riverine and flash flooding which often cuts supply lines and disrupts the movement of people and goods leading to supply shortages and thus higher prices.

The ICT industry in Somalia has flourished under a self-regulated private sector and makes an important contribution to the economy. The market has 11 operators and four million mobile connections. Most parts of Somalia have telephone and Internet service coverage .

More than 70 per cent of Somalis live without electricity. The remaining 30 per cent have limited access to electricity provided by privately-owned diesel powered mini-grids which they pay among the highest rates in the world<sup>7</sup>. Only 57 per cent of the population has electricity access in urban areas versus 12 per cent in rural areas where most of the population lives. In rural areas, charcoal and firewood make up about 85-90 per cent of energy used which has led to deforestation and negative health impacts<sup>8</sup>. Near-term destruction of the

vegetative cover is one of the most important energy and environmental problems the country is faced with. Low rainfall means extremely slow growth of biomass (trees, bushes, grasses) and charcoal production destroys it at an alarming rate which presents an existential challenge to all Somalis<sup>9</sup>.

Somalia has about 60 airports, airstrips or airfields which are evenly spread across the country and have been developed mainly for military strategic reasons since Somalia's independence. Poor infrastructure and security restrictions on interstate road transport have left airlifts as the principal alternative increasing transportation costs<sup>11</sup>. These factors affect the availability, accessibility and affordability of nutritious food for those at most risk<sup>12</sup>.

Somalia has four deep-water ports which were constructed in the 1980s. Maritime access is a viable option for transporting large quantities of food, but only four ports Mogadishu, Bossaso, Berbera and Kismayo are operational, and reliable commercial shipping options are limited.

## POLITICAL LANDSCAPE

Conflict, insecurity and impact of political divisions continue to drive humanitarian needs, displacement and protection concerns in Somalia.

The political climate remains precarious despite the progress made over the last decade in state and institution building. A prolonged political stalemate due to the disputed electoral process from 2021 to early 2022 resulted in a significant political crisis and turmoil within the Somali Government. The electoral impasse threatened political stability and security as Al-Shabaab intensified its attack targeting government facilities and personnel, security forces, international partners, and public places. More than 200,000 people were displaced by political fighting in Mogadishu in April 2021. In February 2022, Somali leaders struck a deal and conducted parliamentary elections in May 2022.

The new Government developed a four-year-plan outlining goals and activities across six pillars: security, justice, reconciliation, economic development, social development and foreign relations.

Limited institutional capacity remains a challenge in both federal and sub-federal levels of the Government. The inclusion and meaningful participation of women, youth and historically marginalised groups remains limited with only 13 per cent of the cabinet and 21 per cent of the parliamentary committee positions held by women.

Clan conflict in Galmudug and Hirshabelle persists hindering humanitarian movement and operations as do armed clashes between local militias in the disputed areas of Sool and Sanaag. Since June 2022, anti-Al-Shabaab operations by Government forces and armed elements referred to as the "Community Defense Forces" in central Somalia (Galmudug, Hiraaan and Middle Shabelle) have seen large areas recovered from Al-Shabaab control.

## SECURITY ENVIRONMENT

Insecurity continues to hamper the ability of humanitarians to reach people in need. The use of IED's represents one of the major threats to the right to life of civilians in Somalia and is responsible for the largest number of civilian casualties emanating from the armed conflict in the country. In 2022, Somalia saw the most significant increase in civilian casualties since 2017<sup>13</sup> which was primarily due to the intensification of Al-Shabaab's high-profile mass-casualty attacks including the use of suicide bombers. These attacks started after the completion of the electoral process in the first quarter of the year. Other casualties have been caused by State security forces, clan militia and other unidentified actors.

Accessibility to some districts, particularly in southern and central regions, remains limited in rural areas which is largely due to insecurity along main supply routes. Civilian movement in areas controlled by Al-Shabaab is nearly impossible due to regular and active hostilities or military operations across parts of Galmudug, Hirshabelle, Jubaland, and South West State. Conflict in these areas has imposed an added security dimension including an increased threat from improvised explosive devices (IEDs), Al-Shabaab reprisal attacks against the civilian population who collaborate with the Government and civilian infrastructure and an acute deterioration of road access for humanitarians. These threats may be compounded by military offensives against Al-Shabaab including those conducted by armed elements with the support of Government forces in central Somalia.

Uncertainty as to whether Government forces will be able to hold the areas they have taken presents an uncertainty for local populations and humanitarian partners seeking to extend programmes into these areas.

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

Al-Shabaab continues to control and exert influence over territory and communities in large parts of the country, particularly in the south and central regions. Over 34 per cent of those displaced between January and November 2022 cited conflict/insecurity as the main reason. The military offensive against Al-Shabaab is likely to scale up and is projected to result in at least 450,000 additional displacements in the year ahead

Casualties have also resulted from Al-Shabaab suicide bombings, the most recent of which was on 29 October 2022 near the Ministry of Education in the capital Mogadishu which left at least 121 people dead and 333 injured, according to Somalia's Ministry of Health. Most of the casualties were civilians. An earlier Al-Shabaab attack on Mogadishu's Hayat Hotel on 21 August 2022 killed at least 22 civilians and injured 30 others<sup>14</sup>.

In addition to the deliberate targeting of civilians, latest information gathered by the United Nations Human Rights Office indicates that in recent months, Al-Shabaab has destroyed numerous wells and poisoned another in the Hiraan region at a time when Somalis are facing extreme hardship due to drought in many parts of the country. Al-Shabaab also destroyed part of the riverbank of the Shabelle river, houses, a bridge, disabled telecommunication antennas and damaged 11 schools.

## LEGAL AND POLICY CONTEXT

The Somalia National Development Plan (NDP9) lays out Somalia's development priorities for 2020 to 2024 for the Government and international partners<sup>15</sup>. The NDP9 aligns and mainstreams the Sustainable Development Goals across the Government's agenda and reflects the principles of the 2030 Agenda for Sustainable Development. The UN Sustainable Development Cooperation Framework for Somalia 2021-2025 outlines the UN's strategic plan to guide collective contribution towards the realisation of the 2030 Agenda for Sustainable Development and sustainable development in Somalia.

In addition, Somalia's Foreign Policy Agenda 2022 (Agenda 2022) sets out a comprehensive framework for Somalia's foreign policy and security and economic development of the Federal Republic of Somalia<sup>16</sup>. In line with Agenda 2022, a process was initiated to determine the security transition priorities of Somalia leading to the adoption of a revised Somali Transition Plan (STP); under an African Union Transition Mission in Somalia (ATMIS) which will operate until the end of 2024 - after which all responsibilities will be handed to the Somali Security Forces<sup>17</sup>. The revised STP complements the Security Pact (2017)<sup>18</sup> and the Mutual Accountability Framework (MAF) (2020)<sup>19</sup> agreed at the Somali Partnership Forum (2019)<sup>20</sup>.

In March 2022, Resolution 2628 requested the UN to submit a proposal for benchmarks and indicators by the end of September to measure the effectiveness of the ATMIS and the implementation of the Somali Transition Plan and National Security Architecture<sup>21</sup>. A key issue for Security Council members is how to support the newly elected Government of Somalia in implementing its national priorities<sup>22</sup>.

The Security Council extended the mandate of the UN Assistance Mission in Somalia (UNSOM) until 31 October 2023; the 751 Somalia sanctions regime and the mandate of the Panel of Experts supporting the 751 Somalia Sanctions Committee expired on 15 December 2022<sup>23</sup>.

### Timeline of key legal documents







## SOMALIA

Kaharey IDP site, Doolow District, Somalia. 26 September 2022. Photo: UNOCHA/Yao Chen

Somalia is a signatory to the Convention on the Rights of Persons with Disabilities, the 1951 Refugee Convention including its 1967 Protocol Relating to the Status of Refugees as well as the 1969 Convention governing the Specific Aspects of Refugees Problems in Africa (OAU Convention). However, the Refugee Act<sup>24</sup> that was drafted in 2019 is not yet endorsed by the parliament of the Federal Republic of Somalia. Somalia also ratified and deposited the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention).

In addition, Somalia has ratified six out of nine core human rights treaties: the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; the International Covenant on Civil and Political Rights; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of the Child; and the Convention on the Rights of Persons with Disabilities<sup>25</sup>. However, Somalia is not a signatory to

some key human rights treaties such as the Convention on Elimination of All Forms of Discrimination Against Women.

While working to strengthen the governance and economic agenda, some gaps remain in key legal and institutional reforms which have stagnated such as the review of the country's penal code; the passing of federal legislation on sexual offences; key child's rights and disability rights legislation; establishment of a national human rights commission; and the appointment of commissioners<sup>26</sup>.

## ENVIRONMENTAL PROFILE

Somalia is on the front-line of climate change. Droughts and floods are becoming more frequent and severe in Somalia which threatens food security and livelihoods and exacerbates insecurity and vulnerabilities.

Somalia experiences a hot desert climate in the north of the country and a semi-arid climate in the south. Most people live in major coastal cities such as Mogadishu. Somalia is dominated by pastoral and agro-pastoral livelihoods, however, there is some large-scale irrigated agriculture in riverine areas in the south of the country.

Somalia receives rainfall in two key rainy seasons: the Gu rainy season (April to June) and the Dyer rainy season (October to December). Seasonal rainfall totals are typically larger for the Gu than the Dyer rains. The timing and amounts of seasonal rainfall are highly variable from year-to-year, and there has been an observed decline in rainfall during the Gu rains linked to delayed onset and early cessation.

The Federal Government of Somalia declared a drought emergency in November 2021 as the country experienced three consecutive failed rainy seasons.

With the recent failure of the 2022 Dyer rainy season, Somalia has experienced an unprecedented fifth consecutive failed rainy season making it the longest and most severe drought in 70 years of precipitation data. As a result, conditions will not recover quickly enough to see food security improvements before mid-2023.

Extreme weather events such as flash floods, erratic rainfall, disruption to the monsoon seasons, strong winds, cyclones, sandstorms and dust storms are increasing in frequency and magnitude.

According to the most recent climate projections, temperatures can be expected to rise by at least 1.4 to 3.4°C by 2080 along with a sea level rise of between 36 and 42cm.

Existing water deficits have been exacerbated by very high air temperatures which are forecast to continue into the June to September 2023 dry season. The predicted below-average season would drive a deterioration of an already dire food security and malnutrition situation.

## CLIMATE CHANGE RISK PROFILE



**Ecosystems:** projections of the number of species are not very significant. But in most other parts of the country, the number of species will go down, and there aren't likely to be any changes in tree cover any time soon.



**Health:** As temperatures rise, people are more likely to experience heatwaves. Heat-related deaths will go up to between 2.7 and 3.3 per 100,000 people per year until 2030. After that, they will go up dramatically to between 3.6 and 11.4 per 100,000 people per year until 2080.



**Sea level:** It is predicted that the sea level will rise by 12 cm by 2030, 20 cm by 2050, and 36 cm by 2080.



**Agricultural yields:** It is very hard to predict how much a crop will produce. The future yields of millet, sorghum, and maize are hard to predict because they vary significantly through out the year.



**Precipitation:** Overall, it is likely that the amount of rain over Somalia will rise over time (until 2080). But there will probably be a lot of change in the amount of rain from year to year. There will be years with less rain and big changes.

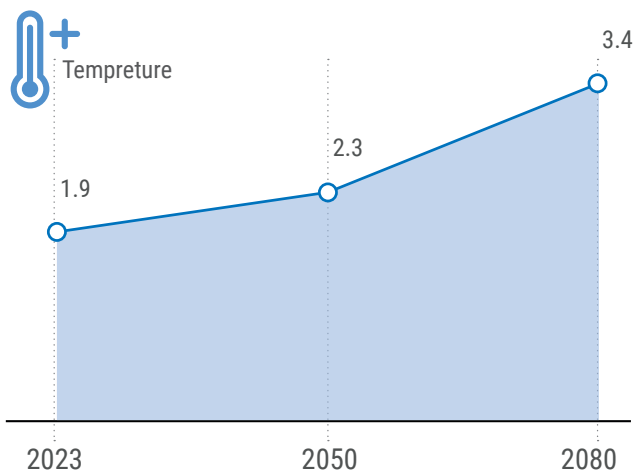
Rising sea levels combined with increased wind speeds and precipitation associated with coastal storms and tropical cyclones will lead to increased storm surges. This is particularly important for low-lying areas and coastal populations in Somalia where coastal populations are projected to increase significantly.

Increased periods of flooding and drought due to irregular rainfall patterns are projected to result in a 50 per cent reduction in water availability per capita taking into account population growth<sup>27</sup>. This will lead to less favourable conditions for crop, livestock, fisheries and forestry-based livelihood systems. Other likely impacts include reduction of vegetation for grazing with grave impacts on livestock herding and livelihoods as well as increased conflict over these diminishing resources. Additionally, acidification and rising sea temperatures will reduce fish stocks and disrupt their distribution.

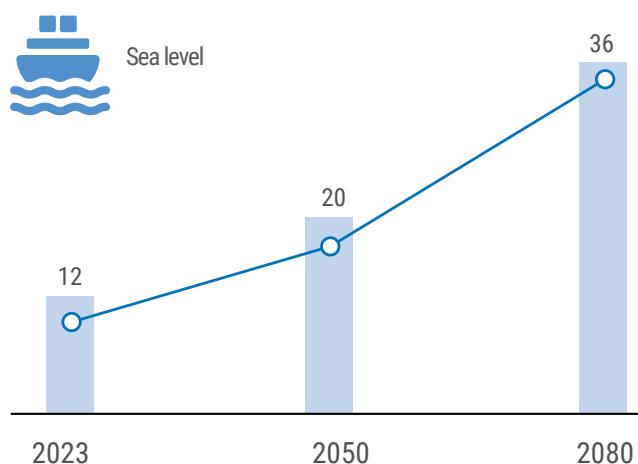
Climate change in Somalia has had dramatic consequences on agriculture. It is responsible for land degradation and erosion, soil destabilisation (water and nutrients), higher flood risks and acceleration of droughts. Additionally, deforestation and charcoal production have had a devastating impact on the environment destroying forests that supported biodiversity and wildlife and damaging water sources.

Climate change and environmental degradation also reduce scarce water resources forcing communities to migrate and confront one another for control over diminishing ecological yields. Climate-related displacement and migration are projected to rise in Somalia. By the end of 2022, more than 8.25 million people faced severe shortages of water, food and pasture, and nearly 1.3 million people were displaced from their homes due to the drought.

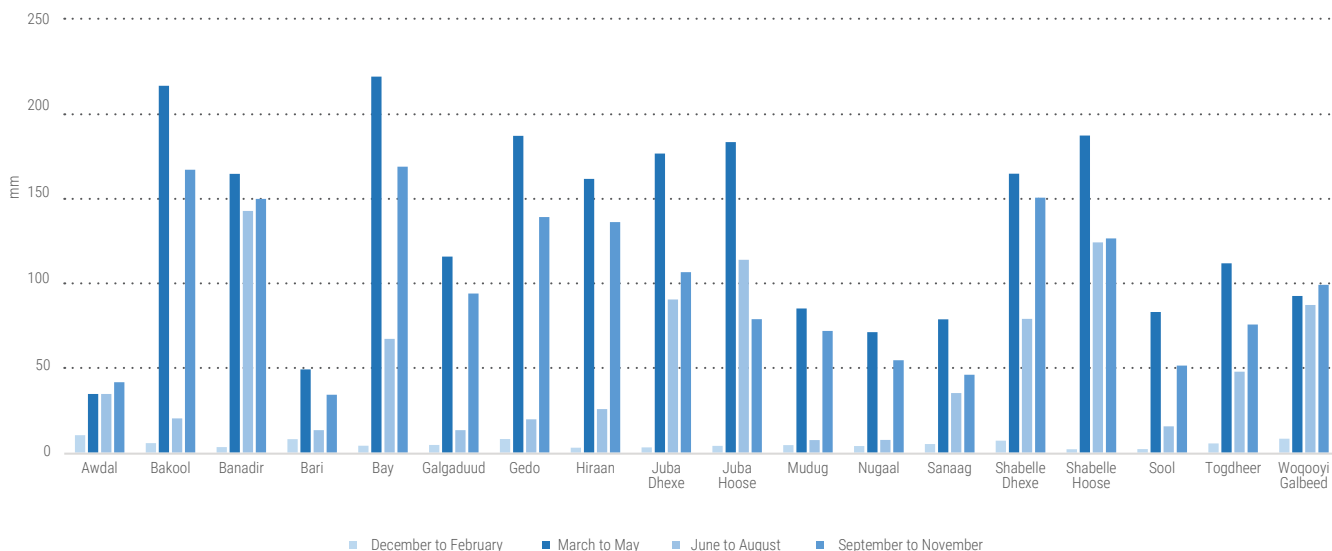
Temperature Model



Sea Level Model



Observed Seasonal Precipitation by District



## 1.2 Shocks and Impact of the Crisis

The impact of the drought, widespread insecurity and increasing economic pressures will continue to drive humanitarian needs in Somalia in 2023. Protracted displacement continues for more than 3.1 million Somalis. About 58 per cent of all IDPs remain dependent on humanitarian assistance.

In 2022, the risk of famine in Somalia was propelled by conflict and climate change. At the same time, many structural challenges remain, beyond the acute humanitarian needs.

### **Conflict: Intensification of military operations**

Since June 2022, anti-Al-Shabaab operations by Government forces and armed elements referred to as the “Community Defense Forces” in central Somalia (Galmudug, Hiraaan and Middle Shabelle) have seen large areas recovered from Al-Shabaab control. Conflict in these areas has imposed an added security dimension including an increased threat from IEDs, Al-Shabaab reprisal attacks against the civilian population and an acute deterioration of road access for humanitarians. Unpredictability as to whether Government forces will be able to hold the areas they have taken present an uncertainty for civilians regarding their sustained security and for humanitarian partners regarding the extension of their programmes into these areas.

From January to November 2022, the United Nations recorded 1,754 civilian casualties (672 killed and 1,082 injured), which is a 51 per cent increase compared to the 1,163 casualties recorded in 2021 and 46 per cent more than the 1,199 casualties recorded in 2020. The civilian- casualty figures recorded in 2022 are the highest since 2017 when 2,185 casualties were documented. At least 66 per cent (348 deaths and 807 injuries) of the total 2022 civilian casualties (1,754) were from IEDs, while Al-Shabaab was responsible for 95 per cent of the casualties resulting from those IED attacks. In comparison, from 1 January 2020 to 31 December 2021, UNSOM / OHCHR reported 1,206 civilian casualties (519 killed and 687 injured) attributed

to Al-Shabaab, 72 per cent (309 killed and 556 injured) of which were from IED attacks<sup>28</sup>.

Conflict remains a core driver of displacement. Military operations are likely to continue into 2023 with a number of possible scenarios: Government successes in central Somalia encourage further mobilisation of clan militias in support of the Somali National Army and a spread of the campaign across southern Somalia. While this may open up areas where access was previously very limited, it will also increase security challenges and impede humanitarian operations. Another scenario may see clans in southern Somalia reluctant to join an anti-Al-Shabaab coalition and the conflict being limited to central Somalia. Alternatively, clans in central Somalia may tire which, coupled with either a lack of resources or operational fatigue, could lead to a stalemate in the offensive and to the Government abandoning it. If the Government is unable to hold the areas they have taken from Al-Shabaab, this could see the latter returning to them.

### **Climate Change: drought and floods**

The April-June 2023 Gu rainy season is likely to be below normal with a 62 per cent probability that cumulative Gu rainfall will be within the lowest tercile range which represents the sixth consecutive season of below-average rainfall. The 2023 Gu crop harvest is expected to be 40 to 60 per cent below-average which is not only due to forecasted below-average rainfall, but also to a lack of seeds and other agricultural inputs. Another reason for the expected bad harvest is that many drought-affected households move away from their fields and only have limited means to return and cultivate their land.

Water prices are six times higher than at the beginning of 2022 and are likely to remain high. There is also concern that groundwater resources could become exhausted in densely populated areas of Baidoa.



Water and pasture scarcity persists and crop production prospects for the January 2023 harvest are grim. As of mid-December, cumulative Deyr season rainfall between October and December 2022 ranges from 25 to 55 per cent below-average across most parts of Somalia. Due to the impacts of drought on livestock health, poor and vulnerable pastoral households currently have limited access to milk and lack saleable animals. Pastoral households have also accumulated very high debt burdens driven by the prohibitive costs of water and feed for livestock, increased reliance on purchasing food for the family on credit, and abnormal livestock migration to distant areas in search of pasture and water. Households in agro-pastoral and riverine livelihood zones have had several consecutive failed cereal harvests with further disruption to cash crop and cereal production in riverine areas due to low water levels in the Juba and Shabelle Rivers. In agro-pastoral and riverine areas, the area planted is much smaller than normal due to the poor rains, the displacement of households away from their farms and farmers' reduced ability to afford seeds, irrigation and other inputs.

Recurrent flooding, particularly in Hirshabelle State and Lower Shabelle region, as well as areas that are prone to flash-flooding and below sea-level, remains a risk for substantial damage to infrastructure and property; for loss of economic assets such as shops, crops, and livestock; as well as delayed planting which increases the risk of malnutrition and water/mosquito-borne diseases. Parts of northwestern regions, some parts along the coast and adjacent areas in southern Somalia received precipitation of over 100mm of rainfall between June and September 2022. It is projected that flooding will occur in 2023 if the river levels rise which will cause widespread displacement in riverine areas and exacerbate humanitarian needs.

## Displacement

Insecurity and conflict-induced displacement continue to be of concern in Somalia. Over 80 per cent of displaced people are women and children<sup>29</sup>.

Displacement has increased drastically since the beginning of 2022. The increase is attributable to the historic drought and increased insecurity. Drought-induced displacement has increased fivefold with more than 1.3 million people displaced in 2022. In September 2022 alone, 102,000 people were displaced due to the military offensive in Hiraan, Galgaduud and

Lower Shabelle region<sup>30</sup>. Recurrent inter-clan conflicts still affect many households, particularly minorities as they are linked to land and other resources (water and pastures). The predominance of the clan system has left minority clan members vulnerable to violence led by clan militias, abuse, exploitation and structural inequalities with limited state protection and reduced access to humanitarian services. Somali women and girls are exposed to heightened levels of conflict-related sexual violence when travelling to and in IDP sites – where overcrowding is an issue – as well as within host communities.

The five regions that received the biggest numbers of newly displaced people are Banadir, Hiraan, Galgaduud, and Gedo regions. Around 75 per cent of newly displaced people have entered existing or newly formed IDP sites putting immense pressure on existing IDPs and services. Overcrowded IDP sites with poor service provision such as access to water and sanitation facilities exacerbate the risk of disease outbreak and particularly affect children under the age of five<sup>31</sup>.

## Marginalisation of minority clans and ethnic groups

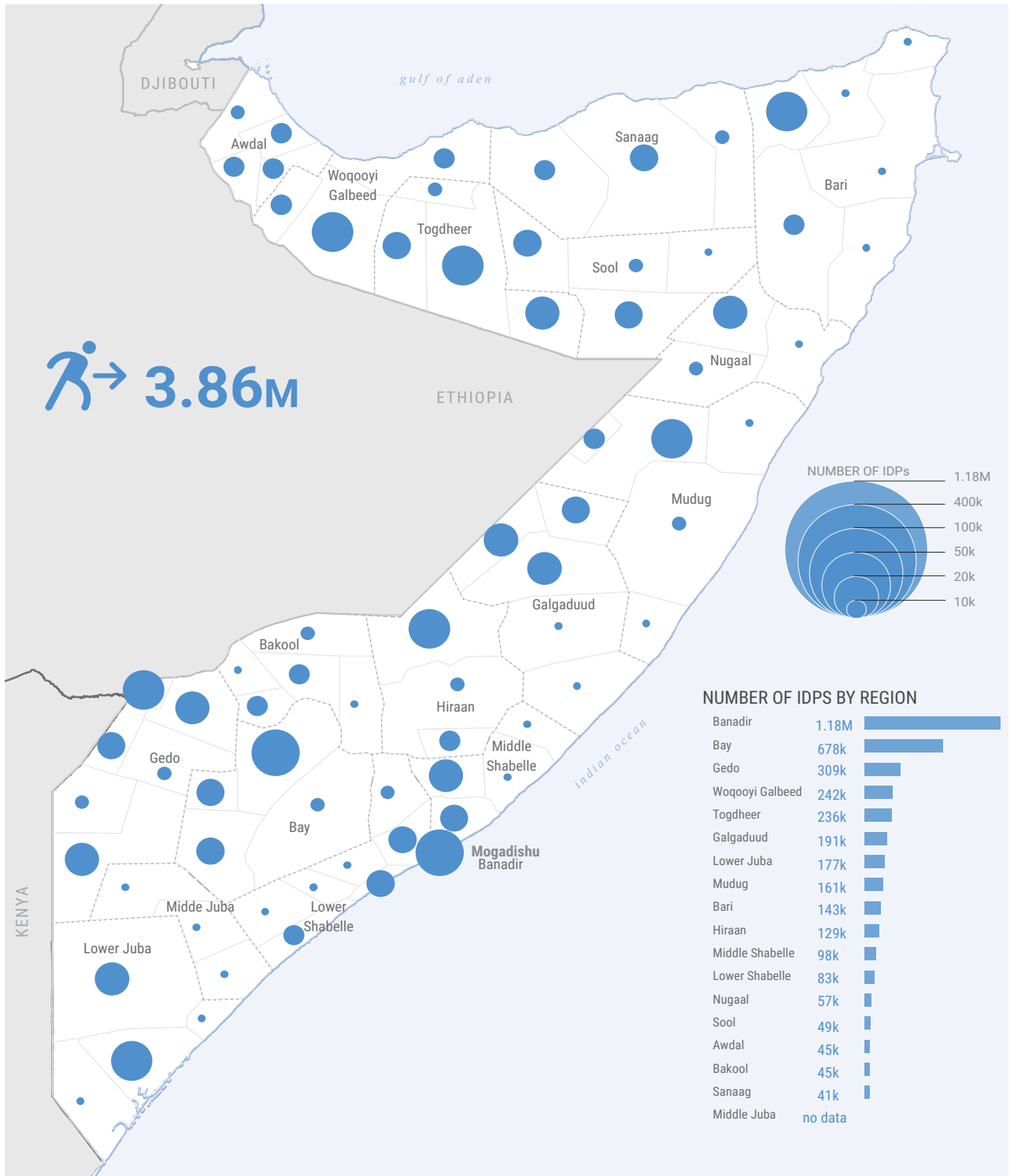
Clan identity is the basis for cultural identity and social organisation in Somalia. Unfortunately, it also contributes to marginalisation and drives conflict in the country. Patterns of marginalisation that differentiate and systematically exclude some social groups have been further entrenched through structural processes such as the 4.5 political system.

The clan-based 4.5 power sharing formula was introduced as an attempt to reconcile the nation at the end of the civil war. However, it has continued to inequitably exclude the minority clans and ethnic groups that constitute the 0.5 from assistance. An estimated 30 per cent of the population may be considered minorities under the 4.5 system, however, the exact number is unknown due to a lack of data on clan affiliation that is available to the humanitarian community.

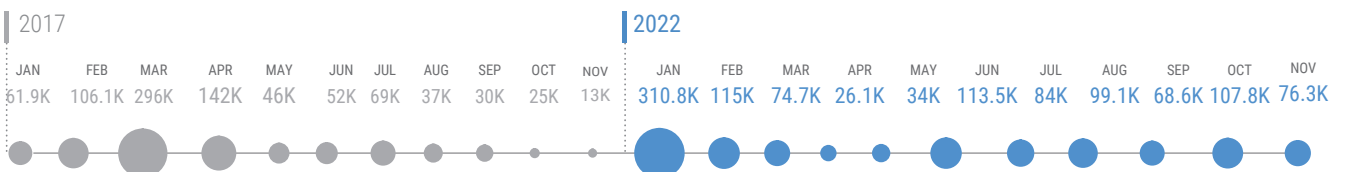
The term marginalisation is based on the degree to which a population is subjugated and has unequal access to social, economic and political opportunities. Minority clan members and minority ethnic groups across the country experience structural and distinct forms of exclusion and discrimination with elevated needs that are different from the population at large.



### Number of Internally Displaced Persons (IDPs)



### 2017-2022 TREND OF DROUGHT-DRIVEN INTERNAL DISPLACEMENT



In particular, minority agro-pastoral populations in the Bay and Bakool regions and the riverine farmers along the Juba and Shebelle rivers have traditionally faced marginalisation which has led to persistently high levels of acute malnutrition and potential famine among these communities, as evidenced in 1992 and 2011. In urban areas, those in primarily minority IDP settlements have higher levels of food insecurity, are less likely to receive food or cash assistance and are more likely dependent on casual labour as a livelihood.

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

Comparatively, minority clan adults and children are less likely to have attended any post-secondary education. Minorities are also more likely to be the victims of aid diversion and are either unwilling or unable to report such instances to authorities or aid providers. Findings of the 2022 MSNA indicate that being affiliated to a minority clan was reported to be the main reason for those who were denied access to humanitarian assistance.

### **Disease outbreaks**

The Somali health system remains weak, it has been disrupted by decades of conflicts and has negatively impacted the population's access to essential health services. Most of Somalia's disease outbreaks can be attributed to low WASH coverage, low vaccination rates, a shortage of functional public health facilities and low capacities for surveillance and rapid response to alerts<sup>32</sup>. A total of 27,237 confirmed cases of COVID-19 have been reported since it was first detected on 3 January 2020. Over 1,300 deaths have been registered and nearly eight million vaccine doses were administered.

Reported cholera cases continue to rise compared to recent years. Acute watery diarrhoea (AWD)/cholera and measles cases are surging in drought-affected areas due to the contamination of water sources. Cholera is endemic in Somalia with repeated outbreaks since 2017, particularly in districts within the river basins of Juba and Shabelle. As of December 2022, 13,430 cases of

cumulative suspected Acute Watery Diarrhoea (AWD)/Cholera cases with 73 deaths (Case Fatality Rate of 0.6 per cent) were reported in 25 districts mostly in Banadir, Bay, Lower Jubba, and Lower Shabelle regions. Additionally, measles continues to pose a health risk especially for children who are acutely malnourished. As of 7 December 2022, cumulatively more than 16,000 suspected cases of measles were reported, 77 per cent (12,396 cases) among children below five years old.

### **Livelihoods and coping mechanisms**

The lives and livelihoods of the most vulnerable and marginalised people in Somalia have been irreversibly harmed and last resort coping mechanisms have been exhausted. The drought has devastated the agriculture sector which accounts for up to 60 per cent of Somalia's gross domestic product, 80 per cent of its employment and 90 per cent of its exports. One-third of all livestock in the worst-affected areas have died since mid-2021. Conditions for crop and livestock production are expected to remain extremely poor until at least the start of the next rainy season in April 2023, if not longer, leading to further loss of livelihoods.

Due to the impact of drought on livestock health, poor and vulnerable pastoral households currently have limited access to milk and lack saleable animals.

Pastoral households have also accumulated very high debt burdens driven by the prohibitive costs of water and feed for livestock, increased reliance on purchasing food for the family on credit and abnormal livestock migration to distant areas in search of pasture and water<sup>35</sup>.

### **Market functionality and resilience:**

The overall economic situation in Somalia remains volatile after a year of significant economic instability marked by increased inflation and fluctuations in the local prices of basic commodities. A convergence of reduced local food supply and high global food prices has resulted in record high food prices in markets in Somalia. The estimated inflation rate in Somalia increased to 8.5 per cent in 2022, up from 4.6 per cent in 2021 and 4.3 per cent in 2020.

Food price inflation well exceeds overall levels of inflation. Nevertheless, local markets have proved to be resilient and are fully functional across Somalia.

Local markets are generally well-stocked, products are available, the supply chain is resilient and markets are generally accessible with most of the population facing very limited barriers to market access.

The 2022 Deyr season cereal harvest in southern Somalia is expected to be 40-60 per cent below the 1995-2021 average, and agricultural labour opportunities are very low for poor households who rely on this income source. Despite a slight reduction in recent months, staple food and fuel prices remain at atypically record high levels and are unaffordable for most poor rural, urban and displaced families. In most regions across Somalia, prices including for local cereals (32-142 per cent), imported rice (27-85 per cent) and diesel (43 to 102 per cent) were far above the 2017-2021 five-year average in October 2022.

Water prices in October 2022 were 9-154 per cent above the five-year average in most regions of the country. Prices are expected to remain at abnormally high levels through at least mid-2023. Given the likelihood of below-average April to June 2023 Gu season rainfall, the 2023 Gu season harvest is also estimated to be 40-60 per cent below the 1995 to 2022 average. This will also limit income from agricultural employment for poor households.

Markets in Somalia remain robust and responsive to demand. Food and other basic needs are available in most monitored markets with good linkages. However, localised market disruptions have resulted in the limited availability of food and other basic needs in some districts. These disruptions created localised supply shortfalls and price distortion in the affected areas until normal market functions were restored.

Where market function is not impeded, cash and voucher assistance remain Somalia's preferred modality of aid. Cash gives beneficiaries the agency to prioritise their household needs and support the local market operation critical for recovery.

### **Impact on systems and services**

Ground water provides 80 per cent of the domestic supply in Somalia. Between April and October 2022, 51 out of 74 districts experienced acute water shortages. Communal strategic water sources in most affected areas are significantly depleted leading to increased

water prices which is a key driver of displacements and diarrhoea-related morbidity in many parts of Somalia. Currently, Gedo, Bay, Bakool, Lower Juba, Galgaduud, Mudug as well as parts of Bari, Nugaal, Sool, Sanaag, Togdheer and Hiraaan are the worst affected regions<sup>36</sup>. In addition, severe water shortages and inadequate access to sanitation and hygiene facilities have heightened the risk of disease outbreaks such as cholera, especially in IDP camps and drought-affected areas.

The influx of displaced people into urban centres and existing IDP sites puts pressure on existing systems and services. Health and WASH services are the two most impacted services.

Less than a third of the people living in drought-affected areas are estimated to have access to essential healthcare. In 2023, an additional 700,000 will require health services compared to 2022. The increase in the number of people in need of health services is also coupled with more people whose needs are getting more severe in 2023. The maternal mortality ratio in Somalia is among the highest globally, 692 per 100,000 live births. Lack of access to safe maternal and newborn health facilities, especially at community level, is one of the leading causes.

Across Somalia, 4.84 million children are out of school, a 15 per cent increase from 2021<sup>37</sup>. Acute food insecurity, loss of livelihoods and lack of water exacerbated school dropout, school closure and teacher attrition which are associated with financial barriers to afford school related costs. In addition, in 2022, according to the Country Task Force on Monitoring and Reporting (CTFMR), 13 incidents of attacks on schools and 11 incidents of abductions of teachers and/ or students were verified. The Education Cluster reported a significant number of school closures in 2022. Experience from past droughts indicates that 90 per cent of children who lost access to education never returned.

### **Impact on humanitarian access**

The multiplicity of local armed actors with varying command structures and geographical presence, rapidly changing national and regional forces and the presence of various bilateral support missions and ATMIS troops, alongside regional interventions, result

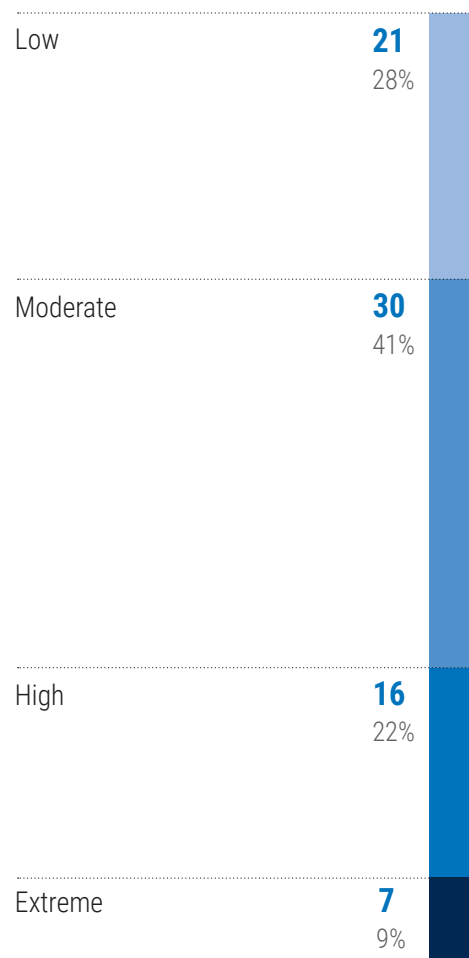
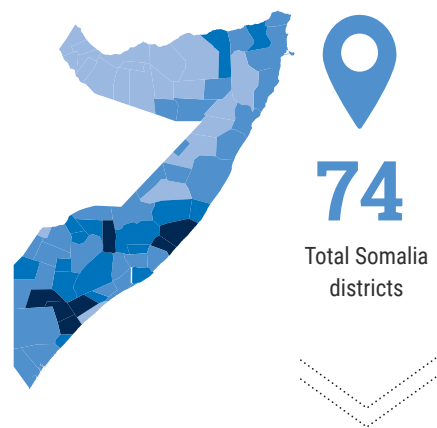
in an operating environment where territorial control by loosely allied groups shifts regularly, and

chains of command and control are not always clear. Establishing and maintaining relations with those who have influence over humanitarian access to people in need is both challenging and uncertain. About 660,000 people are estimated to live within territory controlled by Al-Shabaab and remain largely out of reach. Insecurity means that the most vulnerable populations are least likely to reach the relative safety of neighbouring districts or regions where humanitarian actors are operating.

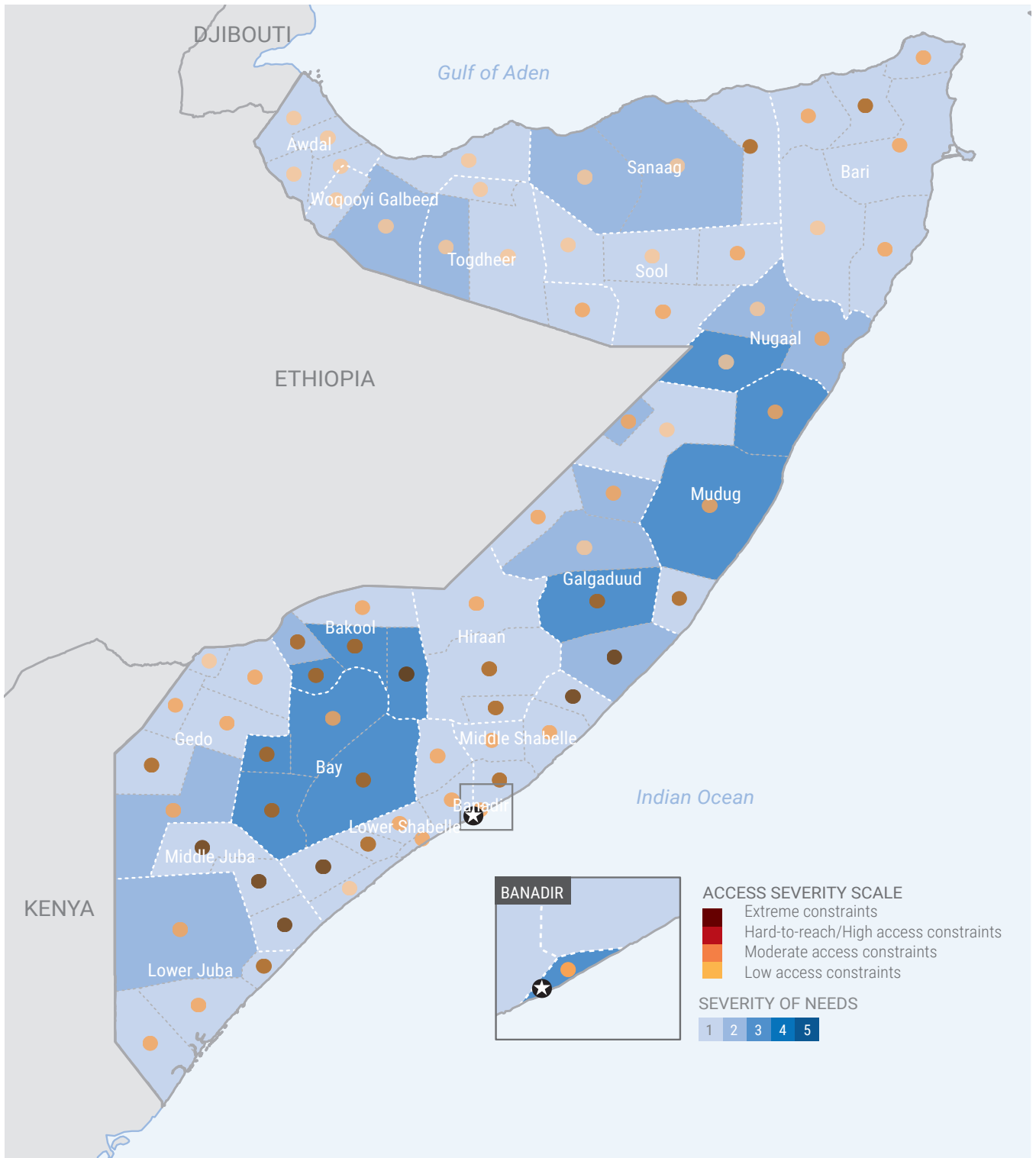
Retaliatory violence, reports of harassment and extortion at checkpoints, restrictions on the movement of goods and people, forced taxation and child recruitment underline the severe challenges and difficulties faced by affected people in gaining access to humanitarian assistance in a safe, timely and unimpeded manner.

In areas under the control of the Government and its allies, insecurity persists including the presence of improvised explosive devices along key supply routes. Extortion and other forms of violations are common occurrences at the numerous illegal checkpoints manned by both state and non-state affiliated armed actors impacting the lives of the population and the delivery of humanitarian assistance. Security checkpoints, many of which are fee-bearing, hinder safe, timely and unimpeded access. Lack of state authority beyond major population centres and bureaucratic impediments including interference by authorities in the selection of beneficiaries and distribution of assistance as well as temporary suspension of programmes impede humanitarian activity.

**NUMBER OF DISTRICTS BY SEVERITY OF ACCESS**



### Access Severity and Severity of Needs



Source: ICG



## 1.3

# Scope of Analysis

The 2023 Humanitarian Needs Overview (HNO) analysis covers all 74 districts of Somalia. Based on the main shocks and impacts of the unprecedented drought and increased conflict, significant changes in the scope of the analysis have been made to better reflect the needs of the most vulnerable population groups.

Somalia is one of the few countries whose population still resides predominately in rural areas, although it is experiencing rapid urbanisation and projected to become predominately urban by 2050. Cognizant that some needs are driven by the conditions in urban and rural areas, humanitarian partners have designed the needs assessments and analysis processes with a view to identify the most critical needs through an urban/rural lens. Urban areas in the Somalia context are defined as cities and towns with populations larger than 2,000 people. Rural areas are defined as towns, villages and areas with fewer than 2,000 people .

Furthermore, informed by previous assessments and secondary data analysis on the differing needs based on the length of displacement, humanitarian partners further expanded analysis of population groups beyond displaced and non-displaced. In 2022, needs assessments and analysis processes were adjusted to further disaggregate displaced persons into newly displaced and protracted IDPs.

In the Somalia context, newly displaced IDPs are defined as people who have been forced or obliged to leave their homes and now live in an IDP settlement that has been established for less than 12 months, or persons residing in an IDP settlement that has welcomed most residents less than 12 months ago. Protracted IDPs are defined as people who have been forced or obliged to leave their homes and now live in an IDP settlement that has been established for more than 12 months and did not welcome new arrivals in the last 12 months.

To ensure a better analysis of the various needs and vulnerabilities and a tailored response design in the HRP, the affected populations have been split into seven groups, up from three in 2022.

The groups include:

- Newly displaced people (those displaced within the past 12 months) in urban areas
- Newly displaced people (those displaced within the past 12 months) in rural areas
- Protracted IDPs (those displaced for more than 12 months) in urban areas
- Protracted IDPs (those displaced for more than 12 months) in rural areas
- Non-displaced shock-affected people in urban areas
- Non-displaced shock-affected people in rural areas
- Refugees, returnees and asylum seekers

The analysis is based on multiple data sources including (i) the national Multi-Cluster Needs Assessment (MCNA); (ii) FSNAU assessments; (iii) the Protection and Return Monitoring Network (PRMN), and (iv) the Detailed Site Assessment (DSA). Sector-specific assessment data and analysis complemented these main sources. In addition, a multi-hazard risk analysis was conducted to inform the likely evolution of needs throughout 2023. The risk analysis and likely evolution of needs are linked to the security situation including military offensives and the prolonged drought. The risk analysis section presents these risks and potential implications throughout 2023 (pg. 50-55).

## Those at High Risk of Being Left Behind

The year 2022 saw an increased severity of environmental and conflict-related shocks placing millions of Somalis at risk. With the 2023 April to June rains forecasted to underperform, these shocks may well be exacerbated. Learning from experiences in 2011/12 and 2017, two categories of individuals continue to be identified as among those of increased risk of higher mortality or exclusion from assistance provision, alongside children.

They are persons from a minority clan and persons with disabilities; minority women and girls whereby women and girls with disabilities are especially vulnerable. An inclusive humanitarian response must focus on the social and ethnic groups that have the least ability to manage in a disaster. As such, new arrivals to IDP sites must be screened for clan, language, disability and region of origin and prioritised in order to best direct scarce resources.

Minority clans, which constitute the 0.5 of the 4.5 political formulation, are estimated to represent 30 per cent of the population, while persons with disabilities are currently estimated using the global average of 15 per cent of the population. Twenty-three per cent of all IDP sites that receive new arrivals and host minority residents reported that exclusion from services occurs due to minority status. Overall, 78 per cent of the 148 sites with the greatest humanitarian needs in Somalia

are in Khada and Dayniile districts close to Mogadishu, and all of those sites have reported minority exclusion. Minority clan members have also reported a lack of representation, inability to seek redress and an unwillingness or lack of awareness of complaints and feedback mechanisms. Minority rights organisations report that female members of minority clans in IDP sites are at a higher risk of sexual assault and gender-based violence than majority clan females.

People with disabilities continue to face multiple barriers to access assistance. A clear example emerged from a CCCM study in Kismayo which concluded that if disability inclusion is overlooked, a fifth of residents in IDP sites will be excluded from assistance. The results showed that out of 2,140 survey respondents, 20 per cent are persons with disabilities, 31 per cent of whom indicated that they experience mental health issues. It also found that people with disabilities continue to face serious barriers to access services as they are less likely to find the information they need, are more at risk of physical harm and lack the necessary resources to access services. Seventy-five per cent of respondents requested mobility aids or assistance to access resources and services, 24 per cent encountered dangers when accessing services within IDP sites or the great community, and 65 per cent were not able to access information centres or community activities. The risk of GBV is more significant for women and adolescent girls with disabilities who are particularly disadvantaged due to difficulty to report or escape violence or access services.

Minorities and marginalised groups can be found in every part of Somalia. They are not a monolithic group, and their vulnerabilities will differ based on location, ethnicity, traditional occupation, social standing, alliance(s) with majority clans, language, level of political participation, gender, displacement status and other social, structural and institutional factors. Inclusion of these groups requires a joint effort to strengthen system-wide data collection on minorities and marginalised groups such as persons with disabilities; a collective focus on outcomes; a focus on rights-based approaches; and efforts towards participation that sees minorities and persons with disabilities participating equally in humanitarian decision-making from the local to national levels.

## Different people – different impact

Children, women, older people and people with disabilities are subject to attitudinal or institutional barriers and experience displacement and other shocks differently. Obstacles impeding their access to services often lead to exclusion and compound their existing humanitarian needs.

Somalia is among the countries recording the highest number of grave violations against children worldwide. Since 2017, the UN Country Task Force on Monitoring and Reporting (CTFMR) has verified a total of 22,343 grave violations against children including 8,799 children recruited and used by parties to the conflict. Between January and June 2022, 1,065 grave violations against 877 children (24 per cent girls) were verified including 318 children recruited and used (10 per cent of whom were verified used in combat) and another 370 killed and maimed by state and non-state armed actors.

Children are highly vulnerable to the impact of conflict. Boys are exposed to recruitment into armed groups and are more likely to get injured from explosive hazards, while women and girls experience targeted kidnappings, rape, domestic violence and early marriage. Each of these risks have serious long-term mental, social and physical health consequences and increase the risk for victims to be further exposed to or perpetuate violence in the future. Moreover, lack of civil documentation and livelihoods opportunities or income for caregivers directly affect children who, as a result, face barriers in accessing education and are exposed to violence, trauma, family separation, child labour and child marriage.

Women and girls are socio-economically more vulnerable than men and boys and face more constraints in accessing employment and finance for entrepreneurial activity which leads to higher unemployment, underemployment or part time employment; more frequent use of harmful coping strategies; and higher food insecurity. Women's poverty is a root barrier to their tenure security and ability to claim other HLP rights; evictions and the inability to defend property rights can deepen their economic precarity; denial of rights is commonplace and often accompanied by violence<sup>33</sup>.

People with disabilities are also disproportionately affected by conflict, displacement and the COVID-19 pandemic. Impairments leading to disability and exclusion increase with age, both in prevalence and severity. Limited physical or financial independence disadvantage older people and people with disabilities, and their voices are often not heard. IDPs and returnees have highlighted that older people (60 years and older) and people with disabilities in their communities are at higher risk of not being able to access available information which impacts their access to services. Persons with disabilities and older persons are often unable to join their families as they undertake displacement journeys. They stay behind in areas impacted by the conflict and are unable to flee from situations of violence and/or insecurity.

The drought, coupled with armed conflict, also has devastating consequences for women and children who make up over 80 per cent of the displaced population. Separation from protective social structures and male relatives, insecure IDP site environments and shelter, long-distance treks to access basic services and poverty render women and girls more vulnerable to gender-based violence.

There are also more unaccompanied and separated children in displacement sites compared to the same period last year. Vulnerabilities of people affected by drought are exacerbated by indiscriminate attacks against civilians on targets essential to the continued survival of the civilian population, conflict-induced displacement, family separation, unlawful impediments, and restrictions to freedom of movement, forced recruitment into armed groups as well as denial and/or exclusion from assistance for persons with minority clan affiliations or other marginalised groups.

The affected populations have experienced an increased erosion of their capacity to protect themselves from harm including threats to their lives, safety and integrity. The large-scale loss of livelihoods and impact of the armed conflict, violence and insecurity has exposed affected populations to heightened protection risks. This is further exacerbated by the fact that vast segments of the Somali population continue to live under areas controlled by Al-Shabaab.

Somalia is a patriarchal, clan-based society in which power and decision-making predominantly reside with males and where clan identity is the basis for cultural identity. This also contributes to marginalisation and is a driver of conflict in the country. The term marginalisation is based on the degree to which a population is subjugated and has unequal access to social, economic and political opportunities.

Somalia is among the most gender unequal countries in the world with respect to inclusion, justice and security. Discriminatory structures, norms, attitudes and practices exclude and marginalise women and girls from the enjoyment of rights including the right to bodily autonomy and integrity and from equal participation in economic, social and political participation and decision-making at all levels. Persistent inequality and marginalisation has exacerbated vulnerabilities of women and girls over successive crises.

Patterns of marginalisation that differentiate and systematically exclude some social groups have been further entrenched through structural processes such as the 4.5 political system. The clan-based 4.5 power sharing formula was introduced as an attempt to reconcile the nation at the end of the civil war. However, it has continued to inequitably exclude the minority clans and ethnic groups that constitute the 0.5 from assistance. An estimated 30 per cent of the population may be considered minorities under the 4.5 system; however, the exact number is unknown due to a lack of data on clan affiliation available to the humanitarian community.

Minority clan members and minority ethnic groups across the country experience structural and distinct forms of exclusion and discrimination with elevated needs that are different from the population at large. Minority women experience double discrimination as both members of minority clans and as women in a male-dominated society<sup>34</sup>.

Minority agro-pastoral populations in the Bay and Bakool regions and the riverine farmers along the Juba and Shabelle rivers have traditionally faced marginalisation which has led to persistently high levels of acute malnutrition and potential famine among these communities, as evidenced in 1992 and 2011. In urban areas, those in primarily minority IDP settlements have higher levels of food insecurity, are less likely to receive

food or cash assistance and more likely to depend on casual labour as a livelihood.

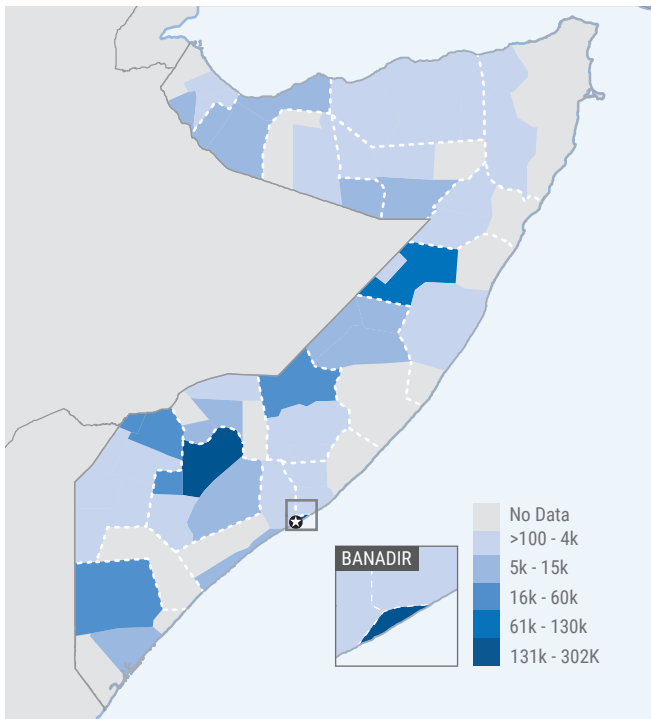
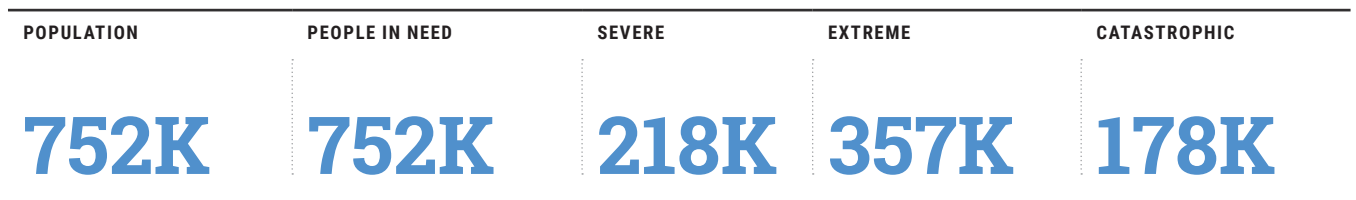
According to Minority Rights Group International, minority clan members identify multiple challenges for their communities and different security risks than the general population. Minority women, for example, are particularly vulnerable to violence and abuse including sexual and gender-based violence, abuse and exploitation, 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.

Comparatively, minority clan adults and children are less likely to have attended any post-secondary education. Minorities are also more likely to be the victims of aid diversion and are either unwilling or unable to report such instances to authorities or aid providers.

# 1.4

## Humanitarian Conditions and the Severity of Needs

### Population Group 1: Newly Displaced Persons



#### Population Profile

According to the Somalia IDP Working Group, 752,390 Somalis were displaced for the first time in 2022. As the PRMN tracks movement of people, there are multiple entries of secondary and tertiary displacement resulting in double-counting. All newly displaced people are in need of multisectoral humanitarian assistance. Newly displaced IDPs are the most vulnerable and have the most severe humanitarian needs. This is due to the arduous journeys during displacement combined with

severe gaps in access to basic services and adequate humanitarian assistance upon arrival.

About 95 per cent of the newly displaced people are hosted in urban areas which means they have settled in places where humanitarian conditions were already dire. Baidoa and Banadir, for example, received the highest numbers of new arrivals in 2022.

Newly displaced IDPs are the most vulnerable with severe humanitarian needs. Many of the newly displaced persons, especially women and children from hard-to-reach/inaccessible areas, make arduous journeys to reach IDP sites in main towns such as Mogadishu, Baidoa, Belet Weyne, Doolow and Gaalkacyo. Many of the new arrivals have no access to basic services, information on available support and adequate humanitarian assistance upon arrival. According to the 2022 MSNA, top priority needs of new arrivals include shelter, food, health, WASH and nutrition. According to the CCCM cluster, 46 per cent of internally displaced persons who have joined the CCCM managed sites since the beginning of 2022 had not received humanitarian assistance by November 2022. One out of five newly displaced people has some form of disability.

More than 30 years of conflict and political fragility, compounded by natural disasters including drought have resulted in massive displacement. As of the end of December 2022, about 1.7 million people had been displaced at least once, more than 1.1 million of whom due to the drought.



With spikes in displacement, the capacity of the humanitarian system as a whole to cope with the increasing pressure is extremely strained. The increased influx of IDPs to urban areas is overstressing existing services such as health, water supply and sanitation services.

### **Basic Needs and Contributing Factors**

Based on MSNA findings, newly displaced IDPs' top three priority needs are: shelter (83 per cent), food (81 per cent) and health care (69 per cent).

Many of the new IDPs are forced to sleep in open spaces which exposes them more to protection risks and harsh weather conditions. According to the 2022 MSNA, 83 per cent of the newly displaced people identified shelter as one of their top three priority needs.

Acute malnutrition is prevalent among the new arrivals as highlighted by the findings of a mass MUAC screening exercise conducted among IDPs in Baidoa in September 2022. The exercise found that 24 per cent of 98,103 displaced children were severely malnourished while 35 per cent were moderately malnourished. The number of unaccompanied and separated children in the sites was also higher in 2022 than in 2021.

The drivers of needs severity among newly displaced people are intersectoral in nature and exacerbated by a lack of livelihood opportunities and poor living conditions in rapidly expanding urban areas. For example, the health and nutritional well-being of displaced people relies on frequently adequate access to safe water and sanitation, which is often not the case.

### **Access to Services**

Internal displacement in Somalia remains one of the most complex and long-standing humanitarian challenges in the world. Vulnerable people face an endless cycle of displacement with no access to identity cards and other legal rights to help them rebuild their livelihoods and access basic services.

As displacements due to drought and conflict continue to rise, and climate change and conflict continues to push people into urban cities, access to legal identity documentation is critical for receiving services and preventing eviction.

Newly displaced IDPs were most likely to report a lack of documentation with 88 per cent of newly displaced households reporting that no member has a valid identification document (national ID, passport, birth certificate), with cost reported as the most frequent barrier for accessing documentation (66 per cent).

Legal identity documents are often required to access education, health care and other services – whether public or not. Documentation requirements are often in terms of civil documentation and/or residency documents and may include the submission of ID cards, birth certificates and proof of legal residence.

Vulnerable groups including women and girls often face disproportionate challenges in obtaining an identity document. Women face significant challenges in accessing documentation due to traditional gender roles and clan-based culture which leads to increased vulnerability for female-headed households. In some cases, a marriage certificate is needed to obtain reproductive and maternal health services.

In addition to the lack of documentation, the most common barriers to access services reported by newly displaced IDPs through the 2022 MSNA included long distances to services (52 per cent), busy with household chores (43 per cent), difficulty to reach services (34 per cent) and extensive time needed to access services as the waiting line is too long (33 per cent). Overall, 60 per cent of newly displaced IDPs reported that they were not aware of services for women and girls in their communities.

Lack of documentation and limited access to basic services have compounded the needs of newly displaced IDPs.

### **Coping Strategies**

Newly displaced IDPs increasingly depend on negative coping mechanisms to help them manage their situation in the short-term. The most frequently used crisis strategies include borrowing food (53 per cent), sharing meals with neighbours (50 per cent), cutting health and education spending (48 per cent), taking children out of school (45 per cent) and begging due to lack of food (40 per cent). These figures indicate that the living conditions of this population group are worsening which is partly attributable to the drought

and increased conflict. They also have fewer services, are less integrated into the local communities and have less access to local services and livelihood opportunities than protracted IDPs and shock-affected urban and rural households.

### Protection Concerns

Newly displaced IDPs are faced with a wide range of protection risks which are prevalent in their areas of origin due to conflict and insecurity and during their displacement journeys. Somalia has one of the highest incidents of grave violations against children. Children aged between 11 and 17 years were identified as being most at risk of forced recruitment. There are also reports of clan elders who ordered to recruit a certain number of children from their communities to fight alongside the Somalia National Army. In addition, early marriage of girls and sending children away have both been widely reported as negative coping mechanisms to reduce household food burden. Families who take their children out of school often engage them in child labour to help support family income. However, in the case of newly displaced populations withdrawal from school is a consequence of the displacement.

Gender-based violence occurs everywhere in Somalia and is present in all forms including physical and sexual assault, rape, SEA, FGM, forced marriage and emotional and psychological abuse. GBV primarily – but not exclusively – affects women and girls. Deteriorating household economy and displacement, at every stage, increase the risk of GBV. Displacement and poverty intersect with other vulnerabilities such as being a woman or girl from a minority clan; being a woman or girl with a disability; or being from a female-headed household which additionally heightens the risk. A wide array of actors perpetrates GBV including intimate partners, other IDPs, members of host communities, members of rival clans, gatekeepers, various armed actors, local government officials and humanitarian service providers. Newly displaced IDPs reported feeling unsafe on the way to collect firewood (36 per cent), markets (30 per cent) and at distribution areas (26 per cent). This can be largely attributed to their fear of being robbed (21 per cent).

Locations with a High Degree of Humanitarian Needs  
The most severe humanitarian conditions for newly displaced IDPs are found in Baidoa, Belet Weyne, Banadir and Hiran.

### Vulnerable Groups

Minorities and other similarly marginalised groups such as persons with disabilities (PwDs) as well as older people and women and children, are disproportionately affected. Children are particularly at risk to become separated from their families or other caregivers.

Among the newly displaced IDPs, women and children are particularly vulnerable. Newly displaced marginalised and minority groups reported discriminatory practices in engagement with the host communities and in accessing assistance. This is manifested in certain exclusions from activities, general disregard for minority groups' cultural norms and practices, unusually high fees for similar services and unfair treatment of casual labourers. In some settlements, minority and marginalised groups are treated as "guests" or are perceived as "unfit" thereby legitimising exclusion from certain benefits or programmes, including the status of being recognised as an IDP which further exacerbates existing vulnerabilities.

Female-headed households in IDP sites report they do not feel safe. They live in makeshift shelters that provide inadequate physical protection from the weather elements and security from invasion. The lack of police posts in IDP settlements, lighting on routes leading to latrines, water points and firewood collection areas is a risk factor that enables abuse, exploitation and violence. Likewise, the lack of adequate gender-segregated latrines/hygiene facilities as well as the absence of door locks contribute to insecurity in IDP sites. Due to fear of stigmatisation and repercussions, GBV incidents remain highly underreported, while victims often lack access to duty bearers and justice response remains weak<sup>38</sup>.

### Voices of Affected People

According to the 2022 MSNA findings, newly displaced IDPs indicated that their first choice to receive information was via radio (63 per cent of all households) followed by word of mouth from local authorities and aid workers (25 per cent), local organisations (23 per cent), youth workers (17 per cent), posters (10 per cent) and religious leaders (eight per cent).

According to the 2022 MSNA findings, newly displaced IDPs indicated that their first choice to receive information was via radio (63 per cent of all households) followed by word of mouth from local authorities and aid workers (25 per cent), local organisations (23 per cent), youth workers (17 per cent), posters (10 per cent) and religious leaders (eight per cent).

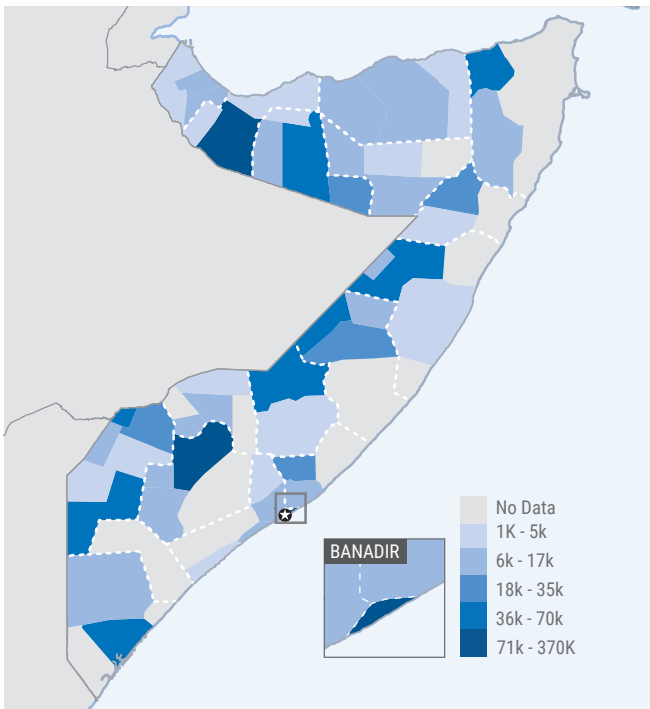
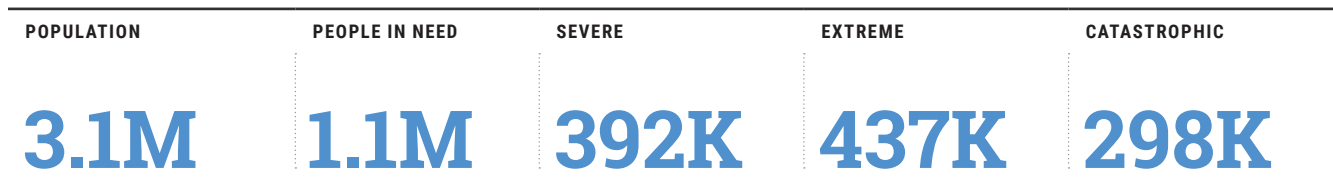
Notably, 61 per cent of newly displaced IDPs say that their current top source of trusted information is the marketplace followed by water points (53 per cent) and tea shops (18 per cent). Among all population groups assessed, newly displaced IDPs are least likely to cite community meetings among their trusted information sources<sup>39</sup>.

Newly displaced IDPs are primarily interested in information about how to access humanitarian assistance and news on their area of origin. Information about how to provide feedback on assistance and how to access services are the other top information needs. Overall, newly displaced IDPs reported less access to mobile networks compared to other population groups with 27 per cent of those assessed indicating no mobile coverage.

Newly displaced IDPs were most likely to report barriers to access humanitarian assistance compared to other population groups with 37 per cent of newly displaced IDPs reporting a lack of information about assistance delivery, 16 per cent reporting changes in targeting criteria with no notice, and 11 per cent reporting physical barriers to access aid distribution points.

Newly displaced IDPs have the highest level of knowledge about complaint mechanisms among the assessed population groups with 73 per cent of households reporting knowledge of how to file feedback through the complaints and feedback mechanisms. The majority of newly displaced IDPs indicated a strong preference to report complaints via phone (77 per cent) followed by personal meetings with aid workers (25 per cent), electronically by email or WhatsApp (nine per cent) and complaints box (four per cent).

## Population Group 2: Protracted IDPs



### Population Profile

More than 82 per cent of the displaced people in Somalia are in protracted displacement and have been displaced multiple times. They often live in overcrowded IDP sites with inadequate basic services. Protracted IDPs often settle in places that are far from existing services such as health facilities. People in protracted displacement also face additional structural challenges such as a lack of documentation that hinders their access to services and poses protection threats. Similar to newly displaced persons, about 90 per cent of the protracted IDPs are hosted in urban areas.

Somalia's prolonged conflict and climate crises have resulted in an estimated 3.1 million internally displaced

persons in protracted situation, about 1.1 million of whom are in need of urgent humanitarian assistance. Protracted cases make up 76 per cent of the total displacement. The majority reside in overcrowded shelters in more than 3,342 settlements which increases their exposure to risks of fire, flooding, GBV and child rights violations and disease outbreaks such as COVID-19, AWD and cholera.

Rapid population growth in many sites resulted in overcrowding and slum-like conditions that perpetuate humanitarian dependency. Women and girls remain extremely vulnerable to harassment, assault and rape from gang members, armed militias and strangers when collecting firewood in remote camp areas or accessing latrines in areas with inadequate security lighting.

### Basics Needs and Contributing Factors

Nearly 90 per cent of displaced people in settlements in Mogadishu, Garowe, Hargeisa and Burco districts are reported to be unable to meet their basic needs. Most of the IDPs in the settlement have limited access to basic services as they tend to be farther from essential facilities such as schools, health centres and markets while most IDPs are forced to share essential amenities. Displaced persons living in 19 per cent of the assessed sites reported that it takes more than one hour to reach the nearest health-care facility. As a result, 26 per cent of the assessed sites reported that women give birth while being attended by unskilled personnel (untrained midwives, staff with no health working experience) or no help at all. In addition, the severe shortage of medical services has forced IDPs to increasingly rely on inadequate public health services, while health care is mainly provided by non-profit clinics



and traditional healers. Self-medication is also popular among the affected population. Similarly, about 71 per cent of protracted IDPs rely on unimproved and overcrowded sanitation facilities. As a result, about 43 per cent of protracted IDP households have at least one unvaccinated child, and 46 per cent of pregnant women have no access to antenatal care services.

### Access to Services

Protracted IDPs are also affected by a lack of documentation with 81 per cent of protracted IDP households reporting that no member has a valid identification document (national ID, passport, birth certificate), with cost reported as the most frequent barrier for accessing documentation (57 per cent) followed by no need for ID documents (38 per cent) and not available in current location (20 per cent).

As a result, 64 per cent of protracted IDPs reported barriers to access healthcare with children and women being the most vulnerable. The most common barriers to access services reported by protracted IDPs included long distances to services (61 per cent) and fear of harassment (34 per cent).

### Coping Strategies

Protracted IDPs increasingly depend on negative coping mechanisms to help them manage their situation in the short-term in response to recent shocks including unusually high food prices, reduced income and loss of employment. The most frequently used crisis strategies include borrowing food (54 per cent), purchasing food with borrowed money (51 per cent), sharing meals with neighbours (39 per cent), cutting health and education spending (40 per cent), taking children out of school (32 per cent) and begging due to lack of food (24 per cent). As a result, protracted IDPs increasingly rely on humanitarian assistance for survival.

### Protection Concerns

The protection environment for protracted IDPs is characterised by insecurity and volatility, limited basic services capacity and provision, weak or absent protection systems, low awareness of - and respect for - basic rights and rules governing armed conflict, discriminatory and harmful socio-cultural practices relating to gender, access impediments for humanitarian workers and the socio-economic and political disenfranchisement of minority clans and other marginalised groups.

Protracted IDPs hosted in Banadir and Baidoa face the highest protection risks. Due to a lack of land tenure agreement and rapid urbanisation that drives up the value of land, IDPs face evictions. Eighty-seven per cent of IDP sites are on privately owned land (DSA, 2022). According to the HLP AoR eviction information portal, over 140,000 individuals were forcefully evicted between January and October 2022. An estimated 80 per cent of the reported evictions were recorded in Mogadishu. Due to influxes of new arrivals in search of humanitarian assistance coupled with tenure insecurities, significant secondary displacements and forced evictions for protracted IDPs are expected to persist into 2023.

Protracted IDPs reported feeling unsafe on the way to collect firewood (55 per cent), markets and community areas (21 per cent) and at water points and latrines (16 per cent).

### Locations with High Degree of Humanitarian

**Needs** Protracted IDPs in Banadir and Hiraan tend to experience a wider range of extreme or catastrophic needs.

### Vulnerable Groups

Protracted IDPs in Somalia have shown remarkable resilience. Many have managed to survive and adapt using strong coping mechanisms within Somali society, as well as a tradition of clan support. However, there are specific population groups that are most vulnerable, including minority/marginalised groups, women and girls and people with disabilities.

Protracted IDPs with disabilities face unique challenges and receive limited support. Many lack the necessary equipment to support their mobility; there is also a dearth of mental health support and psychosocial counselling. Other concerns include limited/lack of access to housing, land and property and increased payment for such services paying more for such services as well as exclusion from decision-making in the community.

Protracted IDPs that belong to minority and marginalised groups report discrimination and exclusion due to clan-based affiliation, particularly in accessing health and education services. Protracted IDPs that belong to minority and marginalised groups are vulnerable due to several interrelated socio-

economic factors including purchasing power, inflation, and overwhelming poverty. According to the CCCM Cluster, obstacles to accessing loans include lack of confidence or knowledge to apply for the loans, as well as financial intuitions requirements.

Girls remain at high risk of early marriage and school dropout. Parents cannot afford to pay school fees and education facilities remain inadequate. Before the drought, more than 70 per cent of school-aged children were already out of school, and the national enrolment rate for primary education remains low for girls mainly due to cultural practices in the community and gender stereotypes.

Populations affected by the ongoing humanitarian crises in the country, particularly those displaced and living in IDP settings, are often faced with challenges including vulnerabilities distinct from those of the host population. For protracted IDPs, people displaced from rural areas especially and forced to flee into IDP camps in urban areas lacked the survival skills social networks or knowledge about accessing local social services necessary to navigate urban areas. They could neither establish viable economic enterprises nor join social networks in the new urban settings. As a result, protracted IDPs are increasingly reliant on negative coping mechanisms, including dependence on humanitarian assistance. Over the years, protracted IDPs have also lost the agrarian skills that they previously had, implying that displacement had brought about a permanent change in their lives and livelihoods.

## Voices of Affected People

According to the 2022 MSNA findings and similar to the preferences expressed by newly displaced IDPs, protracted IDPs indicated that their first choice to receive information was via radio (63 per cent of all households) followed by word of mouth from local authorities and aid workers (25 per cent), local organisations (23 per cent), youth workers (17 per cent), posters (10 per cent) and religious leaders (eight per cent). Similarly, 66 per cent of protracted IDPs say that their current top source of trusted information is the marketplace followed by water points (44 per cent) and tea shops (34 per cent).

Protracted IDPs are also primarily interested in information about how to access humanitarian assistance and news on their area of origin. Information about how to provide feedback on assistance and how to access services are the other top information needs. Overall, 69 per cent of protracted IDPs reported having voice and SMS coverage and nine per cent had access to voice, SMS and Internet service, while 22 per cent reported not having access to any phone/Internet coverage.

Overall, protracted IDPs were least likely to know how to make a suggestion about humanitarian assistance with only 48 per cent of protracted IDP households reporting knowledge of how to ask a question or make a suggestion or complaint about humanitarian assistance. At the same time, protracted IDPs were most likely to report having previously made a suggestion or complaint with 79 per cent of protracted IDP households reporting having previously engaged with at least one complaint and feedback mechanism.

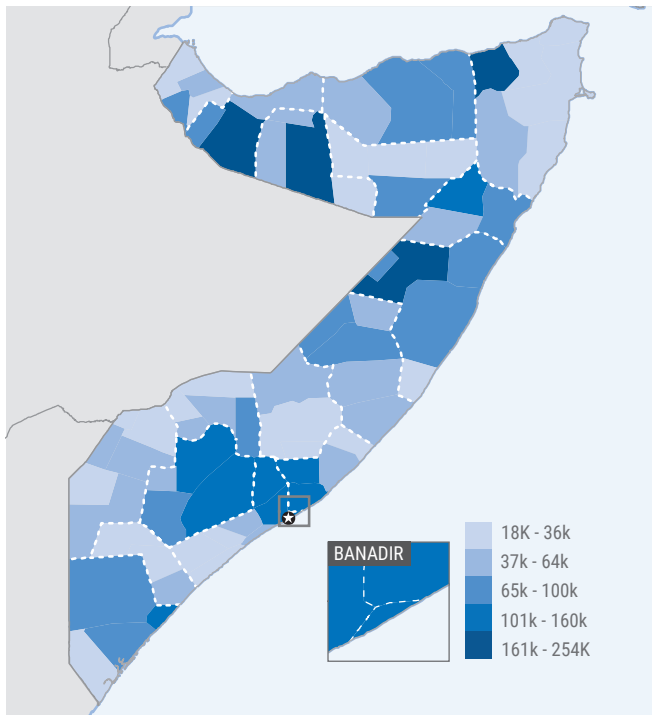
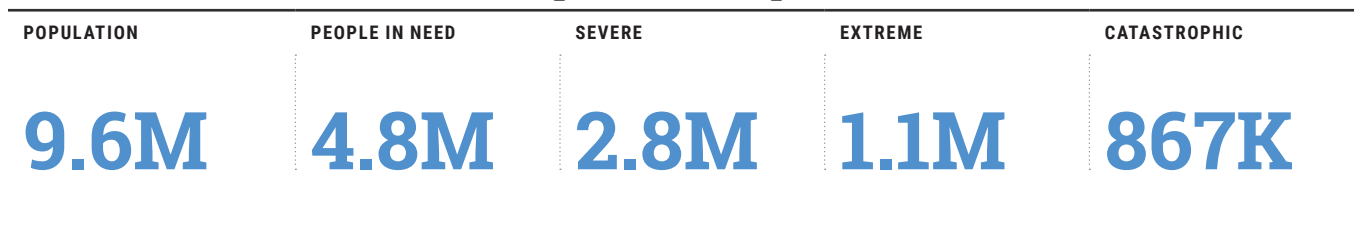


**SOMALIA**

Kaharey IDP site, Doolow District, Somalia. 26 September 2022.

Photo: UNOCHA/Yao Chen

## Population Group 3: Shock-Affected Non-Displaced Populations in Rural Areas



### Population Profile

Overall, 60 per cent of the people in Somalia live in rural areas. Of the 9.6 million non-displaced people in urban areas, 4.8 million or 50 per cent are in need of humanitarian assistance. Pastoral and agro-pastoral rural households have felt the direct consequence of consecutive failed rainy seasons as their livelihood depends on agriculture and livestock. In addition, basic services are scarce and less accessible in rural areas. Lack of access to safe drinking water, health facilities and schools is more severe in rural areas.

The World Bank 2019 Poverty Assessment in Somalia has shown that rural populations are significantly more likely to face a range of multi-dimensional deprivations compared to host communities residing in urban areas. For these households, poverty – further exacerbated by the drought – has compounding impacts on the severity of their humanitarian needs as it affects their ability to access basic services like electricity, water, sanitation, health care and others.

The rural population in Somalia have limited access to essential services including health, safe drinking water and sanitation facilities. Health facilities in rural areas are inadequate, ill-equipped and under-resourced to provide basic health services. Centres for cholera treatment are largely non-existent in rural areas. Most disease outbreaks can be attributed to low WASH coverage, low vaccination rates, shortage of functional public health facilities and low capacity of surveillance and rapid response to alerts.

### Basic Needs and Contributing Factors

For non-IDPs in rural areas, drought and conflict exacerbate child protection risks and use of harmful coping mechanisms to meet basic food needs.

Critical levels of acute malnutrition affect the rural poor. The overall nutrition situation among the rural population has deteriorated and remains at a critical level with median GAM prevalence of 15.4 per cent compared to Median GAM prevalence of 11.5 per cent in Gu 2021. About seven of the 12 rural population groups reported elevated morbidity in Bay agro-pastoral districts.

Many rural households face widening food consumption gaps, while the erosion of their livelihoods limits their coping capacities. Social support systems are increasingly overstretched in many parts of the country.

### Access to Services

Rural communities tend to face the highest levels of deprivation of access to services. These communities tend to be characterised by low population density, mobility and significant access challenges due to conflict and a lack of infrastructure which lead to limited access to services like education, water and health.

Rural households mostly depend on open or unprotected water sources or water sources that are susceptible to drought such as shallow wells and water pans. For instance, in the famine projected Baidoa and



Buur Hakaba districts, almost 80 per cent of the rural population access water through a dam or pond which increases the risk of water-borne diseases such as diarrhoea. Only four per cent of the rural households living in bay agro-pastoral areas have access to safe water. Globally, more than 50 per cent of undernutrition is associated with infections caused by inadequate WASH conditions. In Somalia, poor WASH and health conditions drive the increased rates of malnutrition in many locations.

Water sources like boreholes are said to belong to the clans and sub-clans that inhabit the territory where they are located. Reports suggest that minorities and marginalised groups often do not own their water sources. The costs associated with constructing and maintaining the infrastructure, land ownership, lack of protection from other clans and potential disputes over ownership of the land itself are among barriers that hamper access.

### **Coping Strategies**

Poverty is distributed unequally across the country and particularly affects households in rural areas where an estimated 72 per cent of the population lives in poverty, compared to 64 per cent in urban areas. This has been further exacerbated by the impact of four consecutive seasons of below-average rainfall on agricultural and livestock output which has led to a significant increase in Somalia's food insecure population in rural areas.

Rural populations are currently facing food and income source reductions due to widespread livestock migration from rain-deficient areas to areas with more rainfall. Many poor households in pastoral and agro-pastoral livelihood zones suffer substantial food consumption gaps as a result of below-average or inadequate milk supplies, a limited number of marketable animals and increasing debt as a result of increased food and water costs. Of the 29 per cent of MSNA assessed households that indicated livestock ownership in 2022, an overwhelming 86 per cent reported a decrease in the number of livestock due to drought conditions.

Many rural households face widening food consumption gaps, while the erosion of their livelihoods limits their coping capacity. Social support systems are increasingly overstretched in many parts of the country. These factors have driven a surge in population

displacement from rural areas to IDP settlements and towns and cities.

### **Protection Concerns**

Populations living in remote rural locations are generally inaccessible and excluded from various forms of protection and humanitarian assistance. Lack of presence and capacity of local actors are major barriers to localization of protection services in rural areas.

Border minefields also pose a significant challenge to nomad families in rural areas including their livestock. Children are the majority and the most affected group of victims from explosive hazards excluding IEDs.

### **Locations with High Degree of Humanitarian Needs**

Rural populations in Buur Hakaba and Baidoa districts of the Bay region; Banadir; Hargeysa, Woqooyi Galbeed; Garowe district; and Nugaal region.

### **Vulnerable Groups**

Many people with disabilities rely on special services for their daily survival. Their needs are amplified during challenging times, and the majority of persons with disabilities live in rural areas where access to basic services is limited. Many depend on family support and, in some instances, on begging to get sustenance.

Power imbalances among clans also impact minorities and marginalised groups' access to water sources especially in locations where boreholes, shallow wells, rainwater catchments and Berkads belong to majority clans. Minorities and marginalised groups may use water sources belonging to the majority clans in the area where they live. However, such access is likely to be affected during the dry seasons as priority is given to members of the majority clans in the event of water scarcity.

### **Voices of Affected People**

According to the 2022 MSNA findings which are similar to the preferences expressed by both newly displaced and protracted IDPs, shock-affected non-displaced populations in rural areas indicated their preferred way to receive information is first from radio as well as word of mouth from local authorities and aid workers. Similarly, most people in need in rural areas indicated that their current top source of trusted information is the marketplace followed by tea shops and water points.





#### SOMALIA

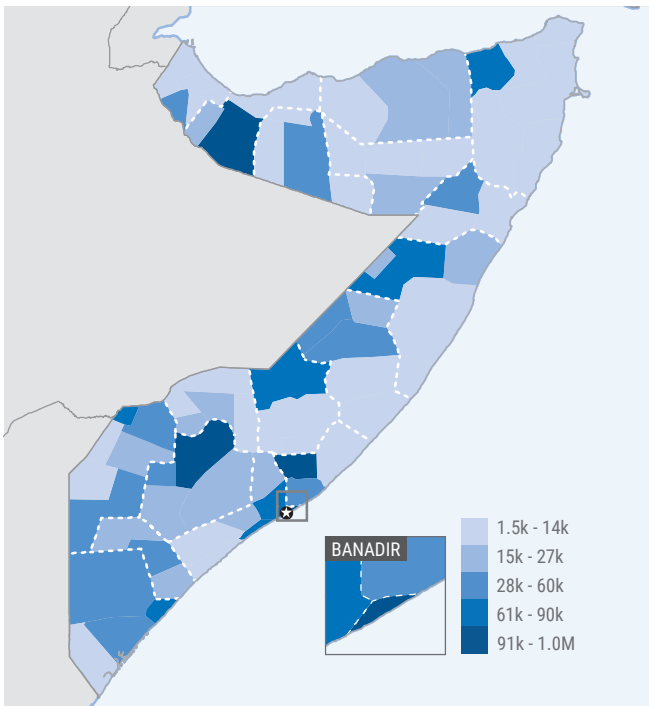
Nov 2022 - Garowe Mission,  
Photo: UNOCHA/ Yao Chen

Given the increased preference for radio communications as the first source of information, Radio Ergo broadcasts to listeners even in the most remote parts of Somalia answering concerns about livestock health, closed schools and handwashing. Radio Ergo also covers other inter-related issues that continue to affect people's lives including the rainy season from April to June, the need for farmers to access quality seeds for planting, the locust situation, water scarcity, flooding, the seasonal diseases that affect the camels and goats of the pastoralist community and the needs of the most vulnerable. These messages are shared with UN agencies, NGOs, the Ministry of Health and others to highlight some of the information gaps that need to be addressed and to bring other needs to the attention of those in a position to respond.

This preferred source of information in rural areas should be more structured and used to analyse the trends that emerge from the calls received from the affected population. It is also a good way to share individual human stories about people's difficulties to access humanitarian and basic social services in real time. The radio should also make space for feedback loops from humanitarian duty bearers through the same channel.

# Population Group 4: Shock-Affected Non-Displaced Populations in Urban Areas

POPULATION	PEOPLE IN NEED	SEVERE	EXTREME	CATASTROPHIC
<b>7M</b>	<b>1.6M</b>	<b>760K</b>	<b>684K</b>	<b>114K</b>



jobs, if any, due to increased competition with the urban poor who already account for a majority of the urban population across the country.

### Basic Needs and Contributing Factors

For non-IDPs in urban areas, child protection risks and use of harmful coping mechanisms to meet basic food needs are among the top issues driving the needs in their areas of origin.

The urban poor across Somalia, who already spend a disproportionately large amount of their income on food (60-80 per cent), continue to struggle to feed themselves in the face of rising food prices. They have limited room to absorb the impact of further food price increases and little opportunities to expand their incomes. Declining labour wages and rising food prices have led to sharp declines in the wage labour to cereals terms of trade. Many urban areas are classified as Crisis (IPC Phase 3) including Bossaso, Garowe, Galkaacyo, Dhuusamareeb, Baidoa, Doolow and Kismayo.

The overall nutrition situation among urban populations is deteriorating. The prevalence of Global Acute Malnutrition (GAM) has increased since the 2021 Gu season, particularly in Belet Weyne.

While urban areas tend to have higher quality housing, urban residents face increasing challenges in accessing land and adequate shelter which is partially due to an influx of rural-urban IDPs towards cities.

### Access to Services

Somalia is urbanising rapidly due to large-scale displacement and economic migration that have driven large numbers of Somalis toward urban areas. Increased urbanisation and the influx of displaced people to urban areas put further pressure on the

### Population Profile

Traditionally a nomadic and agro-pastoralist rural society, Somalia is transformed by exceptionally high levels of rapid urbanisation fuelled by forced displacement and diversifying livelihoods. In addition to conflict-induced displacement, climate shocks, desertification and poor land-use practices such as deforestation and overgrazing lead to a breakdown of “traditional” agricultural and pastoralist livelihoods opportunities and boost rapid urbanisation.. Of the seven million non-displaced Somalis living in urban areas, approximately 1.6 million - or 23 per cent - are in need of humanitarian assistance.

While increased urbanisation has led to greater access to services for many residents, municipal services have become significantly overstretched. Incoming IDPs and rural migrants lack the skills required for urban livelihoods and are confined to poorly paid informal

limited available services. Particularly health facilities and water and sanitation facilities bear the burden.

Urban dwellers have relatively better access to health services, safe water and sanitation facilities. Morbidity among urban children is low except in Gaalkacyo, Mogadishu and Baidoa. Similarly, reported deaths are lower including among children under the age of five, except for Mogadishu and Dhuusamareeb which had alarming death rates. However, in hard-to-reach or insecure urban areas such as Juba Cattle Pastoral,

Juba Riverine, South Gedo Pastoral, South Gedo Agropastoral and South Gedo Riverine, critical levels of acute malnutrition were reported. Based on Mid-Upper Arm Circumference (MUAC) – based nutrition assessments in hard-to-reach or insecure areas, more than half of the surveyed population groups showed a high morbidity prevalence. According to the FSNAU, urban areas in Belet Weyne and Baidoa require urgent nutrition and health intervention.

### Coping Strategies

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

Remittances are a major informal social safety net in Somalia as they constitute an estimated 35 per cent of GDP. However, only 10 per cent of the population - mainly in urban areas - receive such payments. Those who do not benefit from remittances - mainly in rural areas - show an 18 per cent higher poverty rate than households that have access to them. Based on the World Bank's data, official remittance inflows rose year

on year by an estimated 18 per cent in 2020 which is largely due to the improved records of official flows, but it is likely that informal remittances have actually declined.

With limited risk mitigation options available, the use of negative coping mechanisms to deal with drought, floods, conflict or multi-shock scenarios is increasingly widespread in Somalia. Households use severe forms of coping strategies (crisis and emergency) when experiencing shocks which has led to a lack of food or income to buy food. These coping strategies can either be consumption-based (e.g. reducing the amount, frequency and quality of food consumed) or livelihood-based (e.g. consuming seed stocks, selling productive assets, beg, taking children out of school, etc.).

### Protection Concerns

In addition to conflict and climate shocks, primary and secondary displacement due to forced evictions and land acquisitions by landowners have reached unprecedented levels in recent years, particularly in urban areas where land values have risen. It is estimated that some 160,000 people were evicted between January and November 2022.

Rural-urban displacement and rapid urbanisation have led to inflated land prices and competition for resources in urban areas. Most IDPs move into informal settlements in peri-urban areas where they face a range of destabilising issues including repeated evictions, limited access to basic services and rights as well as inadequate housing.

Across urban areas, child labour is an income diversification strategy that is widely used and a major protection risk. Children are taken out of school to beg or conduct temporary and often hazardous casual labour like selling firewood and charcoal to nearby towns, migrating to towns to work as house helpers and doing construction work. Similarly, child marriage is often conducted for the general as well as financial security of a child. According to latest government figures, 34 per cent of Somali girls are married before the age of 18, while 16 per cent are younger than 15 years of age. The majority are girls with little or no formal education from low-income families who cannot afford to send their children to school.

### Locations with a High Degree of Humanitarian Needs

Displaced people in urban areas in Baidoa district of the Bay region and Banadir have the highest needs. Among the non-displaced urban population, Banadir has the highest humanitarian needs followed by Jamaame and Afgooye districts in Lower Juba and Lower Shabelle regions respectively.

### Vulnerable Groups

In urban areas, IDPs in primarily minority IDP settlements are faced with higher levels of food insecurity; are less likely to receive food or cash assistance; and are more likely to depend on casual labour as livelihood strategy.

The vulnerability of poor households in urban areas is exacerbated by a lack of documentation. Disputed ownership is still the most common problem faced by both IDP and host community households in terms of housing, land and property concerns while the vast majority of households do not have formal written documentation to prove their occupancy arrangement (73 per cent of those residing in urban host communities). Most reported cases were forced evictions which involve the loss of property, livelihoods and infrastructure investments made by displaced persons.

### Voices of Affected People

According to the 2022 MSNA findings which are similar to the preferences expressed by both newly displaced and protracted IDPs, shock-affected populations in urban areas indicated their preferred way to receive information is first from radio (65 per cent of all households) and then word of mouth from local authorities and aid workers (31 per cent). However, shock-affected populations reported increased preference for communication through television compared to displaced populations (22 per cent). Similarly, 69 per cent of shock-affected populations say that their current top source of trusted information is the marketplace followed by tea shops (49 per cent) and water points (22 per cent).

Furthermore, similar to displaced populations, shock-affected populations in urban areas are also primarily interested in information on how to access humanitarian assistance and news in their area of origin. Information about how to provide feedback on assistance and how to access services are the other top information needs. Overall, 71 per cent of shock-affected populations reported having voice and SMS coverage, 17 per cent had access to voice, SMS and Internet service, while only 11 per cent reported not having access to any phone/Internet coverage.



## Population Group 5: Refugees, Asylum Seekers and Returnees

TOTAL POPULATION

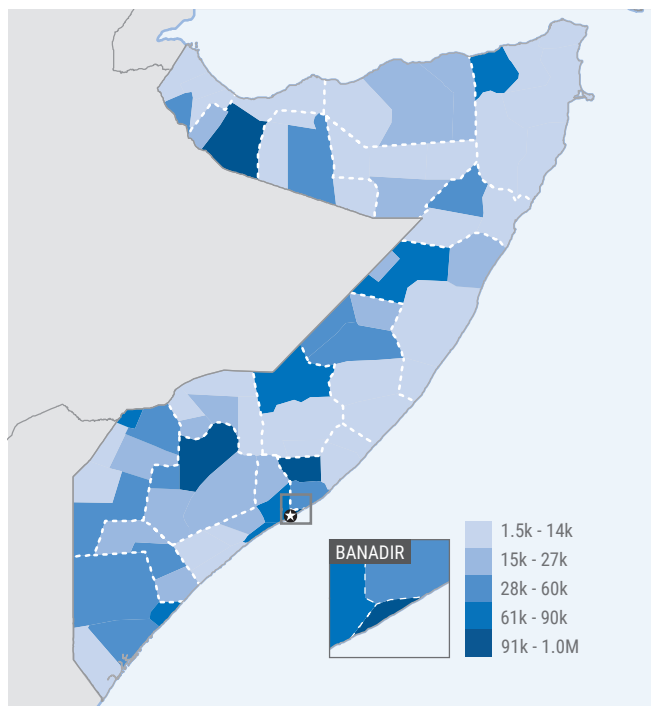
51.4K

REFUGEES &amp; ASYLUM SEEKERS

36.4K

REFUGEE RETURNEES

14.9K



### Refugees and asylum seekers

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

The current drought has aggravated vulnerabilities among refugees, asylum seekers, refugee-returnees and host communities already living in an impoverished country which is marred by decades of insecurity and

political upheaval[1]. The living conditions of refugee and coping capacities are severely eroded due to the lack of access to safe water, poor sanitation conditions, stressed food supplies, prevalence of malnutrition in children, preventative diseases on the rise, limited access to basic health services and loss or lack of livelihood. As most refugees and asylum seekers live in cramped conditions in densely populated areas in urban or peri-urban environments, have little opportunity to pursue outdoor activities and suffer from the consequences of the drought, protection risks such as gender-based violence, child labour, abuse and exploitation have increased and are expected to rise in 2023.

Over 600,000 Somali refugees are in neighbouring countries, namely Kenya, Uganda, Ethiopia and Yemen due to previous waves of events that caused displacement in Somalia. While the situation inside Somalia is predicted to remain fluid in 2023, it is expected that 33,847 refugees and asylum seekers currently in Somalia will remain in the country with an expected increase of 2,598 persons from both population growth estimates within the year and from new arrivals of persons seeking asylum. This brings the total number of refugees and asylum seekers hosted in Somalia to some 36,445. Refugees and asylum seekers are currently hosted in Woqooyi Galbeed, Bari, Nugaal, Mudug, Gedo, Awdal, Benadir, Togdheer, Sanaag and Lower Shebelle regions. It is expected that these locations will continue to host and receive refugees and asylum seekers in 2023. Given the current trends and regional dynamics, it is anticipated that the countries of origin will remain the same as those for 2023, mainly Yemen, Ethiopia and Syria.

Some of the drivers of outflow movements foreseen in the respective countries of origin in 2023 include continued armed conflicts, discrimination and persecution based on ethnicity, nationality and political affiliations.



## Statelessness

The Federal Government of Somalia (FGS) National Action Plan (NAP) to End Statelessness (2021-2024) is informed by the Regional Statelessness Study conducted in late 2020 and early 2021. The NAP provides an opportunity for the FGS to operationalise and implement its pledges made during the High-Level Segment on Statelessness in a strategic and policy framework. The launch of the NAP is a big achievement and clear demonstration of the political will and commitment by the Federal Government of Somalia to prevent and eradicate statelessness in the country. The ongoing implementation of the NAP will improve coordination among the executive and legislative powers; demonstrate concrete steps to be taken by relevant institutions within the Government; find activities to reach common goals within a specific timeframe; and strengthen the capacity of the Government with the support from the international community.

In 2023, UNHCR will continue to support the FGS - MoIFAR to operationalise the coordination mechanisms established by NAP for its successful implementation including the finalisation and publishing of the results of the qualitative study conducted in 2022. The study will help to better understand the situation of stateless groups and individuals and those at risk of statelessness living in Somalia and help find an effective solution to their situation.

## Refugee Returnees

Returnees suffer from limited access to basic services in the areas of habitual residence as the country is already overburdened by numerous needs of a rapidly growing urban population which is faced with resource deficits in all sectors. Access to adequate shelter, education and documentation are the overarching challenges refugee returnees are faced with. These and other challenges are worsened by the adverse impact of drought.

According to UNHCR's Post Return Monitoring (PRM) round eight (8) data, at least 90 per cent of returnees are satisfied with their decision to return home. This satisfaction score is mainly attributed to factors such as prospects for family reunification (59 per cent), and the ability to return and live in their places of origin (19 per cent). The most frequently cited reasons for not being satisfied with the decision to return are separation from family (35 per cent), limited education

and livelihoods opportunities (17 per cent) and a lack of assistance and support from authorities (13 per cent).

While conditions are still not conducive for returns to most parts of Somalia, UNHCR has continued to scale up its activities for voluntary return and reintegration. Based on several surveys, UNHCR projects that some 14,935 returnees will return to Somalia from Kenya, Yemen, Djibouti, Libya and other countries in 2023. The majority of the returnees are expected to reside in urban areas, which is mainly due to socioeconomic reasons such as employment prospects, while a minimal number of returnees are expected to join family members in their villages of origin. While voluntary return and sustainable reintegration oscillates across the economic, social and political dimensions - all of which are currently unattainable in Somalia - UNHCR advocates with the Government to ensure safe and dignified movements of returnees and provides up-to-date country of origin information to ensure that return decisions are well informed. Refugee returnees are particularly vulnerable to secondary displacement within and out of the country due to insecurity and climatic shocks such as drought and floods.

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

## Intersectoral Needs

The adverse consequences of the ongoing drought, extent of poverty, vulnerability and ongoing conflict affect protection responses and demand new ways of addressing the effects of the shocks. Understanding and analysing the impact of intersecting protection risks on all the populations of concern is necessary for an effective and sustainable response.

There is a need for the inclusion of refugees, asylum seekers and returnees in national development plans and safety net programmes of the Federal Government of Somalia. UNHCR will continue to support the Government to strengthen its legal and policy frameworks and support enhancement of absorption capacity in priority areas of return and ensure returnees' inclusion into basic services including social protection programmes.



#### SOMALIA

September 2022, Doolow Mission

Photo: UNOCHA/ Yao Chen

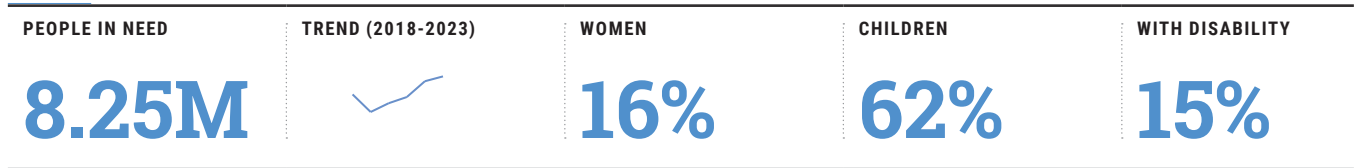
Somalia justice system is intended to provide justice for all people including refugees and asylum seekers and other vulnerable communities. However, the socio-economic situation of refugees and asylum seekers affects their ability to access legal services. Against this backdrop, there is need to provide access to free legal aid and counselling, including interventions with police, and legal representation before the courts to prevent refoulement, address HLP issues and enforce the rights of refugees and asylum seekers.

Gender-based violence survivors from refugees and asylum seekers households also require access to multi-sectorial prevention and response services including health, psycho-social, protection and legal services through; engaging and empowering the community to safely identify and respond to GBV cases,

case management and specialised services. In addition, expansion of referral pathways to be strengthened to include refugees. Further, it is imperative to increase socio-economic and livelihood interventions to empower refugees and the communities that host them to take ownership of their lives into 2023.

# 1.5 Number of People in Need

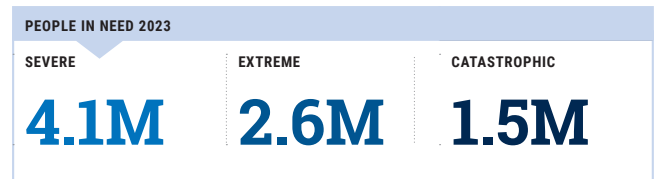
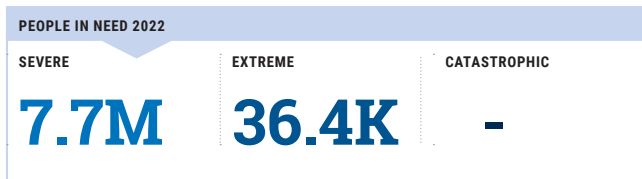
## Key Figures (2023)



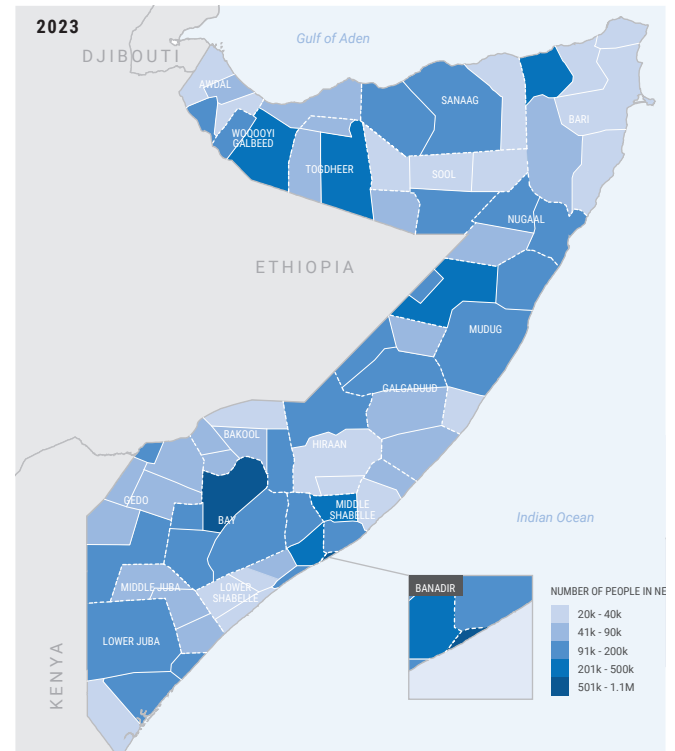
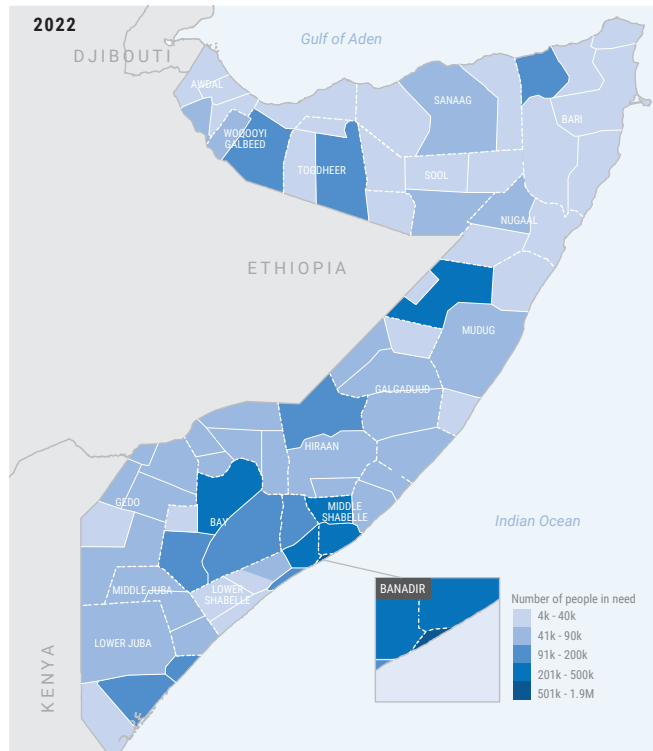
An estimated 8.2 million people will require multisectoral humanitarian assistance in 2023, a 400,000 increase from 2022. The number of people requiring humanitarian assistance has been increasing since 2020, the first season of the failed rains. Humanitarian needs grow both in magnitude and severity denoting the significant deterioration of the situation in Somalia. Of the 8.2 million people in need,

6.3 million people (77 per cent) are non-displaced shock-affected people. The majority of the people in need (60 per cent) live in rural areas. Displaced people make up 23 per cent of the PiN. IDPs, especially the newly displaced, have more severe needs than any other population group. It is worth noting that 80 per cent of those displaced are women and children.

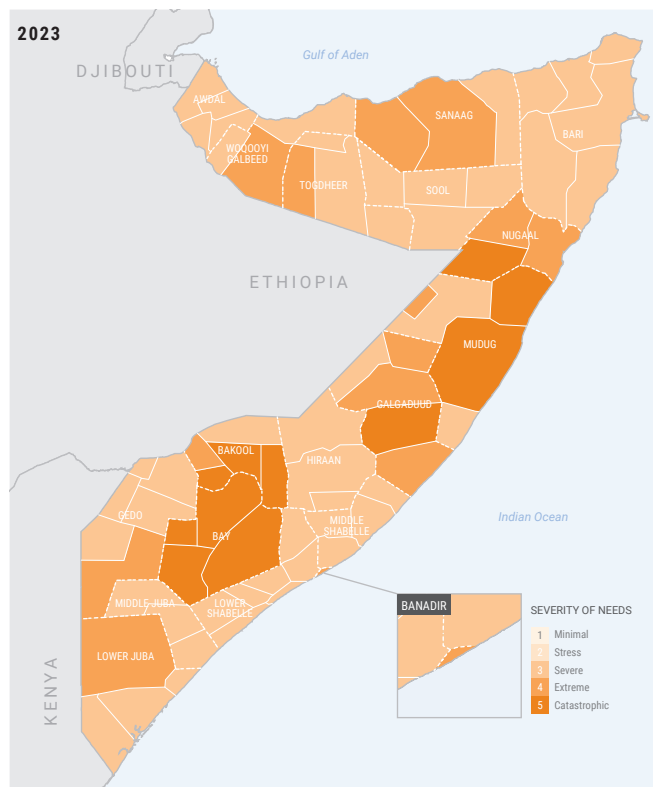
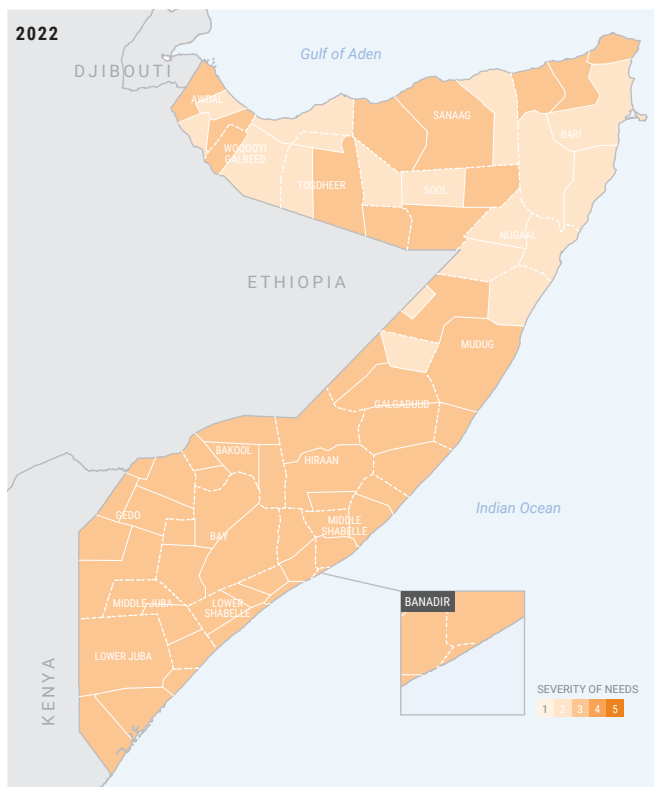
## Severity of inter-sectoral needs and estimated number of people in need



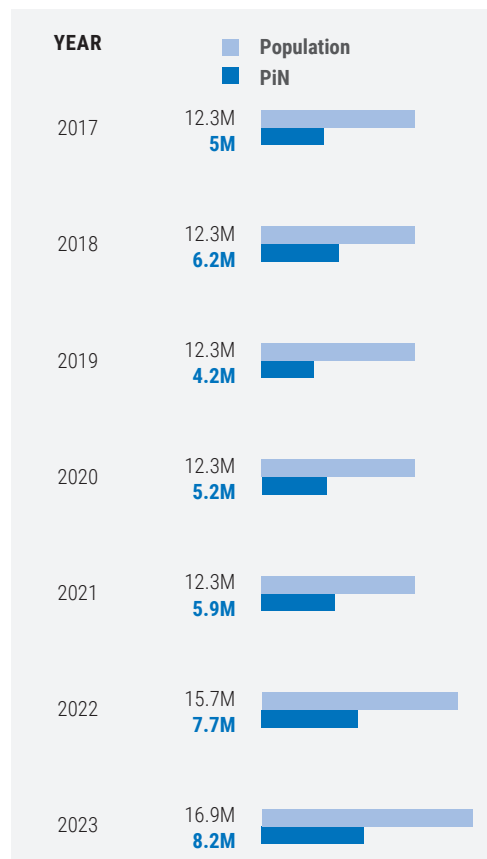
## Evolution of Needs



## 2022 vs 2023 Severity of Needs Comparison



CLUSTER	PiN 2022	PiN 2023	%Difference
Camp Coordination Camp Management	2.2M	2.8M	+27%
Education	3M	3.9M	+30%
Food Security and Agriculture	3.5M	6.7M	+91%
Health	6.5M	6.7M	+3%
Nutrition	2.4M	4.9M	+104%
Shelter/NFI	3.6M	4.9M	+36%
Water Sanitation and Hygiene	6.4M	8M	+25%
Protection	4M	5M	+25%
<b>PROTECTION CLUSTER AOR</b>			
Child protection AOR	2.3M	3.5M	+52%
GBV AOR	2.3M	3M	+30%
HLP AOR	2.7M	3.2M	+19%
Explosive hazard AOR	1.1M	1.5M	+36%





Part 2:

# Risk Analysis and Monitoring of Situation and Needs

## SOMALIA

Muumino Dhayow Buule and her kids inside their house in Kaharey IDP site, Doolow District.

Photo: UNOCHA/Yao Chen





# 2.1 Risk Analysis

This section examines the potential risks to consider for humanitarian planning in Somalia and outlines the most likely scenarios for 2023.

## Main Risks

In 2023, the most significant hazards to communities are expected to evolve around conflict and violence, drought and floods as well as disease outbreaks.

### CONFLICT AND VIOLENCE

Conflict and insecurity will continue to drive humanitarian needs and displacement in Somalia, disproportionately affecting marginalised groups and minority communities.

#### Al-Shabaab

In 2023, the Somalia Federal Government will aim to establish itself outside major towns facing recurring threats from the Al-Shabaab insurgency and inter-clan conflict. According to ACLED, Somalia has experienced the most armed organised violence against civilians in




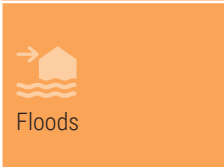

the world which had forcibly displaced close to three million people as of February 2022. This trend is likely to continue as Al-Shabaab launches regular direct and asymmetric attacks especially in Mogadishu and newly recovered areas.

Despite renewed military operations by Government forces and allied clan militias since June, Al-Shabaab has proven resilient while continuously adjusting its strategy. The intensified military offensive has sparked counterattacks in the south and central regions of the country with Al-Shabaab conducting its deadliest attack in the country since 2017: a twin bombing in Mogadishu on 29 October 2022 which left at least 120 people dead (ICG 11/2022).

#### Clan violence

Inter-clan conflict driven by rivalries, land, property and resource control disputes will continue to affect and displace communities particularly in Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions.

### HNO Risk Severity Matrix 2023

5. Very Likely			 AWD/ Cholera	 Inter-clan violence	 Non international armed conflict - Al Shabaab
	4. Likely			 Floods	 Drought
3. Moderately Likely					
		1. Negligible	2. Minor	3. Moderate	4. Stress

Clan conflict dynamics are closely interlinked to competition over resources such as water and pastures and is expected to intensify with repeated drought and flood. The renewed involvement of government-allied clan militias against Al-Shabaab will further increase the risk of violence.

## NATURAL HAZARDS

Driven by global warming, extreme climate events such as floods and consecutive droughts are expected to increase in frequency and severity over the next few years. The dominance of pastoralism and rain-fed agriculture, on which 80 per cent of the population depend on, make Somalia's population particularly vulnerable.

### Drought

Forecasts issued by IGAD/ICPAC in mid-September 2022 indicate a greater likelihood of below normal Gu seasonal rainfall in most parts of Somalia. For March- April-May 2023, September 2022 forecasts of the Pacific Western V Gradient indicate a concerning La Niña-like pattern similar to conditions during many recent dry March-April-May rainy seasons. According to these forecasts, there is a 62 per cent chance of a below-normal March-April-May rainy season. The Eastern Horn of Africa is therefore very likely to experience a poor fifth rainy season in October-November-December and will probably undergo a sixth consecutive below-average rainy season.

The cumulative impacts of consecutive seasons of poor rainfall and persistent drought are expected to aggravate the humanitarian situation (i.e. adverse impacts on livelihoods, food security, nutrition, and mortality outcomes) in Somalia through at least mid-2023<sup>1</sup>. An estimated 40 per cent of the total population in Somalia is already experiencing crisis-level food insecurity (IPC 3 and above).

### Floods

Somalia experiences two types of flooding: river floods that occur along the Juba and Shabelle Rivers in southern Somalia, and the more common flash floods that occur along the intermittent streams in the northern part of the country.

As rainfall is becoming more erratic in the Horn, flood events happen more often and tend to be more severe. The flooding is exacerbated by breakages of the river

embankments which are due to poor maintenance. At the same time, displaced communities are increasingly exposed as they often settle in flood-prone areas.

### Disease outbreaks

Somalia's population remains very vulnerable to disease outbreaks. The overall health system is fragmented, under-resourced and ill-equipped. Decades of conflict and recurring climate shocks have led to some of the worst health and nutrition outcomes including for infants (122 child deaths per 100,000 live births in 2018) and maternal mortality (692 maternal deaths per 100,000 live births in 2019). This is driven by low vaccination coverage (only 11 per cent among children under two), widespread open-defecation practice rates (80 per cent), a shortage of functional public health facilities and low surveillance and response capacities.

Insufficient access to safe water by the majority of the Somali population will further negatively impact public health. The continued drought conditions will favour pathogen accumulation in decreasing stagnant waters. People and cattle have no choice but to use these contaminated water sources which sharply increases the risk of cholera and acute watery diarrhoea.

## MOST LIKELY SCENARIO

Over the next 12 months, a combination of the above-mentioned hazards will make vulnerable communities less resilient and generate new and more severe humanitarian needs which will disproportionately affect marginalised groups and minority communities.

Conflict and insecurity will continue to restrict humanitarian operations across the country. Despite some political stability thanks to the formation of a new Government in 2022, the security situation remains extremely volatile. Intense fighting between Somali armed forces and Al-Shabaab militants will continue, notably in Hirshabelle State and South-West States.

Power-sharing disagreements, scarcer natural resources, lack of livelihood opportunities and economic deterioration as well as land ownership disputes will fuel intercommunal fighting especially during the post-rainy and harvest season.

According to long-range forecasts, persistent drought conditions are expected throughout 2023 making it the sixth consecutive season of poor rains. Despite

prevailing drought conditions, moderate-level flooding is anticipated in areas that have already faced similar shocks over the past few years. This will further endanger agricultural productivity in 2023 and fuel the vicious cycle of violence and displacement as crop failure generates tensions over resources and pastoral communities are forced to migrate early.

Disease outbreaks such as cholera, measles and malaria will lead to additional health needs.

### **Evolution of humanitarian conditions**

As a result, the humanitarian situation in Somalia is projected to continue to deteriorate in 2023. The likely impacts on society, community, households and individual levels as well as on humanitarian access are:

#### **Societal**

Across Somalia, drought and conflict will continue to force even more communities to migrate for survival. With more than 1.3 million people displaced in 2022 due to conflict and drought, similar displacement trends are likely to continue in 2023. About 8.3 million people are expected to face Crisis (IPC Phase 3) or worse levels of food insecurity between April and June 2023 including more than 700,000 people facing famine conditions or Catastrophe (IPC Phase 5) amid an anticipated reduction in humanitarian assistance due to limited funding.

Acute malnutrition among children under five will also continue to rise sharply. According to FEWSNET, the total estimated acute malnutrition burden for Somalia is expected to be 1.8 million children between August 2022 and July 2023.

In addition, conflict and floods will cause substantial damage to infrastructure, property, crops and livestock. Continued discrimination and denial of access to services, assistance and redress for marginalised groups, along clan, gender, disability and ethnic lines, will further compound humanitarian needs.

#### **Community**

Communities across Somalia will continue to suffer from low access to services, especially health care and WASH, but also education, protection and shelter. Staple food prices will become increasingly unaffordable for most poor rural, urban and displaced

families. The scarcity of potable water which is due to the contamination caused by droughts and floods is also likely to continue.

The targeting of infrastructure notably wells and telecommunication services by Al-Shabaab will further reduce the availability of water and lead to increased inter-communal fighting over scarce water resources. Looting and destruction of property and livelihood assets will further compound the needs.

In the most affected areas (Bay, Banadir and Gedo regions), communities will be faced with the arrival of more IDPs and the establishment of new IDP sites while IDPs, in both urban and peri-urban areas, will be faced with an increased risk of secondary or tertiary displacement due to forced evictions.

#### **Households**

Pastoral households that are already highly indebted due to the high costs of water, food, and livestock feed will have less purchasing power. Their incomes will further suffer from poor harvests and rising mortality among cattle resulting in a significant decline in saleable animals.

With social support systems already overstretched in many parts of the country, households will face even more dire conditions over the next year. As a result, negative coping mechanisms such as accumulating debt, early marriage, child labour, and displacement are likely to increase.



## SOMALIA

Kaharey IDP site, Doolow District, Somalia. 26 September 2022. A little kid looks at the road in Kaharey IDP site.  
Photo: UNOCHA/Yao Chen

### Individual

As was the case in 2011, in 2023, minority clans and other marginalised groups are expected to be disproportionately impacted. Water and mosquito-borne diseases especially in areas with reduced

access to water or regular floodings will lead to increased mortality and morbidity especially among under-five-year-old children. People living in crowded locations with poor water and sanitation conditions, especially in IDPs settlements, will face a higher risk of disease outbreaks including COVID-19. Mental health needs will increase due to repeated shocks and lack of access to health care.

Protection risks for individuals include indiscriminate attacks on civilians, forced displacement, unlawful impediments, restrictions to freedom of movement and freedom of expression, forced recruitment into armed groups, exploitation, neglect, abuse and forced evictions.

Family separations are also likely to increase as family members often separate to seek assistance and protect property, land, and/or livestock. Heightened levels of

gender-based violence are also forecasted including conflict-related sexual and gender-based violence, intimate partner violence associated with deteriorating household economy, non-partner violence associated with displacement, insecure living environments and low access to basic services.

### Humanitarian access

Insecurity will impede the scale-up of humanitarian aid and deny vulnerable communities access to services and markets. Movement restrictions and road blockages in active conflict areas and towns (road closures, increased IED threat, checkpoints and screening) will disrupt interventions such as supply delivery and limit the reach of humanitarian programming.

Physical constraints driven by poor, damaged and unmaintained infrastructure and floods will further limit the aid delivery. The targeted destruction of telecommunication services by Al-Shabaab will also limit the ability of humanitarian actors to deliver aid remotely (notably affecting cash response).



## Most Likely Scenario

RISK	TIMEFRAME	GEOGRAPHICAL SCOPE	MAIN VULNERABLE GROUPS	LIKELIHOOD SCORE	EXPECTED IMPACT	IMPACT SCORE
Non international armed conflict - Al Shabaab	All year	Galmudug, Hirshabelle, Jubaland, South West State and Puntland	All, Female head of households, rural households, IDPs, refugees, Children, minorities, persons with disabilities, and marginalised communities	5	<ul style="list-style-type: none"> <li>• Indiscriminate attacks against civilians and civilian infrastructure including hospitals and schools</li> <li>• Widespread forced displacement and family separation in central and southern Somalia</li> <li>• Unlawful impediments and restrictions to freedom of movement</li> <li>• Sexual and gender-based violence against women and girls</li> <li>• Forced recruitment of young men and recruitment of children into armed groups</li> <li>• Exploitation, neglect and abuse against children</li> <li>• Forced evictions</li> <li>• Use of IED attacks resulting in high civilian casualties and presence of explosive ordinances</li> <li>• Destruction of key infrastructure and properties (including farms, shelter, WASH infrastructure)</li> <li>• Loss of livelihood and increased food insecurity</li> <li>• Reduced access to services and goods</li> <li>• Loss of access to education / damage to schools</li> <li>• Tensions over resources</li> <li>• Reliance of displaced people on humanitarian assistance</li> <li>• Limited capacity to deliver assistance (restricted humanitarian access)</li> <li>• Malnutrition and outbreaks of diseases notably within settlements of displaced people</li> <li>• Mental health and psychosocial distress</li> </ul>	5
Drought	Gu season (April/May) & Deyr Season (October/December)	Bay, Bakool, Mudug, Galgaduud, Bari, Nugaal, Sanaag, Sool, Togdheer	Agro-pastoral populations, displaced people, children under five, PLWs, minorities, persons with disabilities and marginalised communities	4	<ul style="list-style-type: none"> <li>• Crop failure and increased cattle mortality</li> <li>• Extreme levels of food insecurity (including famine)</li> <li>• Acute malnutrition</li> <li>• Mortality including famine</li> <li>• Displacement of population</li> <li>• Loss of livelihoods &amp; stocks</li> <li>• Stagnant water favors the development of swarms (locust)</li> <li>• Water scarcity</li> <li>• Negative coping mechanisms including cutting essential household spending (health, education)</li> </ul>	5



RISK	TIMEFRAME	GEOGRAPHICAL SCOPE	MAIN VULNERABLE GROUPS	LIKELIHOOD SCORE	EXPECTED IMPACT	IMPACT SCORE
Inter-clan violence	All year	Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions	All, female heads of households, rural households, IDPs, refugees, children, minorities, marginalised communities, persons with disabilities	5	<ul style="list-style-type: none"> <li>• Civilian casualties</li> <li>• Injuries</li> <li>• Human rights violations and SGBV</li> <li>• Population displacement</li> <li>• Destruction of key infrastructure and properties (including farms, shelter, WASH infrastructure)</li> <li>• Loss of livelihood and increased food insecurity</li> <li>• Reduced access to services and goods WASH, health care, shelter, protection, markets</li> <li>• Family separation</li> <li>• Loss of access to education / damage on schools</li> <li>• Tensions over resources - water, pastures, crops</li> <li>• Reliance of displaced people on humanitarian assistance</li> <li>• Malnutrition and outbreaks of diseases, notably within settlements of displaced people</li> <li>• Disrupted humanitarian access</li> <li>• Mental health and psychosocial distress</li> </ul>	4
Floods	Gu season (March-June) & Deyr Season (October/December)	Somaliland, Hirshabelle, South West, Jubaland, Puntland	Displaced, rural households, poor households, vulnerable people (PwD, PLW), children, persns with disabilities, marginalized communities and minority communities	4	<ul style="list-style-type: none"> <li>• Civilian casualties</li> <li>• Injuries</li> <li>• Mental health issues (anxiety, trouble sleeping)</li> <li>• Destruction of infrastructures, shelter and crops</li> <li>• Displacement of population</li> <li>• Loss of livelihoods, stocks and increase of food insecurity</li> <li>• Reduced access to services and goods</li> <li>• Destruction of WASH facilities, contamination of water, disease outbreaks</li> <li>• Disruption of learning and access to school</li> <li>• GBV risks due to negative coping mechanisms arising from the loss of livelihoods.</li> <li>• Family separation</li> </ul>	4
AWD / Cholera	All year with seasonal peaks in rainy season (April - November)	Along riverbanks and in locations with high numbers of IDPs Baidoa, Daynile, Jowhar and Afgoi	Children, displaced (IDPs and refugees), Pregnant and Lactating Women, poor households, minorities, marginalised groups, people with disabilities	5	<ul style="list-style-type: none"> <li>• Increase mortality and morbidity</li> <li>• Reduced access to health care and lack of proper treatment</li> <li>• Malnutrition</li> <li>• Adoption of coping strategies to be able to access health services</li> <li>• Contaminated water sources resulting in lack of access to WASH</li> <li>• Family separation and neglect of children</li> </ul>	3

## 2.2 Monitoring of Situation and Needs

### Monitoring of Situation and Needs

The Somalia operation benefits from well-established tools through which data is collected systematically to monitor the situation and to understand the evolution of humanitarian needs including FSNAU, FEWS Net and MSNA as well as cluster level monitoring systems that inform the wider humanitarian community on trends and alert levels. With these mechanisms humanitarian actors can monitor the humanitarian situation and assess how needs evolve in the main categories of people in need, namely newly displaced and protracted IDPs as well as rural and urban shock-affected populations. They provide an overall indication of the trends and are useful in triggering further detailed assessments to look at specific population sub-groups who are likely to be most affected.

### Situational Monitoring

In line with the recommendations of the Famine Review Committee, in 2023, the Somalia operation will enhance interoperable and transparent multi-sectoral situation analysis. To facilitate a shared understanding of the evolving context and risks and to jointly track the evolution of needs, the Inter-Cluster Coordination Group (ICCG) and the Food Security Needs Analysis Unit (FSNAU) work together to enhance integrated real time monitoring systems through the Early Warning-Early Action Dashboard. It monitors 20 indicators related to food security, WASH, nutrition, health and displacement as well as climate and insecurity. The ICCG will regularly review the dashboard to anticipate and identify situational changes that require shifts in the response.

### Needs Monitoring

The well-established annual large-scale surveys such as the MSNA are expected to continue to be used in 2023 to reach a comprehensive, evidence-based, shared and impartial understanding of needs in Somalia.

At IDP site level, the CCCM Cluster will continue to gather information on needs through the Detailed Site

Assessment (DSA) and New Arrivals Tracker. The DSA site profile dashboard is an output of the CCCM Cluster, REACH, IOM Displacement Tracking and Monitoring Unit, the UNHCR-led Protection & Returns Monitoring Network (PRMN), NRC, SomRep, Protection Cluster and Shelter Cluster. The DSA profiles display site-level information collected by REACH, NRC and PRMN with the overall objective of strengthening the predictability and effectiveness of multi-sectorial interventions at site level and/or within areas of concentrated sites.

The CCCM Cluster new Arrivals Tracker (NAT) was established in early 2022 in response to increased drought-related displacements. The system enables CCCM partners to report daily or weekly on the number of new arrivals in sites managed by CCCM partners.

In early 2022, to monitor displacement trends and hotspots in support of operational planning, DTM launched the Emergency Trends Tracking (ETT) tool in the Gedo region. As the severity of the drought persisted and caused more displacements, DTM expanded the ETT to the Bay region in close coordination with the CCCM Cluster to avoid duplication with the New Arrivals Tracker.

The Food Security Cluster will continue to rely on the Integrated Phase Classification (IPC) to determine the severity and magnitude of acute and chronic food insecurity. The IPC Classification System distinguishes and links acute food insecurity, chronic food insecurity and acute malnutrition to support a more strategic and better coordinated responses.

Regarding basic services, the Health and WASH Clusters will monitor risks of water-related and communicable diseases through the weekly Early Warning Alert and Response Network (EWARN) updates. EWARN is a network of health facilities and public health professionals who support the early detection and timely response to epidemic-prone diseases through collection, reporting, investigation,

analysis and dissemination of epidemic-related data. Somalia has 450 designated EWARN sites across the country.

The protection environment will continue to be monitored in 2023 through the Protection Monitoring System. The purpose of the Somalia Protection Monitoring System (SPMS) is the systematic and regular collection and analysis of information over an extended period in order to identify trends and

patterns of violations of rights and protection risks for populations of concerns for the purpose of informing effective programming and advocacy. The Protection Monitoring System collects information on safety and security; physical and mental integrity; freedom of movement; civil status and documentation; social cohesion; gender-based violence; child protection; housing, land and property and standards of living.

## Monitoring Indicators

	INDICATORS	SOURCE
1	IPC	IPC
2	Prevalence of Global Acute Malnutrition in children under 5 based on MUAC and WHZ	IPC and SMART surveys
3	Civilian population killed or injured by violence, conflict, or natural hazards	Protection Cluster
4	Households reporting concerns from any harm, physical threats, or discrimination in the area where they are living	Protection Cluster
5	Percentage of IDPs vis a vis host population	Population dataset
6	Ratio of births attended by skilled health professional	Health Cluster
7	SWALIM Combined Drought Index	SWALIM



Part 3:

# Sectoral Analysis

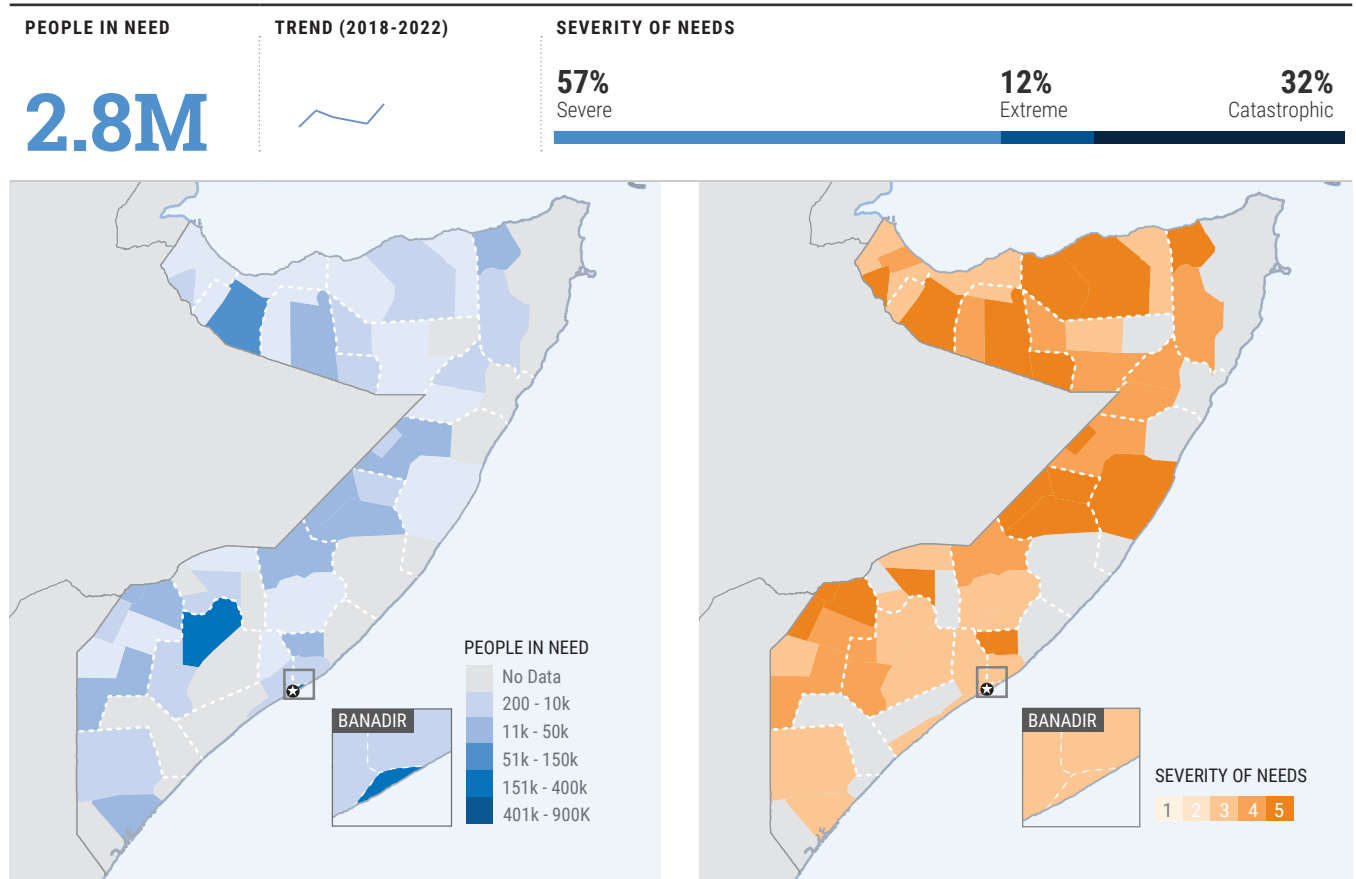
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## SOMALIA

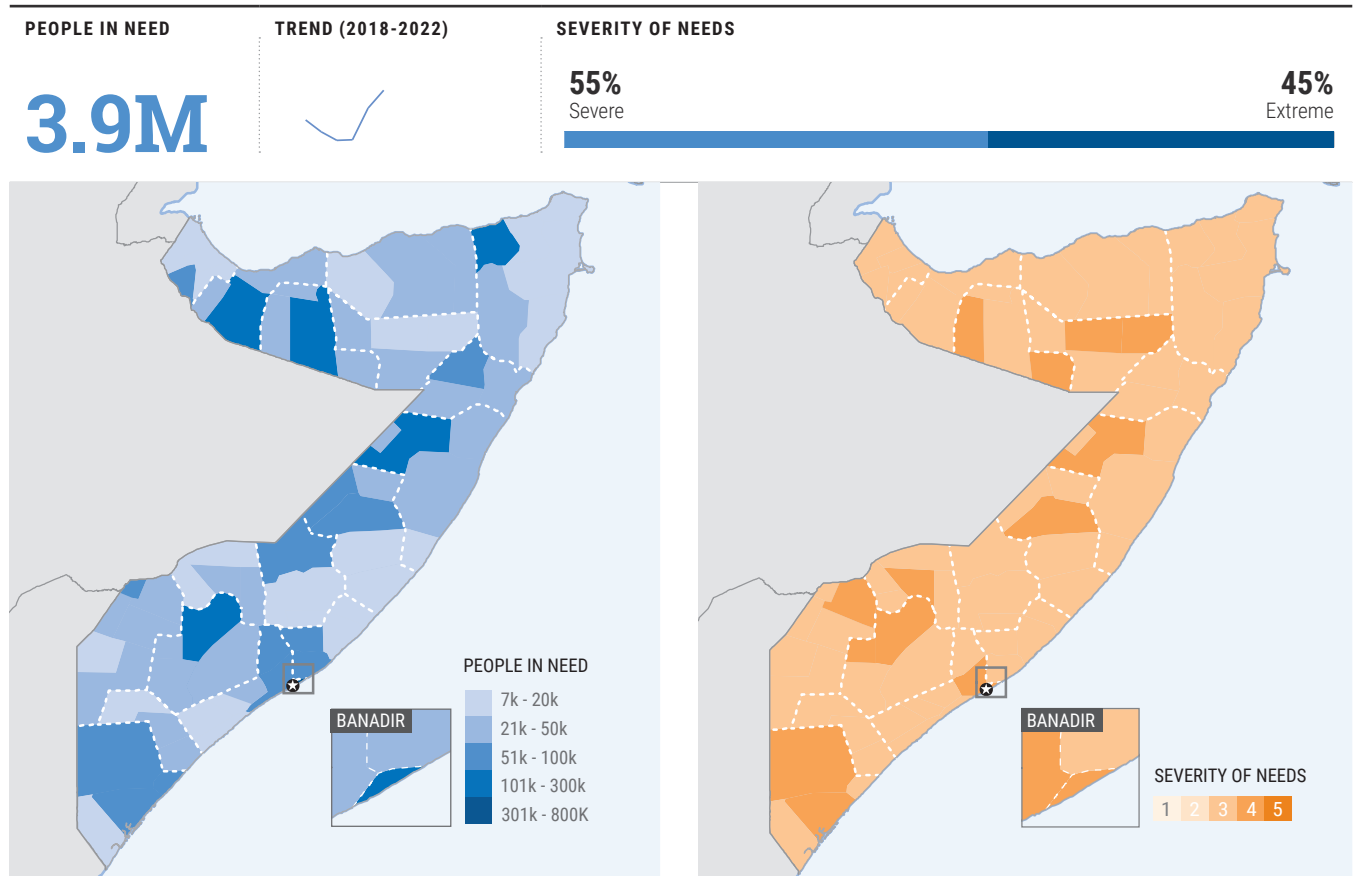
Kabasa Primary School, Doolow District, Gedo Region, Somalia. 28 September 2022, A girl looks at the camera curiously in the classroom.  
Photo: UNOCHA/Yao Chen



### 3.1 Camp Coordination and Camp Management

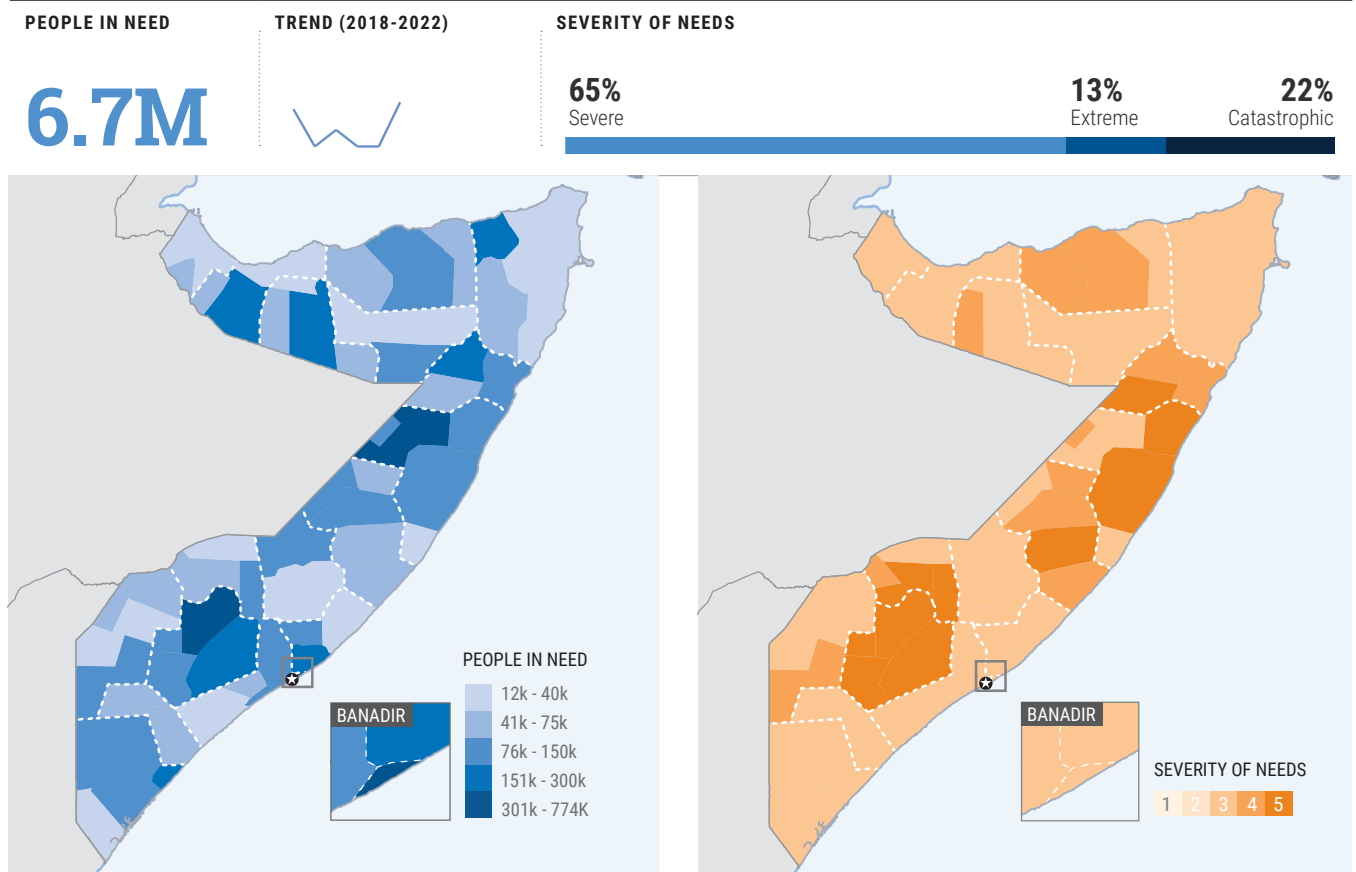


### 3.2 Education

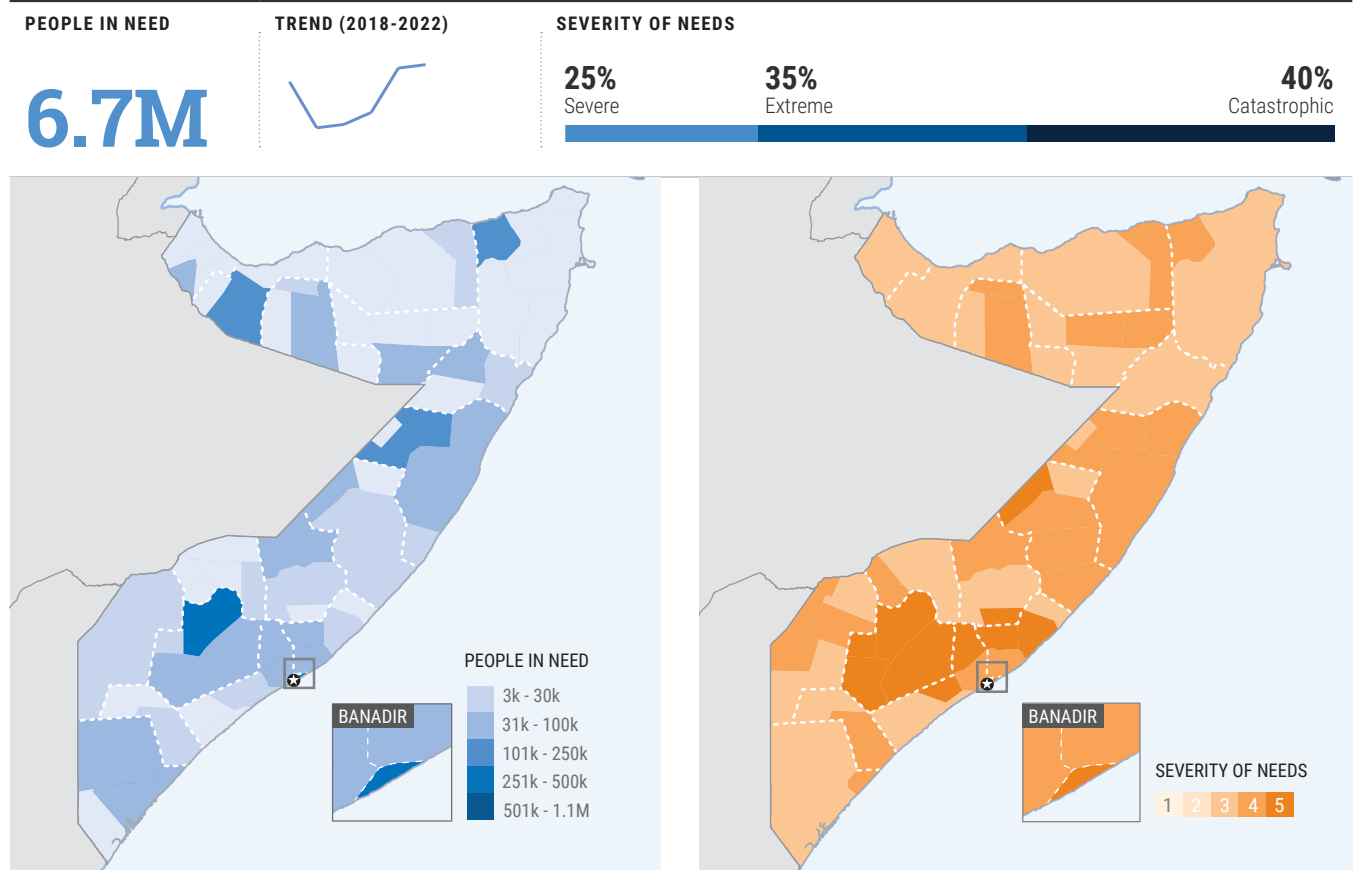




### 3.3 Food Security



### 3.4 Health



### 3.5 Nutrition

PEOPLE IN NEED

**4.9M**

TREND (2018-2022)

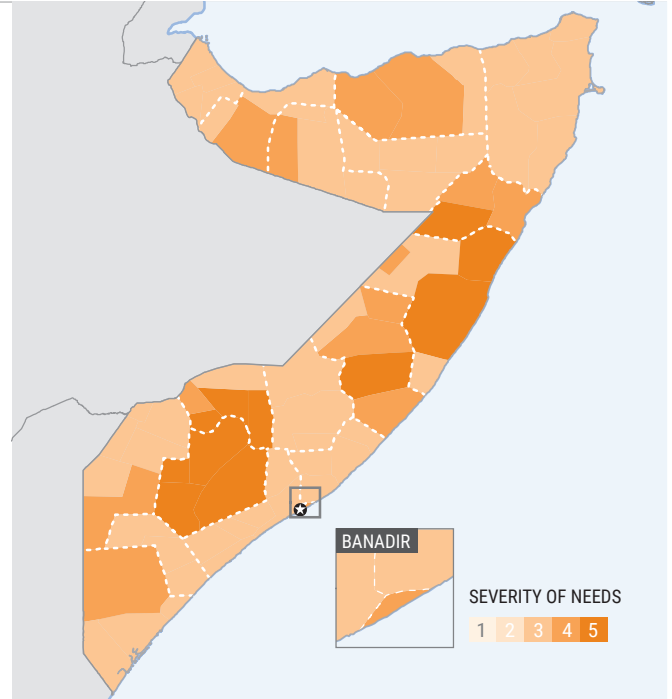
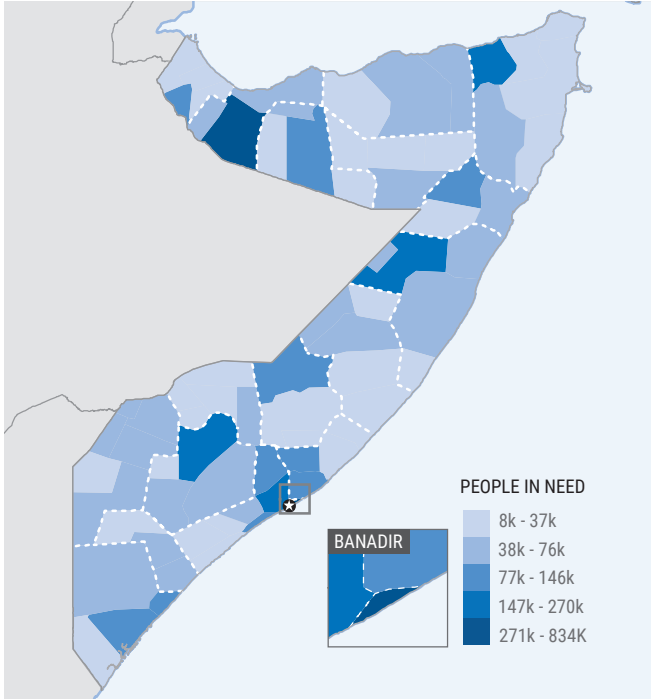


SEVERITY OF NEEDS

**54%**  
Severe

**34%**  
Extreme

**12%**  
Catastrophic



### 3.6. Protection

PEOPLE IN NEED

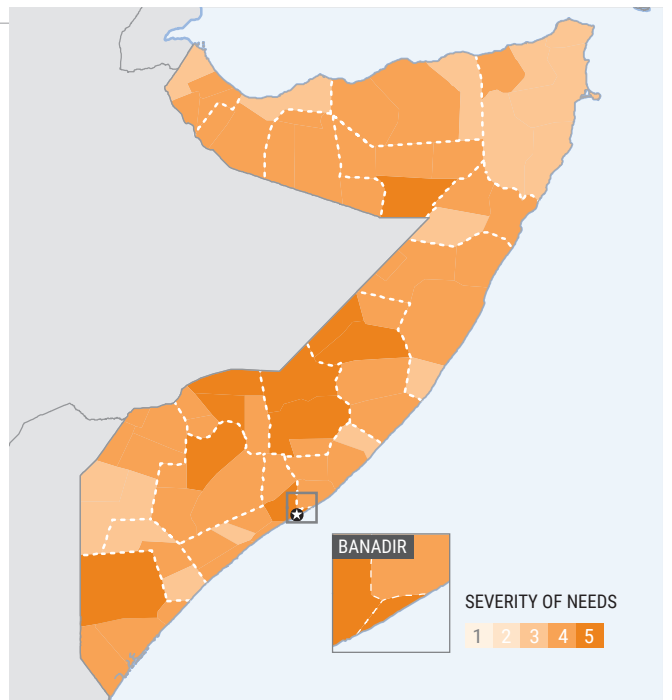
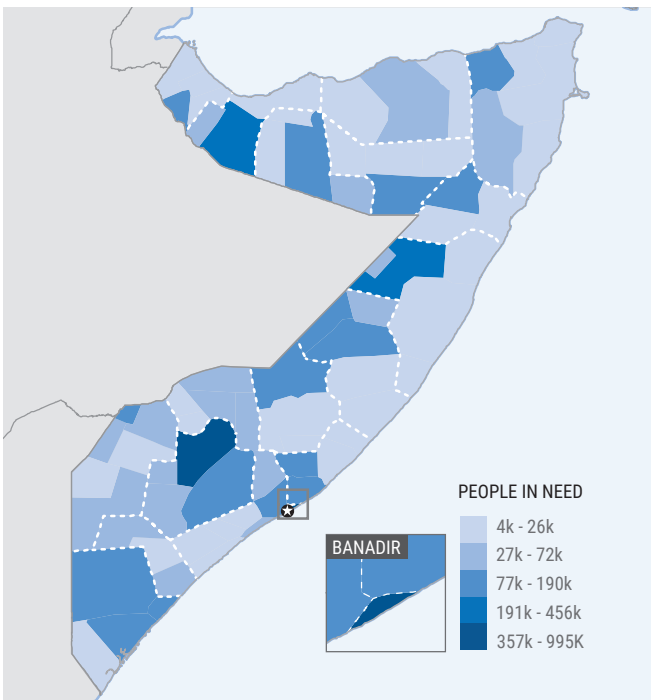
**5.0M**

SEVERITY OF NEEDS

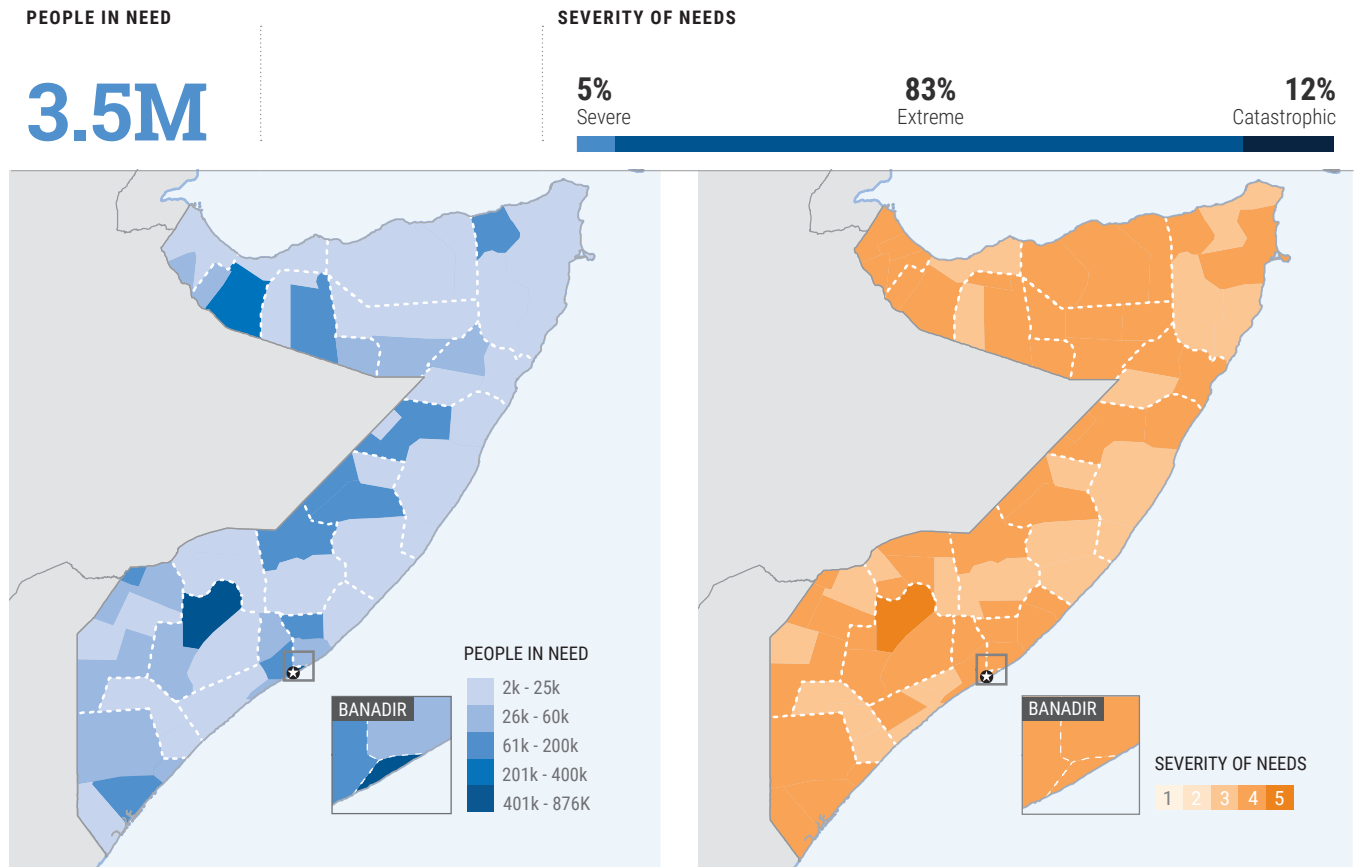
**6%**  
Severe

**52%**  
Extreme

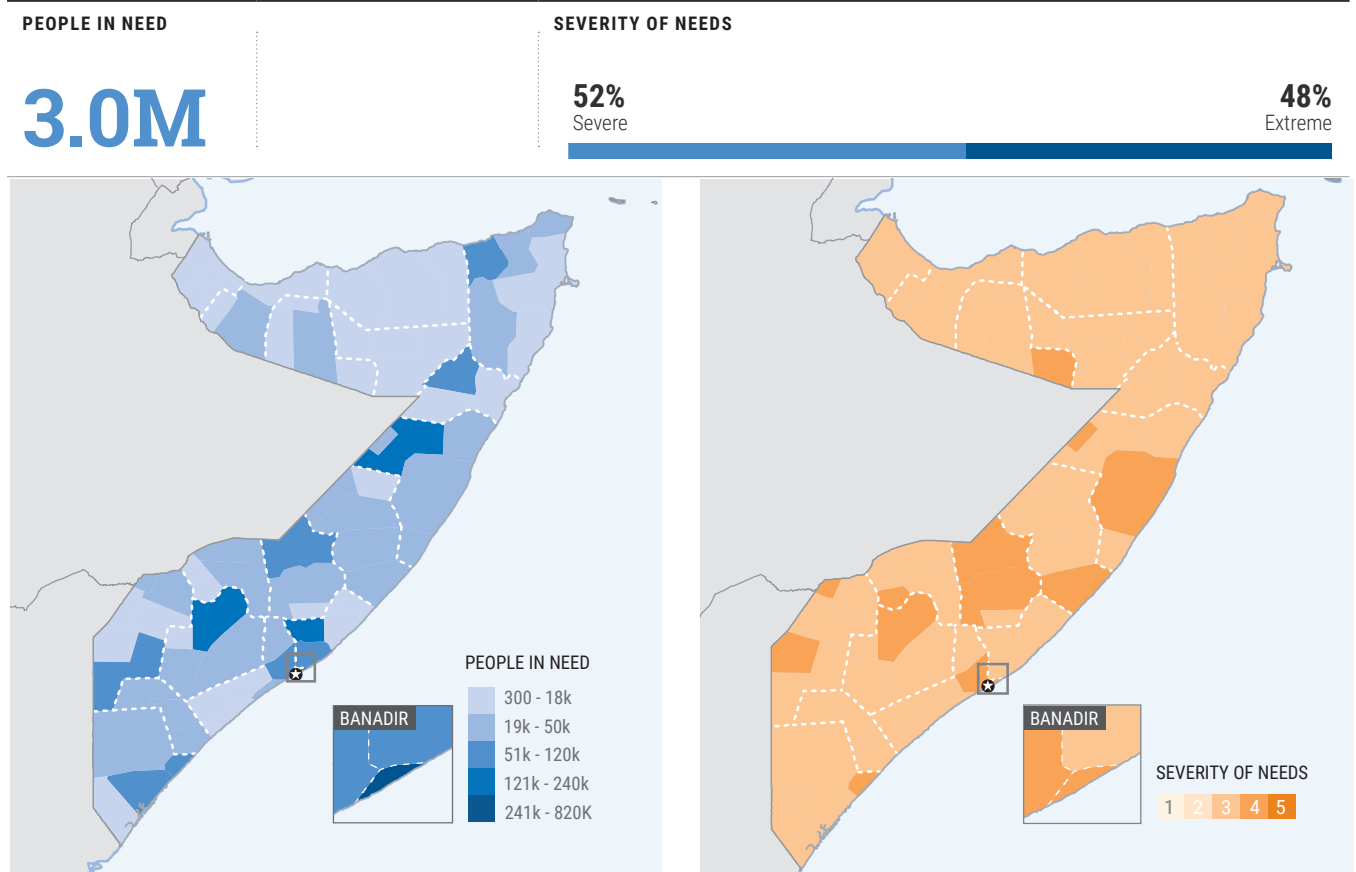
**42%**  
Catastrophic



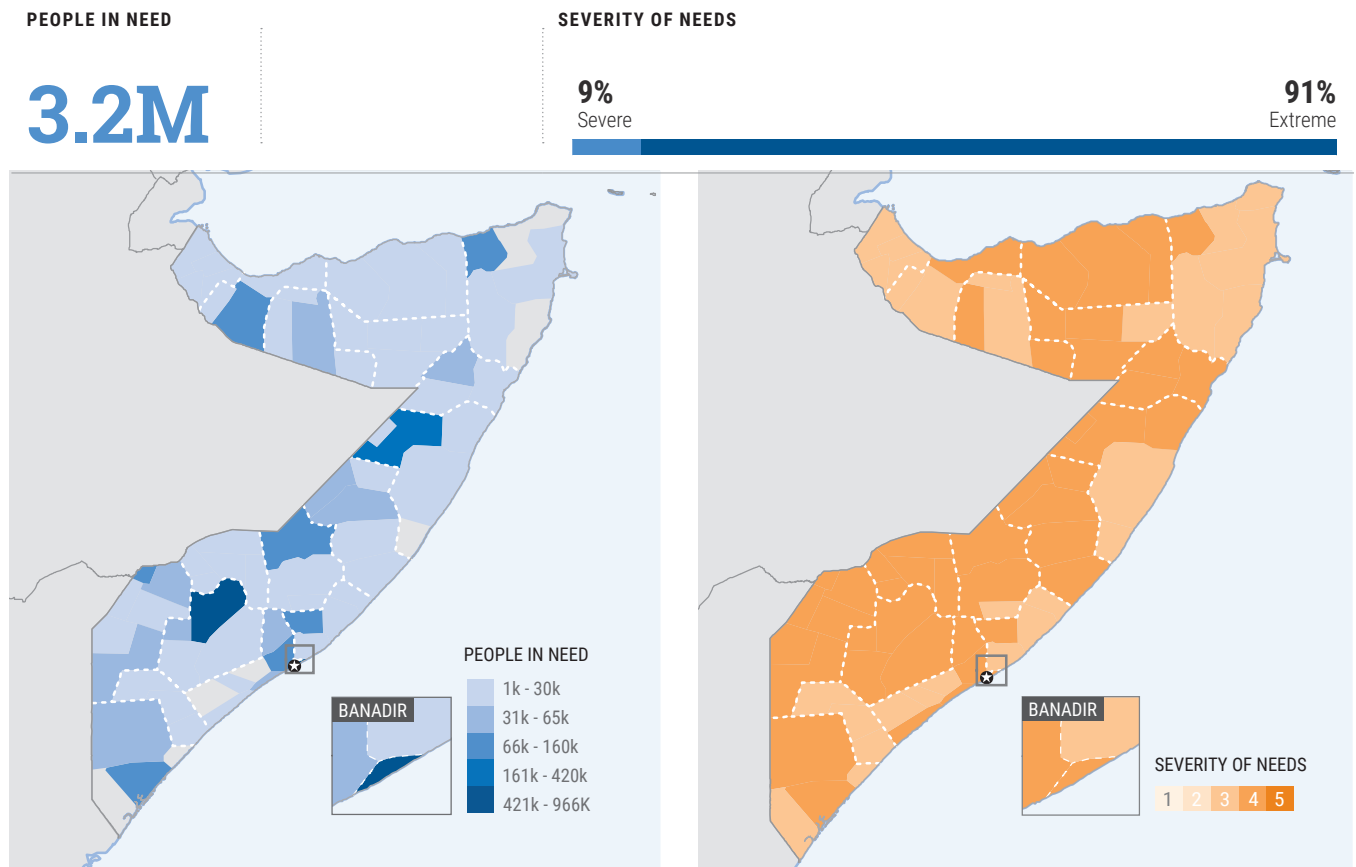
### 3.6.1: Child Protection



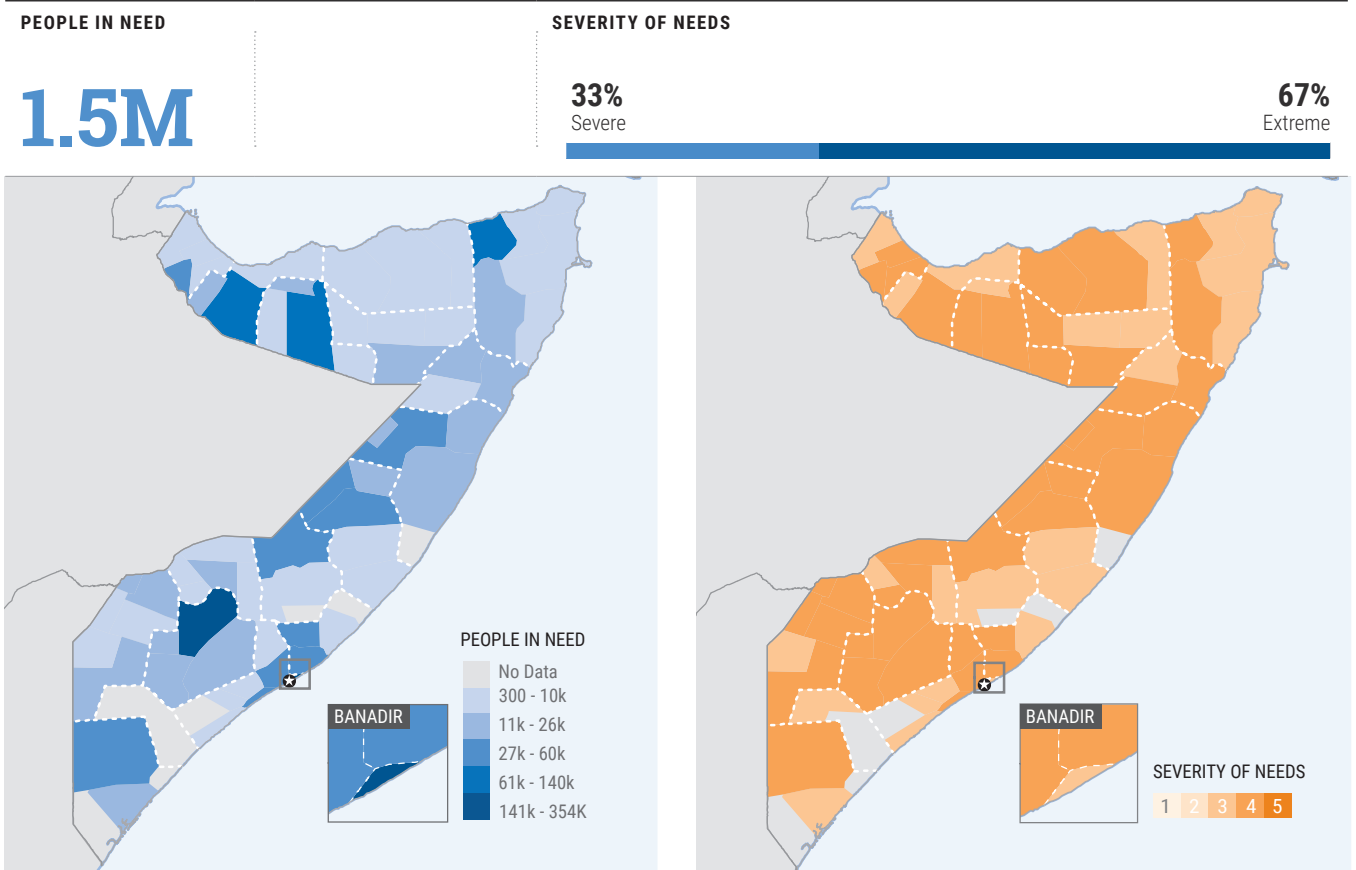
### 3.6.2: Gender-Based Violence



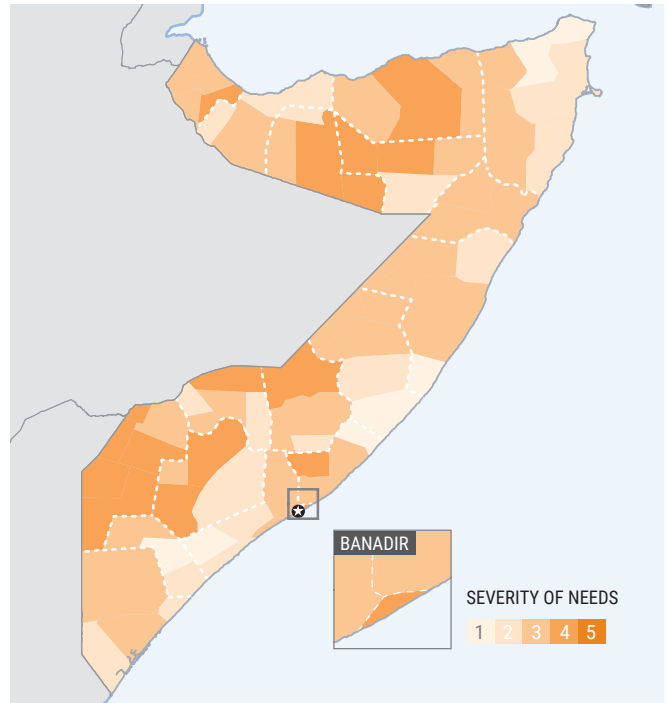
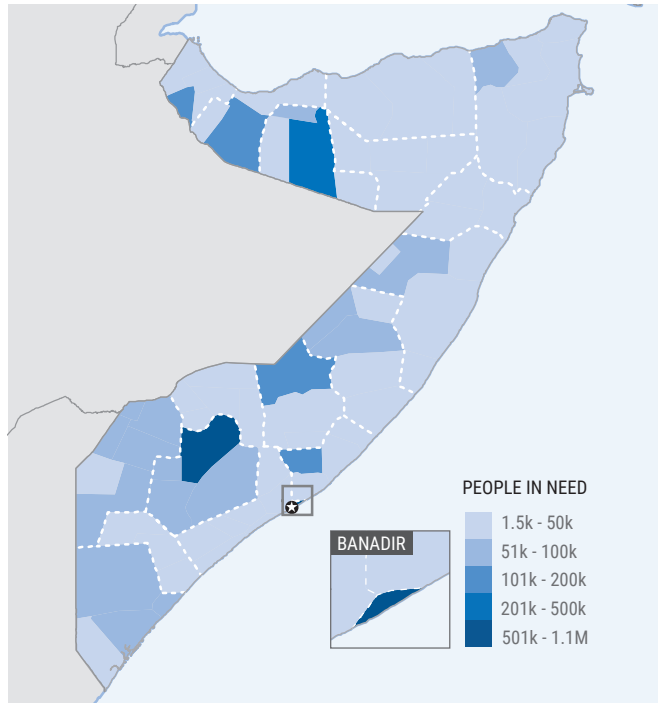
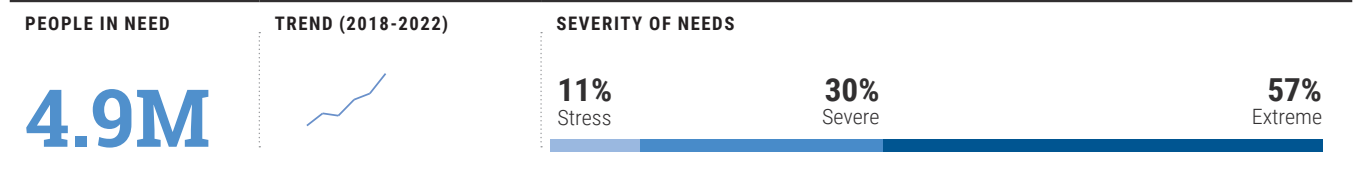
### 3.6.3: Housing Land and Property



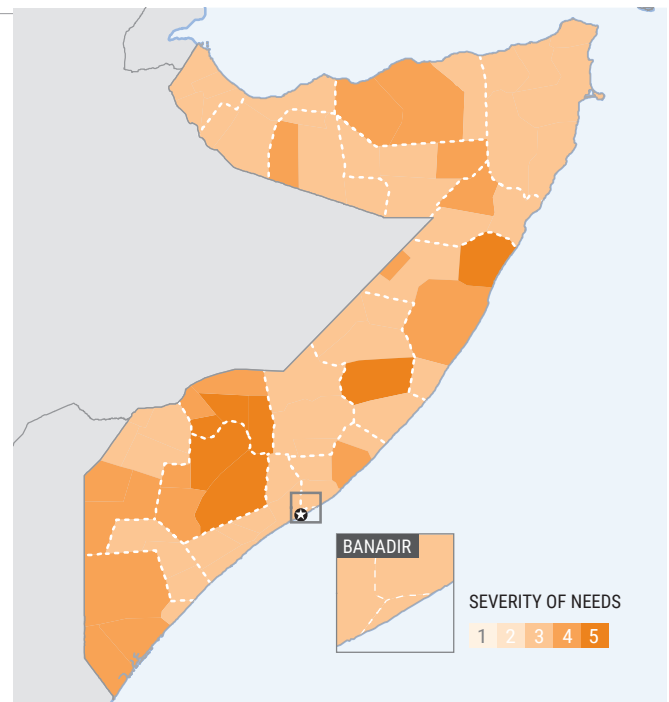
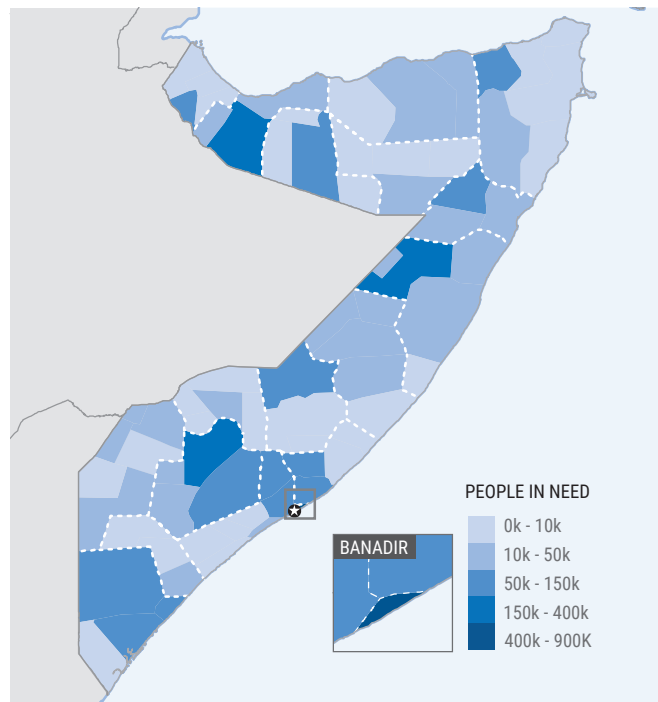
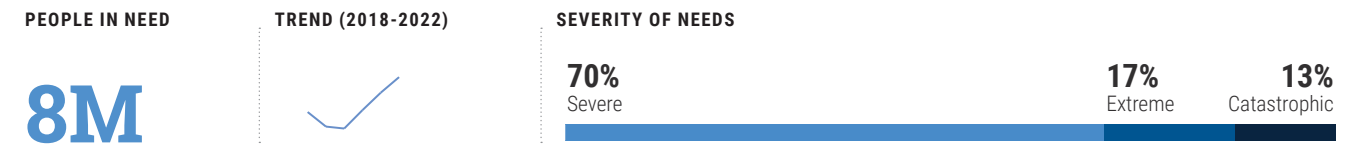
### 3.6.4: Explosive Hazards



### 3.7 Shelter



### 3.8 Water, Sanitation & Hygiene





# 3.1 Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED	MALE	FEMALE	CHILDREN (<5)	CHILDREN (5-17)	ADULTS(18-59)	ELDERLY(>60)
<b>2.8M</b>	<b>48%</b>	<b>52%</b>	<b>18%</b>	<b>44%</b>	<b>33%</b>	<b>5%</b>
PLWD	NEWLY DISPLACED	PROTRACTED	URBAN	RURAL	REFUGEE RETURNEE	ASYLUM SEEKER
<b>15%</b>	<b>696K</b>	<b>2.1M</b>	<b>2.8M</b>	<b>29.9K</b>	<b>-</b>	<b>-</b>

## OVERVIEW

Approximately 2.8 million IDPs across 47 districts in Somalia require immediate CCCM interventions, an increase of 22 per cent from 2022. This increase is linked to the escalating drought conditions which has led to the displacement of 1.3 million individuals, many of whom reside within the 3,342 verified IDP sites across the country.

Displaced individuals largely reside in informal, spontaneously established IDP sites which lack basic site planning, access to land tenure and sufficient services. Within Somalia, about 33 per cent of IDP sites register acute multi-sectoral needs that require life-saving assistance due to the absence of essential services accessible to members of the community (Site Prioritization Matrix, 2022). Furthermore, 87 per cent of IDP sites are on privately owned land (a two per cent increase compared to 2022) which could lead to eviction and eventually to secondary displacement for already vulnerable individuals. Needs of IDPs in Somalia continue to escalate which puts pressure on services in IDP sites that already struggled at the beginning of the year.

## AFFECTED POPULATION

The needs of IDPs in Somalia’s IDP sites surged in 2022 due to pervasive drought, conflict-induced displacement and worsening site-level conditions which can be attributed to an expanding IDP population. Forty-six per cent of all IDP sites in Somalia received new arrivals from June to November 2022. The sites in question

have been characterised as overcrowded with poor sanitation facilities and greater numbers of individuals relying on limited site-level resources<sup>40</sup>. Women and girls face protection concerns in increasingly overcrowded IDP sites with insecurity limiting movement within sites and around communities-built environment in 30 per cent of all IDP sites. Newly displaced households may not have established community support structures in sites which makes them increasingly vulnerable to protection concerns and overall marginalisation of site-level activities<sup>41</sup>. In about 24 per cent of all IDP sites, there is evidence of minors being excluded from humanitarian aid or essential services, while in 85 per cent of all sites, there is evidence of PwDs being excluded from humanitarian aid and essential services<sup>42</sup>. The needs of both vulnerable groups are exacerbated by the continuing drought which forces people to leave their homes to find better living conditions in new communities where social dynamics may not be established between community groups.

## ANALYSIS OF HUMANITARIAN NEEDS

2022 saw an escalation in displacement which has led to worsening site-level conditions in IDP sites across the country. The surge in displacement also drove up the number of people in critical need of humanitarian support, however, there were constraints in mobilising additional resources to deal with the rising needs. This resulted in more people excluded from services, spikes in protection concerns and gaps in the overall provision of services in IDP sites.

IDP sites established in Somalia face critical challenges in providing adequate living standards. Eighty-seven per cent of Somalia's IDP sites are located on privately owned land<sup>43</sup> which increases the frequency of eviction of existing and newly displaced populations. IDP sites are categorically overcrowded. Sixty-seven per cent of the sites are currently unable to accommodate more people which is a 41 per cent increase compared to 2021. Inadequate settlement design of IDP sites disproportionately affects women and girls as they are not able to safely access all parts of the site. Thirty-three per cent of women and girls do not feel comfortable to move around the sites as only 24 per cent of them are equipped with solar lighting<sup>44</sup>. The CCCM New Arrival Tracker shows that 70 per cent of the immediate needs of the new arrivals are related to food, water and shelter/NFI while other basic needs such as health, nutrition, education are less in demand.

The establishment of IDP sites and the increase of IDPs living in poor host communities have created incidents of fragmented humanitarian aid provision in Somalia. Only 16 per cent of the newly displaced population stated that they had received humanitarian aid within the last 30 days<sup>45</sup>. Equally concerning is that beneficiaries who receive humanitarian support are unaware of critical PSEA reporting systems that hold humanitarian workers accountable. According to MSNA findings, 90 per cent of new arrivals are unaware of how to report an issue related to humanitarian aid worker conduct. Certain IDP communities such as persons from marginalised and/or minority backgrounds, youth, women and PwDs face access constraints in receiving essential services within IDP sites. In Somalia, 41 per cent of verified IDP sites have been mapped which shows that minority groups are the largest population group in the sites.

Fifty-two per cent of the mapped sites have reported evidence that minority groups are excluded from humanitarian assistance<sup>46</sup>. IDP sites with minority groups witness greater humanitarian service gaps and service access constraints than sites without minority groups as exemplified through the Site Prioritization Matrix (Minority Sites feature 3.07 out of 5 compared to non-minority sites of 2.68 out of 5).

## EVOLUTION OF NEEDS

Displacement continues to expand into larger, more established urban areas in Somalia which forces displaced populations to seek refuge on vacant plots in more precarious locations. As witnessed in 2021 when acute flooding occurred shortly after a drought was declared during the Gu season, the threat of flooding and ensuing secondary displacement has remained high in IDP site communities. In heavily populated areas such as Beletweyne where 53 per cent of sites are prone to frequent flooding, Baidoa where 20 per cent of sites are prone to frequent flooding and Banadir where 30 per cent of sites are prone to frequent flooding, flood mitigation methods are urgently required to ameliorate the risk of damaging IDP site infrastructure and putting lives at risk. Moreover, the second half of 2022 witnessed a 33 per cent increase in the prevalence of conflict-induced displacement in Somalia compared to the first half of the year. Enhanced military operations in Galmudug, Hirshabelle, Southwest State and Jubbaland has the potential to increase conflict-induced displacement in 2023.

## MONITORING OF NEEDS

The CCCM Cluster will look to adhere to a continuation of the 2022 critical indicators which demonstrate core needs in IDP sites. With issues of land security becoming increasingly important due to mass displacement to informal privately-owned IDP sites, it will be imperative to further monitor eviction risks in IDP sites. And as displacement continues to impact most parts of Somalia, it will be essential to monitor new arrivals at IDP sites to understand core site-level needs. Moreover, CCCM will continue to collaborate with other clusters to ensure that agreed indicators which capture access to services and analyse gaps in service delivery are monitored on a monthly basis. Core service standards and indicators such as sites with access to water, health, nutrition, education and lack thereof will be shared with respective clusters for response on a regular basis. This includes referrals of protection cases to the protection service providers at the sites for response.



**SOMALIA**

Kaharey IDP site, Doolow District, Somalia. 26 September 2022. Anbiyo isack Idiris's daughter in their house in Kaharey IDP site  
 Photo: UNOCHA/ Yao Chen

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Percentage of IDP population living in sites with high or extreme risk of eviction	CCCM, Shelter, Protection (HLP)	Site Verifications, IDP Site-Level Service Mapping, Detailed Site Assessment	Quarterly
2	Percentage of total population living in verified IDP sites	CCCM	Site Verifications, Detailed Site Assessment, IDP Site Master List	Quarterly
3	Number of new arrivals that have entered IDP sites	CCCM	New Arrivals	Monthly

## 3.2 Education



PEOPLE IN NEED	MALE	FEMALE	CHILDREN (<5)	CHILDREN (5-17)	ADULTS(18-59)	ELDERLY(>60)
<b>3.9M</b>	<b>49%</b>	<b>51%</b>	-	<b>100%</b>	-	-
PLWD	NEWLY DISPLACED	PROTRACTED	URBAN	RURAL	REFUGEE, RETURNEE AND ASYLUM SEEKERS	
<b>15%</b>	<b>331k</b>	<b>1.4M</b>	<b>572k</b>	<b>1.5M</b>	<b>51k</b>	

### OVERVIEW

Approximately 3.9 million IDPs and non-displaced children aged five to 17 lack access to protective quality education across 74 districts in Somalia. This represents an increase of 15 per cent from 2022. The direct and indirect costs of education are the main drivers of high school dropout rates which have been further exacerbated by the impacts of drought that has wiped out livelihoods. The inability to cover daily expenses forces families to adopt negative coping mechanisms. These include cutting essential expenditures like reducing direct education-related costs and taking children out of school. This may generate revenue for the household, but exposes the children to a wide range of protection concerns.

The limited capacity of the Ministry of Education to provide services and the lack of funding for education in emergencies activities compounded by recurring climate and conflict-induced shocks has resulted in three generations missing formal school opportunities. More targeted approaches are needed to overcome barriers to support access to quality education for most vulnerable and marginalised children. At 39 per cent, Somalia's primary enrolment rates rank among the lowest in the world.

### AFFECTED POPULATION

#### Newly Displaced IDPs:

The Education Cluster estimates that 0.3 million newly displaced children (past 12 months) aged five to 17

face obstacles in accessing education which represents eight per cent of the total PiN. Newly displaced school-aged IDP children are the most affected group as only 21 per cent have access to primary education services.

#### Protracted IDPs:

In Somalia, there are approximately 1.4 million protracted IDPs aged five to 17 which constitute 35 per cent of the total PiN; only 28 per cent of these children are currently accessing education services. Education services were already insufficient prior to the new displacement with only 33 per cent of the CCCM-managed IDP sites having at least one primary education facility.

#### Non-Displaced:

There are 2.2 million non-displaced children in need of education assistance (56 per cent of the total PiN) in both urban and rural areas. For host communities, the out-of-school children in need of education assistance are mostly from rural areas (73 per cent non-displaced children). According to the MSNA, the enrolment rate among the non-displaced population in Somalia is 39 per cent.

#### Urban/Rural:

At 55 per cent, children aged five to 17 in urban areas make up the highest PiN. The highest caseload of new and protracted displaced children are in urban areas. They represent 91 per cent of all displaced children in need of education assistance.



Girls are mostly affected as they face socio-cultural norms which restrict their mobility. This combined with safety concerns and supply-related challenges (such as a lack of trained female teachers or gender-segregated latrines) limit their access to education.

### **Refugees / Asylum Seekers:**

Refugees and asylum seekers are considered in the response as part of the broader beneficiary group as refugees are dispersed within the existing sites and settlements in Somalia.

### **Children Living with Disabilities:**

It is estimated that about 0.4 million school-aged children (51 per cent girls) in need of education have disabilities. Children living with disabilities are affected by prevalent negative attitudes by teachers and parents and structural challenges that hinder access to an inclusive learning environment.

## **ANALYSIS OF HUMANITARIAN NEEDS**

According to MSNA, there is a total of 4.84 million out-of-school children aged between five and 17 in Somalia. For 2023, the Education Cluster estimates that 3.85 million IDPs and non-displaced populations need access to protective quality education in Somalia. Out of these, 2.15 million are from non-displaced families and 1.7 million from displaced households. Only 21 per cent of newly displaced children can access education compared to 28 per cent of protracted displaced and 39 per cent of non-displaced children.

The areas with the highest proportion of school-aged children in need of humanitarian assistance are in southern and central parts of Somalia. These districts experience high levels of displacement as well as access constraints exacerbating existing vulnerabilities. The districts with the highest caseloads in Somalia are Banadir and Baidoa district in Southwest state followed by Galmudug and Jubaland.

The main barriers restricting access to education are the direct and indirect cost of education and the lack of available services which mostly affects the IDP population. Households find it difficult to overcome economic barriers to education which is further compounded by the impact of drought on their livelihoods. As families struggle to cope, they adopt negative coping mechanisms such as cutting essential

expenditure like school fees which negatively impacts access to education for girls and boys. A total of 45 per cent of the displaced households have identified the cost of education as the main barrier. Increased efforts are needed to overcome the financial barriers and improve access to quality education for the most vulnerable and marginalised children.

Education service provision for IDPs remains a crucial gap in the response. Newly displaced children in IDP camps are vulnerable due to protection risks and lack of access to education. According to the CCCM Cluster, only 33 per cent of sites have primary education facilities. IDP sites do not have the capacity to absorb newly displaced children as services are already insufficient. Forty-six per cent of newly displaced and 26 per cent of protracted displaced persons have identified the lack of schools as a barrier. This is due to insufficient government support and limited funding of emergency programmes that support access to education for school-aged IDP children.

Besides losing education opportunities, children who drop out of school in Somalia are exposed to several additional protection risks including child labour and early marriage. According to MSNA, more than 14 per cent of the newly displaced households indicated that they need their children to work. Lack of learning opportunities and the absence of basic life skills increases children's vulnerabilities which contributes to the negative cycle of societal fragility and violence caused by the lack of opportunities in life.

In 2021, the Country Taskforce on Monitoring and Reporting verified 3,340 grave violations against 2,687 children (2,041 boys, 646 girls) including 604 children who were victims of multiple violations. This indicates a sharply rising trend (56 per cent increase) in incidents among children. In this context, education plays a crucial role in mitigating the protection risks that children are exposed to.<sup>4</sup> Increased access to education for displaced children is needed as it provides a safe protective space and relevant life skills.

Existing community structures like schools serve as a unique entry point for other life-saving services including access to safe drinking water and protection mechanisms for vulnerable children.

From January to June 2022, 14 attacks on schools were verified and documented which indicates that schools remain a main target for attacks.

Child protection in schools remains weak despite the development of the Education-Child Protection Response Framework to better integrate child protection in schools. The Annual Safety Audit pointed out insufficient gender and disability-appropriate protective spaces including a lack of WASH facilities. There is also a need to train teachers in how to use referral pathways, psychosocial support and GBV as well as to strengthen school committees to enhance the children's protective environment.

### EVOLUTION OF NEEDS

The vulnerability and severity of needs for IDPs are likely to increase in 2023 due to the impact of the drought and conflict-induced displacement. Given the lack of capacity of the education system in IDP

camps to absorb additional school-aged children, the needs will continue to increase. In 2022, Education in Emergencies remained one of the most underfunded responses during the drought which limited partners' abilities to provide education in emergencies responses at a sufficient scale. Hence, the education needs were not met in 2022 which suggests that demands will be higher in 2023.

### MONITORING OF NEEDS

The Education Cluster will continue to work closely with the CCCM Cluster to monitor access to formal and non-formal primary education for children in displacement sites. Most education data is generated annually, i.e. data collection for EMIS. The Education Cluster plans to carry out a Joint Education Needs Assessment in 2023 to establish key baselines and address data gaps for education in emergencies. The indicators used for monitoring will track the need for primary education facilities at IDP sites.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Percentage of sites reporting having access to primary education facilities at CCCM managed sites	CCCM / Education	Detailed Site Assessment	
2	Percentage of children reported to have access to primary formal or non-formal education at CCCM managed sites	CCCM / Education	Detailed Site Assessment	

# 3.3 Food Security and Agriculture



<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>6.7M</b>	<b>51%</b>	<b>49%</b>	<b>18%</b>	<b>44%</b>	<b>33%</b>	<b>5%</b>
<b>PwD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>718k</b>	<b>923k</b>	<b>1.7M</b>	<b>3.4M</b>	<b>-</b>	

## OVERVIEW<sup>47</sup>

Approximately 6.7 million people are acutely food insecure across all 74 districts in Somalia and require urgent humanitarian assistance. This figure includes 300,000 people facing IPC Phase 5 Catastrophe conditions and represents an increase of 91 per cent in needs compared to 2022.

Food insecurity is very severe and humanitarian needs are extremely high due to the impacts of five consecutive seasons of poor rainfall, an anticipated sixth season of below-average rainfall, cereal harvest and livestock production fail, high rates of malnutrition, and exceptionally high food prices exacerbated by concurrent conflict/insecurity and disease outbreaks.

## AFFECTED POPULATION

The vulnerable population groups in the country can be broadly categorised into IDPs (newly displaced and protracted) and rural and urban populations. Within these population groups, the extremely vulnerable households with a higher risk facing very severe to catastrophic levels of hunger and risk of famine are newly displaced families who have recently arrived in IDP sites, rural pastoral and agro-pastoral populations in hard-to-reach areas with severe access constraints, households with malnourished children under five and/or pregnant lactating women, vulnerable households from marginalised or minority groups, households who lost all or most of their livelihood assets, female-headed households with many children, child-headed

households without adult support, households headed by a person living with disabilities and not capable of earning a revenue or without a regular income earner, households headed by an elderly person not capable of earning a revenue or without a regular income earner, and households hosting a high number of displaced people and lacking any income or social support.

### IDPs:

An estimated 58 per cent of all IDPs in Somalia (2.2 million of 3.8 million IDPs) are food insecure and in need of urgent humanitarian food and cash assistance. IDPs across Somalia are very vulnerable due to limited livelihood assets, few income-earning opportunities, rising food prices, low access to communal and social support systems and a high reliance on external humanitarian assistance. The levels of mortality (both the Crude Death Rate and the Under-Five Death Rate) have surpassed Emergency (IPC Phase 4) thresholds in IDPs in Baidoa and Mogadishu.

### Newly Displaced IDPs:

An estimated 696,329 newly displaced IDPs (due to conflict and drought) representing 93 per cent of the 752,390 IDPs displaced within the past 12 months are food insecure and in need of urgent life-saving humanitarian food and cash assistance. It is challenging though to ascertain the new arrival status in the absence of a formal registration mechanism.

Most new arrivals have been observed in Banadir, Hiran, Galgaduud, Bay, Gedo, Mudug, Bakool and Lower Juba,

Togdheer and Bari regions respectively. Newly displaced IDPs face comparatively worse food security outcomes, arrive in desperate conditions and often face numerous challenges accessing humanitarian assistance after their arrival. Of particular concern among the newly arrived displaced populations are marginalised and minority groups who at times do not receive timely assistance due to exclusion and other existing structural challenges. Most of the main IDP settlements in Bossasso, Qardho, Garowe, Galkacyo, Dhusamareb, Beletweyne, Mogadishu, Dollow, Dhobley (Afmadow) and Kismayo are classified as an Emergency (IPC Phase 4). Baidoa and Mogadishu IDP settlements are projected to face Famine (IPC Phase 5) from April 2023 in the absence of sustained humanitarian assistance.

#### **Protracted IDPs:**

An estimated 1,551,131 protracted IDPs representing 50 per cent of the 3,107,709 IDPs displaced for over 12 months are food insecure and in need of urgent life-saving humanitarian food and cash assistance.

#### **Non-Displaced:**

4,433,310 people representing 34 per cent of the total non-displaced population in the rural and urban areas in Somalia face severe food insecurity levels and are in need of food security and livelihoods assistance.

#### **Urban:**

An estimated 1,231,240 people representing 35 per cent of the total urban non-IDP population of 3,475,393 people are severely food insecure and in need of humanitarian food and cash assistance and emergency livelihoods support. The urban poor who already disproportionately spend 60 to 80 per cent of their income on food - continue to struggle for food in the face of rising prices. They have limited room to absorb the impact of further food price increases and limited opportunities to expand their incomes. Declining labour wages and rising food prices have led to sharp declines in the wage labour to cereals terms of trade. Many urban areas are classified as Crisis (IPC Phase 3), including Bossasso, Garowe, Galkacyo, Dhusamareb, Baidoa, Dollow, and Kismayo.

#### **Rural:**

An estimated 3,202,070 people representing 33 per cent of the total rural non-IDP population of 9,619,767 people

are severely food insecure and in need of humanitarian food and cash assistance and emergency livelihoods support. Levels of mortality (both the Crude Death Rate and the Under-Five Death Rate) have surpassed Emergency (IPC Phase 4) thresholds in agro-pastoral populations in Baidoa and Burhakaba districts and Famine (IPC Phase 5) is projected from April 2023 in the absence of sustained humanitarian assistance. Emergency (IPC Phase 4) is expected in Togdheer Agro-pastoral and several agro-pastoral livelihood zones in Bay, Bakool, Gedo, Hiiraan, Middle Shabelle, and Lower and Middle Juba regions including parts of Southern Agro-pastoral, Bay Bakool Low Potential Agro-pastoral, Sorghum High Potential Agro-pastoral and Cowpea Belt Agro-pastoral.

Many rural households face widening food consumption gaps, and the erosion of their livelihoods limits their coping capacity due to the fifth consecutive below-average rainy season and other compounding shocks. Social support systems are increasingly overstretched in many parts of the country. These factors have driven a surge in population displacement from rural areas to IDP settlements and towns and cities. The area planted and harvested is far below normal due to the poor rains, the displacement of households away from their farms, and farmers' reduced ability to afford seeds, irrigation and other inputs. Poor households that rely on income from agricultural employment opportunities also continue to be adversely affected. Poor pastoral households have accumulated very high debt burdens driven by the prohibitive costs of water and feed for livestock, increased reliance on purchasing food for the family on credit, and abnormal livestock migration to distant areas in search of pasture and water. They face food consumption gaps based on few livestock births, reduced income from livestock sales, and low availability of milk for both adults and children. Emergency (IPC Phase 4) conditions are present in Guban Pastoral; Northern Inland Pastoral of Northwest and Northeast; Hawd Pastoral of Northwest, Northeast, Central and Hiiraan; Addun Pastoral of Northeast and Central; Coastal Deeh of Northeast and Central; and East Golis Pastoral of Northwest.

### **ANALYSIS OF HUMANITARIAN NEEDS**

Approximately 6.7 million people will be acutely food insecure and in need of urgent humanitarian assistance by the end of 2022. Famine (IPC Phase



5) is projected from April 2023 among agro-pastoral populations in Baidoa and Buurhakaba districts, and IDPs in Baidoa and Mogadishu where malnutrition and mortality levels are already very high. Other areas and population groups in central and southern Somalia facing an increased Risk of Famine are Hawd Pastoral of Central and Hiiraan; Addun Pastoral of Northeast and Central; Coastal Deeh Pastoral of Central; Sorghum High Potential Agro-pastoral of Middle Shabelle; and IDP settlements in Mogadishu, Garowe, Galkacyo and Dollow. Emergency (IPC Phase 4) levels of acute malnutrition and rising mortality levels are already occurring in these areas.

The key driver of the current food insecurity crisis is the multi-season drought that began in Somalia in late 2020 and persisted to the end of 2022 leading to further deterioration of the food security and nutrition situation across many parts of the country. Humanitarian needs are extremely high due to the impacts of five consecutive seasons of poor rainfall, an anticipated sixth season of below-average 2023 Gu rainy season, disease outbreaks and a deteriorating nutrition situation across most of the country with approximately 1.8 million children under five acutely malnourished.

Persistent insecurity and conflict – particularly in central and southern parts of the country, impeding access to some locations as well as global supply and price shocks that drive up local and imported food prices further exacerbate the food insecurity situation in Somalia. While the recent Deyr (October - December 2022) rains received in some parts of the country marginally replenished pasture and water resources in several locations, widespread water and pasture scarcity still persists. Over three million livestock are estimated to have died of starvation and disease since mid-2021.

Overstretched social support systems and drought and conflict-induced population displacement have all led to a near exhaustion in the coping capacities of poor and vulnerable populations. These high-risk groups face widening food consumption gaps that are further compounded by the erosion of their livelihoods limiting their coping capacities. These intertwined, multi-faceted and prolonged shocks factors have driven a surge in population displacement from rural areas to IDP settlements and urban areas.

There is a need to continue to focus on principled and people-centred approaches that promote the safety, dignity and integrity of the people receiving assistance, and equally consider the different needs of women, men, girls and boys. FSC partners respond to the special needs of pregnant and lactating women, under five-year-olds, older people and persons with disabilities and ensure that the quality of their assistance and services is equitable to that of other groups.

## EVOLUTION OF NEEDS

The forecast of a potential below-average 2022 Deyr rainy season further suggests that food security conditions will not improve until mid-2023 at the earliest. Approximately eight million people are projected to face IPC Phase 3 Crisis or worse from April 2023 in the absence of sustained humanitarian food and cash assistance. Famine is projected among agro-pastoral populations in Baidoa and Buur Hakaba, IDP populations in Baidoa and IDP populations in Mogadishu from April 2023 in case of a likely sixth season of below-average rainfall; cereal harvest and livestock production fail; key commodity prices continue to rise; escalation in the conflict; insecurity impeding access to hard-to-reach areas; and humanitarian assistance fails to reach the most vulnerable populations.

The ongoing delivery of humanitarian food and cash assistance has mitigated the worsening of food security and nutrition outcomes in many areas but is outpaced by the rising levels of needs. Sustained and scaled-up delivery of life-saving humanitarian food assistance and emergency livelihood interventions is required to prevent further displacement, family separation, irreversible loss of livelihoods, adoption of negative coping strategies, and excess mortality for people facing extreme levels of hunger and risk of famine.

## MONITORING OF NEEDS

The overall monitoring of the evolving food security situation will rely on the FSNAU seasonal rapid food security assessments and IPC analysis results. Special emphasis will be given towards monitoring food security in the nine locations and population groups at highest risk of Famine both through face-to-face and remote monitoring methods for hard-to-reach areas.

FSC will rely on the FSNAU Early Warning- Early Action dashboard (EW-EA) for data on a broad range of key early warning indicators to facilitate monitoring of the heightened risk of Famine in the country and inform prioritisation and decision-making. The main FSNAU EW-EA dashboard indicators are climate (rainfall and NVDI), market data, nutrition data on admissions, health indicators, population displacement, and insecurity/ conflict. These indicators have been assigned individual thresholds for Normal, Alert and Alarm. The EW-EA will generate time series maps to show trends in the number of early warning indicators that are in Alarm phase month-on-month from 2017 to date. The varying degrees of red coloration on the map corresponds with how many indicators are in the Alarm phase in each district during a given month.

FSC partners will also rely on the SWALIM Combined Drought Index (CDI) dataset for monthly situational updates regarding the drought situation in the country. The cluster partners will monitor markets and prices of key commodities in the Food MEB on a monthly basis through FSNAU, WFP-VAM and common post-distribution monitoring (PDM) data from over 160 organisations operational in most districts of the country including in hard-to-reach areas.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	IPC Seasonal Analysis Results	FSC	FSNAU	Quarterly
2	Market update/ prices of key food commodities in the Food MEB	FSC	FSNAU, WFP-VAM, FSC Partners PDMs	Monthly
3	Number of indicators in Alarm Phase	FSC	FSNAU Somalia Early Warning- Early Action Dashboard	Monthly
4	Drought/ CDI monitoring tool	FSC	SWALIM	Monthly

# 3.4 Health



<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>6.7M</b>	<b>50%</b>	<b>50%</b>	<b>18%</b>	<b>45%</b>	<b>33%</b>	<b>4%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>354K</b>	<b>1.6M</b>	<b>1.4M</b>	<b>3.4M</b>	<b>51K</b>	

## OVERVIEW

Approximately 6.7 million persons across Somalia have increased and more severe health needs, an increase of 11 per cent from 2022. This increase is due to the ongoing drought, conflicts and insecurity. Overall, the number of functional health facilities and mobile health services remains limited which constrains access to health care mainly for women and children among new IDPs, rural populations and people living in areas controlled by NSAG. Ongoing and rising food insecurity and lack of safe water contribute to increased morbidity and mortality and increased risk of disease outbreaks. In 2022, violent mass casualty events increased with loss of life and a growing number of complex trauma cases among civilians.

## AFFECTED POPULATION

### Newly Displaced IDPs:

Of the 0.4 million newly displaced persons, the most vulnerable are children as they are exposed to diseases that can be prevented with vaccines; only 65 per cent of the newly displaced report having at least one unvaccinated person in their household. Of the pregnant women, only 39 per cent have access to antenatal care services, and 86 per cent reported facing barriers in accessing health services<sup>48</sup>. The most common barrier is the lack of functional health facilities within a one-hour distance. Additionally, well over 20 per cent of the newly displaced report having difficulties with eyesight, hearing or walking<sup>49</sup>.

Protracted IDPs: among the 1.6 million protracted IDPs, 64 per cent reported barriers to access health care, with children and women being the most vulnerable. About 43 per cent of households have at least one unvaccinated child, and 46 per cent of pregnant women have no access to antenatal care services.

### Non-Displaced:

The urban and rural non-displaced populations that represent about 26 per cent of households report having at least one unvaccinated child in the household, and only 63 per cent of pregnant women have access to antenatal care services. About 64 per cent face barriers to accessing health care due to the lack of functional health facilities nearby. About 27 per cent of the estimated 13 million non-displaced persons live in urban areas, with an estimated 61 per cent in need of health services. Among the non-displaced population in rural areas, an estimated 35 per cent need health assistance.

### Urban/Rural:

Rural populations face higher access constraints to health services than urban populations. IDPs are the most vulnerable in urban areas due to poor shelter and limited water and sanitation services which puts them at risk of increased disease outbreaks. In rural areas, access to functional health facilities is hampered by long distances, high transport costs and safety concerns.

### Refugee Returnees/Asylum Seekers:

Refugee returnees and asylum seekers represent a small segment of the population, with a total target of about 51,380. Most of these population groups living in urban areas are exposed to similar health risks as displaced and non-displaced persons. Their vulnerabilities include poor living conditions and eroded coping capacities due to the lack of access to safe water, poor sanitation conditions, stressed food supplies, the prevalence of malnutrition in children, preventative diseases on the rise, limited access to basic health services and loss or lack of livelihood. All the above lead to an increased need for health services.

### ANALYSIS OF HUMANITARIAN NEEDS

The country's fragility is due to ongoing conflict and climate effects such as the worsening drought which has negatively affected the already fragile and underdeveloped health system. Humanitarian partners usually run health facilities in the areas most affected by conflict and drought, however, the humanitarian funding has limited time frames.

With the continuation of the drought and the increase in violent attacks, more people are expected to be displaced to urban areas for survival in search of assistance and protection. Those already displaced are unlikely to return to their places of origin. The health needs of the newly displaced people will be more severe. More specialised health services will be needed including stabilisation centres to attend to children with acute severe malnutrition complications and expanded access to clinical management of survivors of sexual and gender-based violence (SGBV). Needs for mental health and psychosocial (MHPSS) services remain unquantified, but estimates suggest that one in three people in Somalia is in need of such services.

Women and girls in Somalia are among the most vulnerable groups. There is limited or no access to quality reproductive health services which mainly affects the displaced population. Moreover, of the 7.2 million people in need about 1.65 million women of reproductive age require reproductive health services including antenatal care, emergency obstetric and newborn care, postnatal care and family planning. About 0.3 million women of the people in need will deliver in 2023; an estimated 45,776 will experience life-threatening consequences and require life-saving, comprehensive emergency obstetric and newborn care.

The maternal mortality ratio in Somalia is already amongst the highest in the world (692 per 100,000 live births), and the number of maternal and newborn deaths and morbidity is expected to increase due to malnutrition, drought and constrained access to safe maternal and newborn health services, especially at the community level. According to the 2022 MSNA, among the 603 deliveries in a recall period of about three months, 19 were stillbirths while 48 children were born alive but are now dead.

Women and girls are particularly vulnerable to increased gender-based violence (GBV). Health-related care for GBV survivors remains inadequate as there is attrition of trained health-care workers and a breakdown of previously existing referral pathways for drought-displaced populations. Unvaccinated children and people with limited access to water, sanitation, and hygiene services are at high risk of disease outbreaks. When affected by measles, diarrhoea or cholera, the risk of death increases dramatically for malnourished children. In 2022, despite ongoing vaccination efforts, a total of 11,639 suspected cholera cases and 70 deaths (CFR 0.60 per cent) were reported in 25 drought-affected districts until epidemiological week 42<sup>50</sup>. The total number of suspected cases of measles is 14,847, while four cases of vaccine-derived poliovirus (cVDPV 2) were detected in 2022<sup>51</sup>. Since 16 March 2020, 27,254 people tested positive for COVID-19, and 1,352 deaths were reported. A total of 5,938,186 persons are currently fully vaccinated, and another 2,195,851 are partially vaccinated for COVID-19<sup>52</sup>.

### EVOLUTION OF NEEDS

The extended and ongoing drought continues to deepen the health crisis with the most devastating effect on women and children among the newly displaced populations. The low vaccination coverage among children who are newly displaced or live in hard-to-reach areas is well below the necessary threshold to prevent disease outbreaks. The number of children with acute severe malnutrition with complications is expected to rise as malnourished children infected by childhood diseases are at increased risk of complications as their immune systems are weakened. The drought crisis weakens protective environments and increases the risk of abuse and violence toward children and women. It is expected that mental health and psychosocial support needs will rise as affected populations increasingly have to deal with critical incidents in their families and communities.



Quality primary health-care services<sup>53</sup> including vaccination, sexual reproductive health, nutrition, MHPSS and CMR services need to be ensured through fixed health-care facilities and mobile services (with referrals services) which everyone should be able to reach within an hour’s walk.

Transport for referrals to reach secondary health -care services must be ensured. Specific in-patient services for children with severe acute malnutrition with complications and case management of acute watery diarrhoea or cholera need to be provided.

Humanitarian partners will continue to be the primary and often sole providers of health services to the crisis-affected population in 2023.

## MONITORING OF NEEDS

The Health Cluster’s monitoring system and tools measure the evolving humanitarian needs and contextual changes which track disease trends and trigger a response to the affected population among IDPs and host communities. The main indicators are collected monthly to analyse the situation to monitor disease outbreaks and their effects on the population. The Health Cluster monitors service delivery through ReportHub which provides monthly analyses and monitors service availability through quarterly HeRAMs data collection. IDSR will monitor potential disease outbreaks on a weekly basis with support from the Ministry of Health and a punctual alert from partners. The Health Cluster team will monitor visits to various locations to assess the quality of services provided to the community. The Health Cluster will also monitor the below key indicators on a weekly and monthly basis throughout the year.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of cases or incidence rate for cholera, measles, polio & COVID-19	Health	WHO (weekly EPI report), partners survey	Weekly, Monthly
2	Number of children under one year who have received measles vaccination	Health	ReportHub/WHO/DHIS2	Monthly
3	Coverage of DTC3 (DPT3 / PENTA3) in <1 year old	Health	WHO/DHIS2	Monthly
4	Number of people received OPD consultation	Health	ReportHub/DHIS2	Monthly
5	Percentage of births assisted by skilled attendant	Health	ReportHub/DHIS2	Quarterly
6	Number of functional health facilities by population	Health	HeRAMS/DHIS2	Quarterly

## 3.5 Nutrition



PEOPLE IN NEED	MALE	FEMALE	CHILDREN (<5)	CHILDREN (5-17)	ADULTS(18-59)	ELDERLY(>60)
<b>4.9M</b>	<b>48%</b>	<b>52%</b>	<b>54%</b>	-	<b>46%</b>	-

PLWD	NEWLY DISPLACED	PROTRACTED	URBAN	RURAL	REFUGEE, RETURNEE AND ASYLUM SEEKERS
<b>15%</b>	<b>211k</b>	<b>876k</b>	<b>1.0M</b>	<b>2.8M</b>	<b>51k</b>

### OVERVIEW

Approximately 4.9 million people - both displaced and non-displaced - across 74 districts of Somalia will require life-saving and preventative nutrition services, a 38 per cent increase from 2022. The increase is linked to the overall deterioration of the nutritional status because of the impacts of drought, population displacement, conflict and other global factors such as the rise in food prices. Poor nutrition is aggravated by poor access to WASH and health services and extreme food shortages in some districts.

About 2.2 million (67 per cent) cases of acute malnutrition among children under five and pregnant and breastfeeding women will require life-saving nutritional interventions across all districts in Somalia. About 0.5 million children with severe acute malnutrition (SAM), 1.3 million children with moderate acute malnutrition, and 0.4 million pregnant and breastfeeding women require life-saving nutrition intervention. In addition, approximately 0.5 million children under five and 0.3 million pregnant and breastfeeding women at risk of malnutrition will need preventive nutrition support using specialised foods. To support optimal maternal, infant, and young children nutrition, 1.5 million pregnant women and caregivers of children between 0 and 23 months will need skilled counselling on appropriate nutritional care.

The average national prevalence of Global Acute Malnutrition (GAM) increased from Serious in 2021 Gu (11.1 per cent) and 2021 Deyr (13 per cent) to Critical in 2022 Gu (15.9 per cent).

### AFFECTED POPULATION

**Newly Displaced IDPs:** the newly displaced people are at the highest risk of acute malnutrition and related morbidity and mortality. According to the analysis from the Nutrition Cluster 4W (admission trends), newly displaced people are estimated to be three times more likely to be acutely malnourished compared to those in protracted displacement in the same locations. Newly displaced people represent over 70 per cent of all admissions due to severe acute malnutrition with medical complications which is exacerbated by challenges in accessing preventative and treatment services in their arrival locations.

#### Protracted IDPs:

The prevalence of acute malnutrition among protracted IDPs has consistently increased since Gu 2019 (<11.2 per cent) to the current Critical (18.2 per cent) in Gu 2022. On average, the protracted IDPs in Baidoa, Belet wenye, Mogadishu and Galkacyo have a GAM rate above 20 per cent. The poor nutritional status results from persistent underlying vulnerabilities including inadequate access to WASH, health services and food.

#### Rural:

The overall nutrition situation in the rural population continues to deteriorate with the GAM prevalence of 11.5 per cent in Gu 2021 to 15.4 per cent in Gu 2022, a 3.9 per cent increase. A total of nine out of 12 rural populations have Critical GAM levels above 15 per cent. The poor nutrition situation in rural areas is attributed to poor access to WASH, health services and inadequate food availability which has been aggravated by poor

coverage of humanitarian assistance. Due to insecurity and other access challenges, most rural areas in Somalia's south and central zones have not received adequate humanitarian assistance.

### **Urban:**

The nutritional situation among the urban population is lower compared to the rural population. The nutrition situation among the urban population has deteriorated from 10.9 per cent in Deyr in Gu 2021 to 13.8 per cent in Gu 2022, which constitutes a 2.9 per cent increase. The deterioration of the nutrition situation is attributed to reduced food access (high food prices), frequent outbreaks of diseases (measles and acute watery diarrhoea) and limited humanitarian assistance, e.g. Belet wenye and other major urban centres in South and Central Somalia.

### **Women:**

Approximately a third of pregnant and breastfeeding women are significantly at risk of acute malnutrition. Among the Gedo Riverine and Baidoa IDPs populations, over 50 per cent of the pregnant and breastfeeding women suffer acute malnutrition. Pregnant women with poor nutrition status are at risk of low-birth weight. A significant proportion of pregnant and breastfeeding women are adolescent girls due to the increase in early marriages and other negative coping practices.

Other groups that are disproportionately affected include minorities (rural riverine populations) and households where the primary caregivers are persons with disabilities and child-headed households due to early marriage. Victims of abuse among children under the age of five are at increased risk of suffering from acute malnutrition and accessing the required assistance.

## **ANALYSIS OF HUMANITARIAN NEEDS**

The nutritional status of the Somali population is determined by various immediate, underlying, and basic factors; the key primary causes of acute malnutrition are inadequate food intake and disease. According to FSNAU IPC post-Gu analysis, approximately 6.7 million people (41 per cent of the total population) across Somalia are expected to face Crisis (IPC 3+) including 0.3 million people who are likely to be in Catastrophe (IPC 5). In addition, famine-like conditions are projected among IDPs and agro-pastoral populations in Baidoa and Burhakaba districts.

Poor access to health services and frequent outbreaks of diseases (measles and AwD/cholera) significantly contribute to acute malnutrition. The average morbidity prevalence is above 20 per cent which is high. Vitamin A supplementation and measles vaccination remain low in most districts and are well below the recommended SPERE standards (90 per cent coverage). The outbreak of AWD is attributable to low access to clean water and adequate sanitation facilities. For instance, more than 25 per cent of households in Baidoa and Daynille and more than 70 per cent in Dinsmoor reported inadequate access to drinking water, which happened sometimes or often during the last four weeks. The use of pit latrines was also poor, and open defecation was practiced by over 50 per cent of households in Daynille, Baidoa and Dinsmoor. (BRICS assessment, Aug 2022). Over 90 per cent of all cases of severe acute malnutrition and medical complications are due to diarrhoeal diseases and measles.

An important underlying cause of acute malnutrition is inadequate maternal and childcare. According to the Protection Cluster Analysis Update (September 2022), Somalia has the highest number of early marriages, female-headed households, and women who are at a high risk of having poor socio-economic status. Women and girls in Somalia do not have adequate access to resources and lack knowledge and skills to provide optimal nutrition care to themselves and their children. They do not have access to resources for food security, including cash income, food production and access to humanitarian assistance, e.g. cash transfers. According to the MSNA 2022, only 47 per cent of households with infants who are younger than six months practice exclusive breastfeeding. Children suffering from severe acute malnutrition are nine times more likely to die.

## **EVOLUTION OF NEEDS**

The overall nutrition situation will primarily depend on the severity of the drought, the evolution of the ongoing conflict and population displacement trends (IDP influx). Furthermore, the nutrition situation will also greatly depend on the scale of humanitarian assistance, especially food and cash support, WASH and health interventions.

The continued poor coverage in rural areas is expected to result in a significant deterioration of the nutrition status of the communities forcing them to move to accessible areas in search of health, food



### SOMALIA

Kaharey IDP site, Doolow District, Somalia. 26 September 2022. The latest assessment shows that the 3 IDP camps (Qurdubay, Ladan and Kaharey IDP settlements) in outskirts of Doolow town host an estimated 8,033 households (48,198 people) as of August 2022.

Photo: UNOCHA/Yao Chen

and nutritional assistance which may overwhelm the existing support and cause widespread acute malnutrition.

The current projection assumes that no additional shocks will be experienced during the peak of the hunger season (lean season) between June to September. Rainfall may trigger widespread diarrhoeal and malaria diseases in IDP camps due to poor drainage and bad road conditions in rural areas.

### MONITORING OF NEEDS

The Nutrition Cluster will collect regular data on the number of acutely malnourished children admitted to treatment programmes and the number of pregnant and lactating women reached with skilled IYCF counselling.

The overall monitoring of the nutrition situation will rely on the FSNAU seasonal assessments and the follow-up assessment when necessary. Partners will regularly conduct additional surveys and assessments to complement the large-scale surveys. These surveys will include SMART, KAP, Coverage, Nutrition Casual Analysis and sentinel surveillance. The IPC Acute Malnutrition analysis methodology will conduct

an in-depth analysis to identify the immediate and underlying causes of acute malnutrition and project trends. The assessments and surveys will monitor the following indicators:

- Percentage of SAM and MAM cases that need treatment.
- Percentage of mothers who need infant and young feeding counselling.

The Nutrition Cluster will conduct monitoring of the prevalence of Global Acute Malnutrition (GAM) among children under five years and maternal nutrition to determine the number of SAM and MAM cases, where they are, and if they have access to treatment services. MSNA and inclusion of key IYCF practices in FSNAU assessments will be used to determine the breastfeeding and other key maternal, infant and young children nutrition practices including exclusive breastfeeding rates.



# 3.6 Protection



<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>5M</b>	<b>51%</b>	<b>49%</b>	<b>18%</b>	<b>44%</b>	<b>34%</b>	<b>4%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>478K</b>	<b>2.2M</b>	<b>578K</b>	<b>1.7M</b>	<b>51K</b>	

## OVERVIEW

Approximately 5.0 million IDPs and non-displaced populations across 74 districts in Somalia have protection needs, an increase of 25 per cent from 2022. This increase has been a result of a worsening humanitarian crisis that led to the displacement of 1.6 million people from January to October 2022. A predicted fifth consecutive failed rainy season has pushed parts of the country to the brink of famine and catastrophic levels of food-insecurity exposing affected and displaced populations to increasing critical protection needs. At the same time, the prevalence of the internal armed conflict as well as renewed military offensives from government forces against Al-Shabaab starting in June 2022 have had a severe impact on the protection of civilian populations with no clear end of the hostilities in sight <sup>54</sup>.

## AFFECTED POPULATION

For 2023, the Protection Cluster estimates a total of 5,007,742 persons being at risk of rights violations and/or in need of protection assistance, 78 per cent of whom are women and children.

Fifty-eight per cent of the population facing protection risks (2.9 million) are IDPs living in sites or settlements. Banadir and Baidoa host the highest number of IDPs in need of protection assistance: 15 per cent of the total Protection Cluster PiN corresponds to IDPs living in Banadir and eight per cent to IDPs living in Baidoa.

### Newly Displaced IDPs:

Of the total number of IDPs facing protection risks, 0.5 million (19 per cent) have been newly displaced within the last 12 months. Protection monitoring systems have shown an upward trend in family separation in late 2021 and throughout 2022, with male family members usually staying behind to protect family assets, while mostly women and children undertake displacement journeys in search for livelihoods or assistance. Both drought and conflict-induced IDPs are exposed to multiple risks throughout their displacement journeys including widespread family separation, forced recruitment of family members, sexual violence, extortion and abuse as well as taxation of resources by gatekeepers as they move into displacement sites.

### Protracted IDPs:

A total of 2.4 million (81 per cent of IDPs in need of protection assistance) are considered to be living in protracted displacement for over one year. Most IDPs facing protracted displacement live in overcrowded urban sites in poor living conditions with limited to no access to basic services or means of livelihoods. IDPs living with no shelter or living in the open in IDP sites have reported higher risk of assault, theft, and gender-based violence (GBV).

### Rural:

Of the total population facing protection needs, 37 per cent live in rural areas. Mostly women and children have been forced to undertake long displacement journeys

in search of food, assistance or to flee from violence. They often seek refuge in urban locations. Male family members, on the other hand, are more prone to stay behind in areas of origin and rural locations to look after remaining family assets. Similarly, older persons and persons with disabilities are at times left behind in rural and/or inaccessible areas, unable to travel with the rest of their families or flee from areas affected by violence or with restricted to no humanitarian access.

#### **Urban:**

Of the total population facing protection needs, 63 per cent live in urban locations. Many IDPs in Somalia live in camps in rapidly urbanising areas with increasingly valuable land prices, while land tenure agreements for IDP camps continue to be fragile and often rely on verbal agreements. Dayniile and Kahda districts in Banaadir have the highest incident rates of evictions.

#### **Refugees / Asylum Seekers:**

Somalia currently hosts a total of 51,380 refugees and asylum seekers, 69 per cent of whom are women and children mostly residing in the Woqooyi Galbeed region of Somaliland and the Bari region in Puntland.

Persons from minority and marginalised groups:

Persons from minority and marginalised groups in Somalia face systematic exclusion across the country and are disproportionately impacted by the current drought and conflict crisis. Persons from minority and marginalised groups have been documented by protection monitoring mechanisms to be at higher risk of indiscriminate attack by armed actors than other groups, as well as widespread exclusion from assistance and basic services. Minority rights organisations report persons from minority groups are at higher risk of sexual assault and violence as they lack representation and are denied redress. Boys and young men from minority groups have also been reported to be at higher risk of forced recruitment and use by armed forces as they have lower levels of clan protection networks and support.

#### **Women and children:**

Women and children make up almost 80 per cent of the population facing protection needs for 2023. Since the onset of the drought, protection monitoring mechanisms have demonstrated an upward trend of sexual violence and GBV, particularly instances of

intimate partner violence (IPV), sexual violence and assault. Monitoring mechanisms also found that women and girls face denial of access to redress and limited access to justice. Similarly, drought-affected populations have resorted to negative coping mechanisms directly impacting children. These include forced family separation, sending children away; early/forced marriage to relieve household food burden as well as taking children out of school to support income generation through child labour. The loss of protective environments and networks for children as a result of the crisis exposes them to heightened risk of violence, exploitation, abuse, neglect, recruitment into armed groups, sexual violence and other forms of abuse.

#### **Older persons, persons with disabilities and other persons with specific needs:**

As affected families have had to forcibly separate to flee from violence or in search for means of livelihoods as a result of the drought, elderly members unable to undertake the displacement journey are often left behind in their areas of origin. In addition, an estimated 15 per cent of the crisis-affected population in Somalia are persons with disabilities who often fall through the cracks of the humanitarian response and facing barrier to access medical care and essential services. As families undertake displacement journeys, family members with disabilities are also often left behind, facing lack of sources of livelihood or income, as well as higher exposure to risks, including being unable to flee from violence in conflict-affected areas.

This group of people in need also includes other persons with various specific needs, for example IDPs who require psychosocial support following adverse experiences such as loss of a family member due to violence or food insecurity. Specialised protection services in rural and urban areas for this group are very limited.

### **ANALYSIS OF HUMANITARIAN NEEDS**

Throughout 2022, severe drought and the intensification of the armed conflict have had a cumulative devastating impact on affected populations representing major drivers of displacement for the 1.6 million people forced to leave their homes from January to October 2022, 78 per cent of whom are women and children<sup>55</sup>. With parts of the country currently facing catastrophic levels of food insecurity and being pushed to the brink of

famine and an estimated 900,000 persons continuing to live in areas under Al-Shabaab's control with limited to no humanitarian access, the affected populations have been faced with increasing critical protection needs. The internal armed conflict and renewed military offensives from government forces against Al-Shabaab starting in June 2022 have also had a severe impact on the protection of civilian populations, particularly in the second half of the year.

The combination of these multiple drivers has resulted in affected populations facing diminished capacities to anticipate, cope with, resist and recover from the effects of shocks. As a result of the crisis, drought and conflict-affected populations in Somalia have experienced an increased erosion of their capacities to protect themselves from harm including threats to their lives, safety and integrity. Households in these circumstances have been at heightened risk of adopting negative coping mechanisms that put individuals or family members at risk including widespread family separation and forced displacement in search for food, assistance or livelihoods as well as early/forced marriage and sending children away as a way to reduce household food burden.

The large-scale loss of livelihoods as a consequence of the drought as well as the impact of the internal armed conflict and insecurity that predominate in some regions of the country, particularly in South Central, has greatly exacerbated ongoing protection risks and violations. Critical rights violations currently being faced by affected populations include indiscriminate attacks against civilians and civilian infrastructure such as hospitals and schools; widespread forced displacement and family separation; unlawful impediments and restrictions to freedom of movement; sexual and gender-based violence against women and girls; forced recruitment of young men and recruitment of children into armed groups; exploitation; neglect and abuse against children; forced evictions; use of IED attacks resulting in high civilian casualties and presence of explosive ordnances; widespread diversion of aid; as well as systematic denial and/or exclusion of persons with minority clan affiliations and marginalised groups from humanitarian assistance.

In this context, a total of 2,646 incidents of violence resulting in a total of 5,603 civilian fatalities were reported across Somalia from January to November 2022 [1]. These incidents include targeted violence

against civilians, battles and armed clashes as well as explosions and/or remote violence. October specifically saw a 205 per cent increase in fatalities caused by incidents of violence in comparison to the monthly average of the past year. The violence has led to the displacement of an estimated 538,000 individuals across the country which is a direct result of conflict, violence and/or insecurity between January and October 2022.

The humanitarian crisis has also had a differentiated impact on certain groups whereby mostly women and children have been forced to undertake long displacement journeys in search of food, assistance or to flee from violence. Men often stay behind to look after assets while older persons and persons with disabilities are at times left behind as they are unable to travel with the rest of their families or flee from areas affected by violence. As Somali communities continue to face the impact of a multifaceted humanitarian crisis, these highlighted protection risks are coupled with and exacerbated by prevailing underlying factors such as limited availability of basic services, weakened governance as well as harmful practices and social norms.

## EVOLUTION OF NEEDS

The predicted fifth consecutive failed rainy season may lead to populations facing catastrophic levels of food insecurity as well as the likelihood of famine. This will erode the ability of affected communities to resist additional climatic shocks as well as protect themselves from harm due to the widespread loss of livelihoods and the resulting destruction of their protective environments.

As the renewed intensity of the armed conflict and ongoing military offensives from government forces against Al-Shabaab will continue to have a devastating impact on the lives of civilians, it is expected that 2023 will see further significant waves of conflict-induced forced displacement, particularly in Galmudug, Hirshabelle, and Southwest States. With the drought and conflict crisis worsening in the coming months, limited funding and high access constraints for protection partners to vast areas under Al-Shabaab control, it is expected that affected communities will continue to be exposed to multifaceted and heightened protection risks and rights- violations.

## MONITORING OF NEEDS

The Protection Cluster will use two key indicators to monitor the evolution of needs on a monthly basis throughout 2023:

- Number of civilians reported to face protection violations through protection monitoring systems (PRMN & SPMS)
- Number of civilian population killed or injured by violence, conflict or natural hazards (ACLED)

Both the PRMN and the Protection Cluster-led Somalia Protection Monitoring System (SPMS) will be utilised as core mechanisms to identify and respond to evolving protection needs and contextual changes to inform and adapt the protection response.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of civilians reported to face protection violations through protection monitoring systems	Protection	PRMN & SPMS	Monthly
2	Number of civilian population killed or injured by violence, conflict or natural hazards	Protection	ACLED	Monthly
3	Number of civilian casualties documented and incidents targeting objects crucial for the livelihood of the population	Protection	OHCHR	Monthly





## 3.6.1 AoR 1: Child Protection

<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>3.5M</b>	<b>49%</b>	<b>51%</b>	<b>18%</b>	<b>22%</b>	<b>16%</b>	<b>5%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>442K</b>	<b>1.8M</b>	<b>327K</b>	<b>905K</b>	<b>51K</b>	

### OVERVIEW<sup>56</sup>

Approximately 3.5 million IDP and non-IDP boys, girls and caregivers across 74 districts in Somalia are in need of protection, an increase of 45 per cent from 2022. These increases are primarily due to multiple humanitarian needs related to the impact of climate change and specially drought as well as continuous conflicts in different locations. Children who are unable to access basic services are vulnerable to various risks of separation, recruitment, violence against children, including GBV, rights violations, secondary displacement, psychosocial distress and trauma, erosion of coping mechanisms and risk of explosive hazards. In June 2022, the Government of Somalia embarked on renewed military offensives against non-state armed groups (NSAG) and related approach which entails mobilising and empowering clan-based militia to fight alongside the SNA as community defense forces increasing the risk of recruitment and the use children especially adolescents in armed conflict.

### AFFECTED POPULATION

For 2023, the CPAoR estimates a total of 1.1 million boys and 1.1 million girls being at risk of rights violations as well as 1.3 million adult caregivers being in need of child protection response services. The protection risks children face are primarily related to a lack of basic services, psychosocial trauma, the presence of explosive ordnance (EO) and risks related to their physical and mental safety and dignity. In spite of that IDPs maintain a paradoxical concept of displacement in which the displaced families simultaneously “feel integrated” yet see themselves as IDPs <sup>57</sup>. Among all the groups, newly displaced people

have the highest need followed by children in rural areas. Children in conflict rural areas are severely affected by ongoing conflict and are at risk of recruitment and family separation. Children from minorities have very limited opportunities for basic education. Most of them do not go to school but work to contribute to the family income and ration which is also an indication that the community’s access to basic services is low.

#### Newly displaced and protracted IDPs:

A total of 2.7 million (722,344 boys and 694,017 girls, 833,531 adult caregivers) are IDPs living in camps or settlements, 0.3 million of whom are children who have been newly displaced in the last 12 months, while 1.1 million children are considered to have lived in protracted displacement for over one year. Banadir and Baidoa host the highest number of IDPs in need of protection assistance: 20 per cent of the total PiN corresponds to IDPs living in Banadir and 11 per cent to IDPs living in Baidoa.

#### Urban/Rural:

Of the total PiN, 68 per cent live in urban locations while 32 per cent live in rural areas.

#### Refugees / Asylum Seekers:

Somalia currently hosts a total of 51,380 refugees and asylum seekers, 70 per cent of whom are women and children mostly residing in the Woqooyi Galbeed region of Somaliland and Bari region in Puntland.

Adolescents (10-19 years) account for 27 per cent of the total Somali population, while 81 per cent of the total population are below 35 years. Not only do

adolescents face the worst forms of abuse such as rape and murder, they are also often coerced into different risky activities including participating in armed conflict, trading in illicit goods such as Khat, or adopting other forms of exploitative forms of labour which are detrimental to their own physical and mental well-being. Additionally, they are often forced to adopt maladaptive coping mechanisms to overcome structural deprivations. The average age of children recruited and used by armed forces and groups is 13.5 years. Somalia also has high rates of child marriage and FGM.

Children with disabilities: 15 per cent of non-displaced children (777,036) and caregivers (622,536) of the people in need are estimated to be persons with disabilities. Children with disabilities are among the most vulnerable, marginalised groups within Somali society because of the attitudinal, environmental and institutional barriers they face.[2] According to PAU, access to basic humanitarian services is significantly low with 67 per cent of households in IDP communities indicating there are no mental health and psychosocial support (MHPSS) services for girls and boys.

## ANALYSIS OF HUMANITARIAN NEEDS

Somalia remains largely a conflict crisis with children's safety, survival and well-being disproportionately affected by armed conflict, other recurrent shocks and hazards like drought, floods and disease outbreaks that often lead to repeated displacement. Separation from caregivers is a persistent concern, specifically among displaced populations with 40 per cent of displaced households taking care of children who have been orphaned or separated from their parents or other adult caregivers. Children and their caregivers have had to endure high levels of psychosocial distress as many households adopt negative coping strategies such as child marriages, child labour and taking children out of school. Facilities to help the children deal with this stress like child-friendly spaces and schools have either closed or are overstretched. The breakdown of their routines and structures, the inability to go to school and spend time with their peer groups, the lack of opportunities to just play and be children in a safe place all exacerbate the impact the conflict has on their mental health. Mental health and psychosocial support stand as one of the most urgent needs for displaced children. Distress levels are higher among households that are headed by children, women or older

people as well as among households with children with disabilities. The number of children in need is likely to be much higher as child protection risks and concerns are frequently underreported due to societal norms and limited trained staff. Currently, Somali caseworkers handle caseloads six or 10 times higher than the minimum standards. Thus, there is an urgent need to integrate child protection into other sectors and scale up case management capacities to provide qualitative individualised support for children based on their specific needs. Violence against children including sexual violence, killing and maiming, recruitment into armed groups is on the rise, especially in the Southwest Region of Somalia.

Many Somali children grow up in communities where Female Genital Mutilation (FGM), child marriage, sexual assault, violence in the home and child labour are accepted norms by society. These risks are heightened within the context of forced and protracted displacement, ongoing conflict and limited access to safe services. Somalia is among the countries with the highest number of grave violations against children worldwide. Killing and maiming of children, abduction, sexual violence and recruitment and use of children are particularly alarming.

Between January and June 2022, 1,065 grave violations against 877 children (24 per cent girls) have been verified including 318 children recruited and used (10 per cent of whom were used in combat) and another 370 killed and maimed by state and non-state armed actors. Abduction remains a concern leading to child recruitment in at least 54 per cent of the cases. Girls continue to be exposed to rape and other grave forms of sexual violence with more than 100 verified cases. Sexual violence often happens in remote areas such as village outskirts or farming/grazing fields and in and around IDP camps. Children are most affected by the risk of mines and unexploded ordinance and, according to Explosive Hazards AoR, represented 80 per cent of the total casualties recorded in 2022. Most of these violations were documented in districts impacted by drought and conflict such as Banadir, Baidoa, Beletweyne, Mudug, Galmudug and Hishebbelle. Compared to 2021, there is an increasing trend in Bakool and Bay regions as both of have seen high levels of drought-related displacements. According to the 2022 Somalia Protection Monitoring System (SPMS), family separation is the highest protection concern reported

across Somalia. The number of unaccompanied and separated children (UASC) continues to rise with more than 25,548 UASC documented from January to October 2022, a 42 per cent increase compared to last year during the same period. Most separations resulted from the drought and conflict-related displacements. The majority of registered UASC remain active for case management, psychosocial support and family tracing and reunification.

Separation from one's primary caregivers exposes children to greater risks of exploitation, abuse, neglect, and psychosocial distress. Children with disabilities are among the most vulnerable, marginalised groups within Somali society because of the attitudinal, environmental, and institutional barriers they face. Nearly half of the children out of school have reported that disruption of livelihood is the main reason for not attending school<sup>58</sup>. This put children at an increased risk of child labour, child marriage and being used by armed groups in areas where they operate. The drought and conflict combined with the lack of water and food insecurity have put children under pressure to become contributors to their household income at an early age. Child labour is reported at 55.5 per cent of both camp and urban communities. Children are involved in street vending including selling illicit drugs commonly known as Khat, transactional sex, work at the markets/bazaar and factory work/manual labour, begging in extreme heat, selling goods on the market and working as "house helpers" which is mainly done by girls who migrate to towns. Those who have been forced to work or had their household chores substantially increased are at an alarming risk of exploitation. If unprotected, hundreds of thousands are at risk of dropping out of school or not returning to school at all. In the first half of 2022, child protection case workers reported that 59<sup>70</sup> per cent of children are engaged in different forms of exploitative labour.

Across the country, 4.7 million children are out of school as the educational system is also sporadically affected by different shocks and hazards. The more children are without protection such as schools, the higher the risk of abuse, exploitation, violence, and neglect. In 2022, child protection actors verified 14 incidents affecting education and 800 school-aged children; 13 incidents of attacks on schools including 11 incidents of abduction of teachers and/or students; one incident of threats of an attack on a school; and one incident of other

interference with education. There was also one case where a school was used by the military. In addition, abductions of children on their way to and from school and of teachers who refuse to hand over control of the school and/or refuse to hand over children for recruitment/indoctrination have also been recorded. Most affected education facilities are closed for days or weeks after every incident which deprives more and more children of a protective environment.

## EVOLUTION OF NEEDS

Child protection monitoring findings shows the protracted and rapid nature of protection issues in Somalia. In 2023, ongoing severe drought, conflict and insecurity will likely impact the child protection needs of IDPs in camps or settlement locations significantly. Also, in consideration of limited basic services specially food, Nutrition, health and WASH for some affected individuals will further exacerbate existing child protection risks and increase new trends of family separation, psychosocial distress, child marriage and child labour<sup>60</sup>. MSNA data show that the majority of IDPs will be on move following access to services and humanitarian assistance and will continue to be in need of specialized child protection services. Limited access to livelihoods will increase the socioeconomic vulnerabilities across all population groups and force families and children to resort to negative coping mechanisms. As a result, an increase in recruitment and GBV incidents is anticipated especially among adolescent boys and girls<sup>61</sup>.



#### SOMALIA

Kabasa Primary School, Doolow District, Gedo Region, Somalia. 28 September 2022

Photo: UNOCHA/Yao Chen

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	MEANS OF VERIFICATION
1	Percentage of children and adolescents that have experienced violence, abuse, and neglect	Child Protection	MRM IMS/ CPIMS+, SPMS, PRMN
2	Percentage of households where at least one member is reporting signs of distress (self-diagnosed) (SADD)	Child Protection	Child protection assessments





## 3.6.2 AoR 2: Gender-Based Violence

<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>3.0M</b>	<b>35%</b>	<b>65%</b>	<b>18%</b>	<b>45%</b>	<b>33%</b>	<b>4%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>262K</b>	<b>926K</b>	<b>484K</b>	<b>1.4M</b>	<b>51K</b>	

### OVERVIEW

Approximately 3.0 million IDPs and non-displaced populations across 74 districts in Somalia are in critical need of GBV services, thus the 32 per cent increase of people in need of the GBV AoR compared to the previous year. This increase is due to the impact of severe drought, conflict and displacements which have increased protection risks. Consequently, women and girls have been raped, sexually harassed, abused and exploited due to poor shelter, sanitation, overcrowded camps, poor lighting, long treks to water and service delivery points. In addition, women have been subjected to increasing intimate partner violence (IPV) resulting from friction over limited resources and men's resistance to change gender roles.

### AFFECTED POPULATION

#### Newly Displaced IDPs:

Of the 0.26 million newly displaced persons, 65 per cent of the women and girls are at risk of GBV as they lack a protective environment which is due to poor shelter conditions. They often have to walk long distances to find water and firewood or reach nutrition centres, women and girls' safe spaces or GBV one-stop centres. The darkness in the camps at night, non-lockable latrines or latrines that are not disaggregated by gender exacerbate the risk. Forty-one per cent of the reported GBV incidents in the third quarter of 2020 occurred mainly at night in IDP camps. The survivors did not know the perpetrators of 17 per cent of the reported incidents in the third quarter of 2022, which is an increase of three per cent compared to the previous quarter. Most incidents may have occurred at night driven by the darkness in the IDP camps<sup>62</sup>. About 35

per cent of MSNA respondents highlighted the long distances to services as a barrier to women's and girls' access to services. Widows, divorced women, female-headed households, pregnant and lactating women, older women, women and girls living with disabilities and from minority clans experience barriers to access services due to discrimination and are at risk of being excluded from humanitarian assistance.

#### Protracted IDPs:

Of the 0.9 million protracted IDPs, female-headed households are faced with the burden of economic provision and are easy targets for sexual harassment and exploitation due to the lack of male protection. This increases the reliance on negative coping mechanisms such as child marriage, female genital mutilation (FGM) which is linked to child marriage, child labour and exchange of sex for food. Protracted displacement increases the exposure to GBV disproportionately affecting women and girls and is due to poor living conditions and limited access to basic services. Over three quarters (77 per cent) of the reported GBV incidents were reported by females in the third quarter of 2022, while 63 per cent of the reported GBV incidents were reported by IDPs, most of whom are in protracted displacement<sup>63</sup>.

#### Non-Displaced:

Of the 1.8 million non-displaced population, pre-existing discriminatory norms and practices due to power imbalance, gender inequalities and deeply-rooted harmful social norms increase exposure to negative coping mechanisms for women and girls. These include forced/early marriage disrupting access to education,

FGM, and intimate partner violence which is often triggered by disputes over sharing the limited resources. About 21 per cent of the reported GBV incidents in the third quarter of 2022 were reported by survivors from the host community<sup>64</sup>.

### **Urban/Rural:**

In urban and rural communities, women and girls face diverse challenges that increase exposure to GBV. In urban areas, fragmented social relations due to overcrowded urban settings, lack of privacy and poor living conditions among the urban poor also increase GBV risks. Women and girls among the rural poor are exposed to risks arising from walking long distances in search of water, firewood and basic services. This is in addition to pre-existing GBV risks and deeply-rooted harmful social norms.

### **Refugee Returnees / Asylum Seekers:**

Approximately 51,380 refugee returnees/asylum seekers have limited access to basic services and limited capacity to cope in the new environments increasing exposure to GBV for women and girls. Both groups face diverse challenges that are correlated to the integration of the communities without a sustainable income which increases the exposure to negative coping mechanisms and disproportionately affects women and girls.

## **ANALYSIS OF HUMANITARIAN NEEDS**

Persistent severe droughts, forced evictions, clan/ conflicts and armed groups attacks are significant drivers of GBV risks and needs in Somalia. Needs for shelter, water, food, health, basic dignity protection and GBV-specialised services such as clinical management of rape, psychosocial counselling and support, case management and cash assistance for GBV mitigation continues to increase with rising IDP numbers.

Vulnerable women, girls, boys, and men including people from minority clans, people with disabilities, divorced or widowed women and female-headed households and GBV survivors often lack access to specialised GBV services due to the limited availability of GBV services.

Despite improved financing of GBV priority activities in 2022, multiple displacements have increased the population in need in Baardheere, Banadir, Baydhaba, Belet Weyne, Bu'aale, Bulo Burto, Burtinle, Buuhoodle,

Buur Hakaba, Cabudwaaq, Cadaado, Cell Buur, Dhuusamarreeb, Diinsoor, Doolow, Eyl, Gaalkacyo, Galdogob, Hobyo, Jamaame, Jariiban, Kismaayo, Laas Caanood, Luuq, Owdweyne, Qansax Dheere, Rab Dhuure, Saakow, Tayeeglow, Waajid, Xudur which is a concern<sup>65</sup>. Due to limited access to services, many women and girls exposed to rape, harassment, IPV and SEA cannot access critical services. The lack of MHPSS services manifests a significant gap in services for GBV survivors, while the fear of GBV limits the mobility of women and girls to access goods and services to improve their well-being and health. According to MSNA, 35 per cent of respondents indicated that women and girls could not move freely to distribution points, collect firewood or go to women/girl-friendly spaces and markets due to fear of harassment, while 24 per cent reported fear of violence<sup>66</sup>.

Poor living conditions, unsafe water points and insecure latrines not disaggregated by sex, poor lighting, long treks in search of water, menial jobs and other basic services increase exposure to GBV. About 16 per cent of MSNA respondents reported that women and girls avoid or feel unsafe in latrines and bathing facilities, while 46 per cent felt unsafe collecting firewood<sup>67</sup>. The GBVIMS recorded a 10 per cent increase in reported incidents of rape and a seven per cent increase of reported IPV incidents correlated to drought and displacement during the first three quarters of 2022 compared to the fourth quarter of 2021<sup>68</sup>. Most participants in the CCCM Rapid Gender Analysis identified protective fencing around camps, lighting along latrines and pathways and lockable latrines and shelters as crucial for GBV prevention<sup>69</sup>.

## **EVOLUTION OF NEEDS**

Sexual violence (rape) and IPV increase because of family friction over sharing limited resources. Rape of children and adolescents, murder, post-rape of victims and digital violence against women and girls are also on the rise. At 48 per cent, reported incidents of IPV were consistently the highest in terms of case context in the third quarter of 2022, which is an increase compared to 40 per cent in the second quarter of 2022. These incidents were often a result of increased stress in the household over sharing limited resources. Fourteen per cent of the reported GBV incidents were rape in the third quarter of 2022, an increase of 13 per cent compared to the previous quarter. This rise is mainly due to drought, conflict and displacement.

Forced/child marriage is a coping mechanism for food insecurity as girls are exchanged for dowry to support basic household needs. Early/forced marriage accounted for six per cent of the reported GBV incidents during the third quarter of 2022, compared to three per cent during the second quarter of 2022. Girls are often used as housemaids, maltreated and not paid. Boys and men are also subject to rape, but are less likely to report it due to harmful masculine norms and the lack of specialised services. Approximately 65 per cent of women of the 3,049,566 people in need are vulnerable to GBV which indicates the need to scale up prevention and mitigation against GBV and improve access to critical GBV services. In order to facilitate healing and the recovery of GBV survivors, it is crucial to provide these services timely.

## MONITORING OF NEEDS

The GBV AoR will continue to monitor the needs of the newly displaced persons using the available platforms such as the CCCM New Arrival Tracker (NAT), IDP sites, the complaints/feedback mechanism and the Protection Cluster PRMN. The AoR will also continue to participate in the inter-cluster assessments to select sites within the operational areas for the drought response to ensure that GBV concerns and needs are documented in the assessments and recommendations are prioritised in the response plans. The monthly indicators that will be used to measure the needs will track access to food, shelter, markets, distribution sites, safe environments, hygiene infrastructure and materials and basic protective goods and services.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Percentage of women and girls unable to access markets, distribution sites, and collect firewood due to safety concerns	GBV AoR	5W/GBVIMS	Monthly/Quarterly
2	Percentage of women and girls unable to access basic hygiene and sanitary materials	GBV AoR	5W/GBVIMS	Monthly/Quarterly
3	Percentage of vulnerable women and girls who cannot access food, shelter and other basic protective materials	GBV AoR	5W/GBVIMS	Monthly/Quarterly



### 3.6.3

## AoR 3: Explosive Hazards

PEOPLE IN NEED	MALE	FEMALE	CHILDREN (<5)	CHILDREN (5-17)	ADULTS(18-59)	ELDERLY(>60)
<b>1.5M</b>	<b>35%</b>	<b>65%</b>	<b>18%</b>	<b>45%</b>	<b>33%</b>	<b>4%</b>
PLWD	NEWLY DISPLACED	PROTRACTED	URBAN	RURAL	REFUGEE, RETURNEE AND ASYLUM SEEKERS	
<b>15%</b>	<b>82K</b>	<b>637K</b>	<b>203K</b>	<b>578K</b>	<b>51K</b>	

### OVERVIEW

Approximately 1.5 million IDPs and non-displaced populations across 65 districts in Somalia need mine action services, an increase of 36 per cent from 2022. The Explosive Ordnance (EO) contamination in Somalia continues to threaten the safety and well-being of the civilian population, with about 120 confirmed hazardous areas whose cumulative area spans over 60 square kilometres mainly along the border between Somalia and Ethiopia. This extensive contamination presents significant safety and economic risks to communities in Puntland, Galmudug, Jubaland, Hirshabelle and Southwest regions due to limited access to land resources and restricted freedom of movement which subsequently obstructs commerce and aid delivery to population centres.

### AFFECTED POPULATION

The risk of Explosive Ordnance (EO) remains high despite years of efforts to eliminate it. This is due to both the historical and ongoing armed conflict which continues to leave behind unexploded ordnance that endangers the lives of civilians. Children have been particularly affected by explosive ordnance accidents, representing 80 per cent of the total casualties recorded in 2022. This vulnerability is attributed to curiosity and the tendency to spend more time outdoors given that most accidents involving children occur while playing outside, herding animals or collecting firewood. Similarly, displacement-related movements (new and protracted) such as refugees/asylum seekers and IDPs were exposed to a higher risk of encountering EO objects while moving to new areas. In rural areas, nomadic families and their livestock are also exposed

to the risks posed by minefields in the regions along the border with Ethiopia where landmines are known to cause property damage or limit access to pastures. The victims of EO accidents in rural areas only have inadequate services such as emergency medical aid, rehabilitation and reintegration into their communities. The use of improvised explosive devices (IEDs) also presents significant security and mobility challenges to all actors along main supply routes and between urban centres. The threat posed by IEDs extends beyond the assessed targets. While civilian populations are not the primary targets of IED attacks, civilian casualties account for more than 50 per cent.

#### Urban/Rural:

Populations living in urban areas who represent 58 per cent of the total PiN are at risk of Improvised Explosive Devices (IEDs) as most of the accidents and casualties occur in urban areas and the main supply routes. IEDs are the leading cause of mass casualties in urban areas and damage to infrastructure and civilian-owned property. IED accidents often result in extensive injuries and multiple fractures which can lead to amputation and subsequent disability. Rural populations represent 42 per cent of the total PiN and are at risk of landmine and other unexploded ordnance contamination in locations with confirmed and suspected hazard areas as they engage in day-to-day activities like farming, travelling and grazing animals. Most of the known landmine contamination is close to rural settlements increasing the risk of getting killed or injured by unexploded ordnances. Children who look after livestock often tamper with explosive objects killing and maiming the victim. Most accidents involving children occur while playing with explosive objects, oblivious



of the danger they pose, which shows rampant lack of awareness in this group.

IDP and refugee returnees represent about 49 per cent of the PiN, and are at risk from IEDs, landmines, and other unexploded ordnance due to their nature of movement and being unaware of the hazards in new areas. The prevalence of explosive ordnance simultaneously acts as a driver of insecurity, hampers safe return and poses a significant risk to the displaced population during their movements. Children from IDP camps and underprivileged households often do not attend schools and are likely to engage in unsafe/hazardous labour. Scrap metal collection is a common example of hazardous labour as children cannot differentiate between safe and unsafe objects leading to explosive ordnance accidents.

## ANALYSIS OF HUMANITARIAN NEEDS

Historical and ongoing armed conflicts have left behind Unexploded Ordnance (UXO) whose accidental detonation results in the loss of life, injury or damage to property, underscoring the need for continued mine action services. The prevalence of this threat has been compounded by the severe droughts which has increased displacements and forced families and their livestock to move into areas with known explosive ordnance contamination. In 2022, the majority of the humanitarian resources were prioritised to address the severe drought and reduce the risks of famine, thus diverting attention from conflict-driven humanitarian crises such as explosive hazards contamination. In Somalia, improvised explosive devices (IEDs) increasingly caused civilian casualties while they impeded freedom of movement and transportation along the main supply routes and urban centres.

Landmine contamination along the border still affects the communities' ability to use the land for productive purposes safely and limits their mobility. For instance, in July 2022, two landmine accidents killed and injured ten people travelling in a vehicle between villages in Galdogob and Abudwaq districts and in Mudug and Galgaduud regions respectively. The majority of explosive remnants of war accidents were recorded in Galmudug (43 per cent), Southwest (32 per cent) and Jubaland (16 per cent) killing and maiming civilians as they were engaged in day-to-day activities. Considering the rising number of IDPs, refugees/returnees and affected communities, the provision of risk education, removal or clearance of explosive

devices, and identification of dangerous areas is crucial to reduce the risks and potential negative impact on the civilian population. In addition, improvised mines (pressure plate IEDs) affect the movement of innocent civilians, however, the exact figures are not clear. From July 2021 to June 2022, about 35 per cent of IED incidents affecting 239 civilians were recorded in Mogadishu followed by Hirshabelle with 34 per cent of the accident affecting 234 civilians. Civilians are also affected in Southwest, Puntland and Jubaland. IEDs disproportionately affect civilians even though they are not the primary target.

In 2022, explosive remnants of war (ERW) and landmine accidents affected 36 people, most of them children (80 per cent), while improvised explosive devices (IEDs) affected 911 people causing significant casualties to civilians. In 2023, the increase in needs will be driven by the renewed military offensive against non-state armed groups and the predicted continuation of the severe drought conditions which have led to increased population displacement into known hazardous areas.

## EVOLUTION OF NEEDS

Overall, the need for mine action response is predicted to increase in 2023 considering the military operations and large displacements caused by drought. Significant civilian casualties and insecurity have been reported in Galmudug and Hirshabelle due to the military operations, with the deliberate use of explosive weapons against civilian infrastructure. Travellers in Galgaduud and Mudug were affected by landmines causing deaths and injuries. Due to the persisting drought, the nomadic communities traversing new territories in search of water and pasture could be affected by landmines. The ongoing conflict is likely to leave behind unexploded ordnance contamination in new areas further endangering the lives of the civilian population. It is assumed that the conflict may spread into new regions, thus increasing the dispersion of explosive ordnance contamination. Displaced communities tend to return to areas with a relatively calm security situation; when a wave of conflict has receded; or in newly recovered areas which may result in the occurrence of explosive ordnance accidents, especially if awareness raising and clearance are not provided in a timely fashion.

## MONITORING OF NEEDS

The Explosive Hazard partners regularly collect data related to the above indicators which includes locations with mine or ERW contamination, accidents and victims and similarly record areas where services have been provided - be it clearance, risk education or capacity building. Data is recorded on a daily, weekly and monthly basis to continuously monitor ongoing activities and trends in explosive ordnance contamination. Explosive Ordnance (EO) accidents are the main indicator of existing dangers in the affected locations triggering the provision of emergency response.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of confirmed minefields and Explosive Remnants of War (ERW) spots in the area	EH/Mine Action	IMSMA	Daily, weekly, monthly
2	Number of Explosive Ordnance (EO) accidents in the area	EH/Mine Action	IMSMA	Daily, weekly, monthly
3	Number of Explosive Ordnance civilian casualties	EH/Mine Action	IMSMA	Daily, weekly, monthly



## 3.6.4 AoR 4: Housing Land and Property

PEOPLE IN NEED	MALE	FEMALE	CHILDREN (<5)	CHILDREN (5-17)	ADULTS(18-59)	ELDERLY(>60)
<b>3.2M</b>	<b>51%</b>	<b>49%</b>	<b>18%</b>	<b>44%</b>	<b>33%</b>	<b>5%</b>
PLWD	NEWLY DISPLACED	PROTRACTED	URBAN	RURAL	REFUGEE, RETURNEE AND ASYLUM SEEKERS	
<b>15%</b>	<b>641k</b>	<b>1.6M</b>	<b>251k</b>	<b>714k</b>	<b>9.5k</b>	

### OVERVIEW <sup>70</sup>

Approximately 3.2 million IDPs and non-displaced populations across 74 districts in Somalia need specialised services to respond to their Housing Land and Property (HLP) concerns, an increase of 19 per cent from 2022. This increase is linked to the prevailing drought-related displacement in Somalia. Over 160,000 individuals were forcefully evicted in Somalia between January and November 2022<sup>71</sup>. The majority lack access to land tenure security and have inadequate housing exposing them to protection risks. This is exacerbated by the limited access to justice due to weak normative and institutional frameworks.

### AFFECTED POPULATION

#### Newly Displaced IDPs:

Land is highly contested in Somalia and land conflicts are the most prevalent type of conflict faced by newly displaced persons. Multiple and contested claims to land in Somalia have historical roots or arise from disputes over inheritance and with new arrivals illegal and/or secondary occupation of housing and land have all added to the problems further resulting in disputes during displacement. This is further complicated by the volatile nature of the context where new arrivals are often in need of both life-saving and HLP-specific support. Some of the common land issues faced by newly displaced persons include land grabbing by powerful elites/warlords and multiple claims to land especially those involving powerful commanders and warlords who use land as a means of political patronage. Moreover, ethnicity is clearly a factor in many situations with local authorities afraid that incoming people from other ethnic groups may change the demographic, and hence the political balance of the area.

#### Protracted IDPs:

Severe and acute HLP needs remain concentrated in areas affected by conflict and locations hosting large numbers of IDPs and returnees for a prolonged period. Despite the fact that some protracted IDP caseloads are able to rebuild their lives, tens of thousands of IDPs live in substandard housing without security of tenure and with no or limited access to basic services.

They face security concerns due to inadequate shelter/housing and discrimination based on their IDP status. They struggle to maintain social cohesion and are exposed to gender-related risks.

#### Non-Displaced:

Internal displacement not only affects IDPs but also host communities and local governments. The majority of IDPs stay with host families or settle in host communities placing social and financial burdens on the non-displaced and local authorities which can undermine their own resilience over time. Like other IDPs, poor host communities struggle to access food and basic services, and the lack of security of tenure adds to the many difficulties shared by the rest of Somalia’s population. This is often complicated when humanitarian agencies lease land to establish IDP camps as many people are deprived of the land on which they depend for survival. This contributes to the tensions between displaced and non-displaced communities.

#### Urban/Rural:

The majority (71 per cent) of PiN are located in urban areas. Moreover, IDPs in both urban and peri-urban areas face the constant risk of secondary displacement due to forced evictions. The use of informal tenancy

arrangements and fraudulent land transactions is common in urban areas and is one of the factors leading to forced evictions<sup>72</sup>. It creates a precarious situation for thousands of IDPs who are at constant risk of eviction due to land tenure insecurity. Security of tenure of high-value land is even more politicised and many mayors or political parties have highly polarised attitudes.

### **Refugee Returnees / Asylum Seekers:**

Refugees, asylum seekers and refugee returnees (two per cent) face discrimination and limited access to humanitarian assistance and lack of clarity around their status in Somalia.

HLP issues continue to affect children (18 per cent under five years of age and 44 per cent over five), women and girls (52 per cent of PiN), 15 per cent are PwD, minority clans and older persons. Women and girls are faced with inequality and social norms which exclude them from opportunities and decision-making platforms. Somalia ranks fourth lowest for gender equality globally, while maternal and infant mortality rates are some of the highest in the world. Early marriage is prevalent at the age of 16, yet seeking justice is especially challenging for women.

## **ANALYSIS OF HUMANITARIAN NEEDS**

The 2023 PiN for the Housing Land and Property (HLP) AoR is 3.2 million, 62 per cent of whom are children, 52 per cent are women and girls, 48 per cent are men, four per cent are older persons and 15 per cent represent persons with disabilities. Out of the 3.2 million people in need, 20 per cent are newly displaced, 49 per cent are protracted IDP caseloads, two per cent are refugees, asylum seekers and refugee returnees, 71 per cent are urban displaced while 28 per cent are rural displaced. The number of PiN for the HLP AoR increased by 19 per cent for 2023 compared to 2022.

The most acute needs remain concentrated in areas affected by conflict and locations hosting large numbers of IDPs and returnees. The majority of the PiN are located in Banadir, Bay, and Lower Juba, Mudug, Togdheer, Galgaduud, Gedo, Nugal, Waqooyi Galbeed, Middle Shabelle regions. With the majority of these people residing in the severe districts of Kaxda, Daynile, Baidoa, Kismayo and Bossaso. These regions have the highest numbers of forced evictions in Somalia. Of the more than 140,000 individuals evicted between January

and October 2022, 80 per cent were recorded in Banadir region with Mogadishu being a hot spot of forced evictions in Somalia.

According to HLP AoR studies, analyses and assessments that were conducted in 2022<sup>73</sup>, these groups are often discriminated against based on their displacement status, age, gender and ethnicity. They do not have equal or equitable access to basic and social services and face numerous challenges in accessing humanitarian assistance. IDPs are more vulnerable to protection threats both from the incident that triggered displacement in their place of origin and the lack of access to basic services in their current location.

HLP issues such as land tenure insecurity, inadequate housing, forced evictions and disputes continue to affect displaced persons in Somalia, especially women and girls; PwD, minority clans and older persons are severely impacted. Moreover, they face several obstacles within both formal and informal justice systems while seeking remedies for HLP violations. Women and minorities are more disadvantaged and some of the obstacles prevent these groups from claiming, exercising and adjudicating their rights.

Land ownership and control is therefore central to addressing forced evictions, land conflict and related disputes, and the protection of displacement-affected communities from HLP violations such as land grabbing, encroachment etc. Land tenure security promotes the uncontested right of access to land and all its associated resources widely acknowledged as central to the efforts to improve humanitarian assistance in Somalia. It is also a critical success factor for ensuring that investments in life-saving interventions such as WASH, health and nutrition and other forms of infrastructure are protected. Mainstreaming land tenure security therefore promotes a holistic approach to HLP in which tenure security for displacement-affected communities encompasses not only access to land but also secures access to water, food, education, shelter and other forms of assistance, thus significantly contributing to the response and supporting sustainable interventions.

## **EVOLUTION OF NEEDS**

Drought, conflict and insecurity make humanitarian operations difficult and complicate HLP interventions in Somalia. Hundreds of thousands of people in

need of HLP-specific assistance are concentrated in urban areas where humanitarian assistance is more accessible, but access to HLP remains limited. Numerous HLP specific analyses undertaken in 2022 set the tone for HLP responses in 2023. For example, a cost analysis on forced evictions in Mogadishu undertaken between January and July 2022 found that a considerable amount of humanitarian assistance intended to alleviate immediate suffering caused by drought was destroyed because of forced evictions<sup>74</sup>.

Housing rights concerns are far broader than shelter, and hence the need to consider a rights-based approach to HLP in Somalia. Indeed, housing, land and property issues are extremely complex and often difficult to resolve but can be managed if well resourced. For instance, in Somalia, the HLP dilemma is extensive and will continue due to glaring gaps in the ongoing response. Additionally, because of the massive scale of displacement and because of the amount of land and assets involved, some of the most prominent HLP issues in Somalia include weak legal framework and institutions, uncertainty around the status and availability of HLP, forced evictions and insecure land tenure among others. Although these HLP rights challenges are ubiquitous in any post-conflict environment, in Somalia, HLP continues to be under-emphasised and ignored by the wider community despite the fact that HLP disputes and forced evictions are often imminent<sup>75</sup>.

Analysis of the HLP eviction data plus complementary surveys and assessments generated sector-specific severity ratings for each category. The HLP-specific challenges facing IDPs and non-IDPs are particularly formidable despite the adoption of several coping mechanisms; most rely at least partly on support and assistance from HLP actors. Forced eviction, HLP disputes/land conflicts; insecure land tenure and inadequate housing remain great concerns for many.

Qualitative consultations with affected people indicate that the top-priority HLP-specific needs are adequate housing, access to justice and tenure security. These needs are compounded by the lack of civil documentation.

## **MONITORING OF NEEDS**

The scale and severity of forced evictions in Somalia underline the need for ongoing monitoring to gauge the needs and inform programming. HLP partners have agreed to revamp the eviction monitoring system. The HLP AoR is the primary coordination forum for conducting regular situational analyses and identifying priority locations for close monitoring and response. In addition to monthly meetings, the AoR will convene experts for learning events. While the eviction assessments are not monitoring tools per se, they will be used to facilitate a deeper understanding of the HLP situation and evolution of needs across Somalia.



## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Percentage of households by occupancy status	HLP	HLP assessments and Analyses/SPMS/ Eviction portal/ Protection monitoring/ MSNA	Monthly
2	Percentage of households with documentation proving occupancy status	HLP	HLP assessments and Analyses/SPMS/ Eviction portal/ Protection monitoring/ MSNA	Quarterly
3	Percentage of households reporting dispute over occupancy arrangement	HLP	HLP assessments and Analyses/SPMS/ Eviction portal/ Protection monitoring/ MSNA	Monthly
4	Percentage of households with housing, land and property issues	HLP	HLP assessments and Analyses/SPMS/ Eviction portal/ Protection monitoring/ MSNA	Monthly
5	Percentage of households reportedly feeling at risk of eviction	HLP	HLP assessments and Analyses/SPMS/ Eviction portal/ Protection monitoring/ MSNA	Quarterly

# 3.7 Shelter / Non Food Items (NFI)



<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>4.9M</b>	<b>55%</b>	<b>45%</b>	<b>43%</b>	<b>43%</b>	<b>31%</b>	<b>4%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>588K</b>	<b>2.2M</b>	<b>454K</b>	<b>1.6M</b>	<b>51K</b>	

## OVERVIEW

Approximately 4.9 million people across Somalia need shelter and NFI assistance, an increase of 32 per cent from 2022. Conflict, drought and evictions are the key drivers of displacement which in turn exacerbates humanitarian shelter and NFI needs. In addition, inflation and the economic crisis are affecting the financial capacity of populations to address their shelter needs. Other factors include poor shelter conditions, overcrowding and lack of security of tenure.

## AFFECTED POPULATION

Shelter is a household-level need. However, women and girls are more at risk and are therefore more in need of shelter that mitigate from such risks and gives them more privacy safety and dignity. Families with children under five living in mosquito-prone areas need mosquito nets more than other households, while newly displaced IDPs need timely emergency shelter assistance and protracted IDPs need improved security of tenure and transitional or durable shelters as opposed to emergency shelters with a limited lifespan.

### Newly Displaced IDPs:

For newly displaced persons only eight per cent have access to adequate shelters<sup>76</sup> while 43 per cent lack adequate living spaces. Sixty-eight per cent have leaking roofs, 11 per cent were feeling unsafe within their shelters and 15 per cent had their shelters totally collapsed. Seventy-seven per cent of the newly displaced have shelter as a priority need.

Eighty per cent of newly displaced people reported water leakage in their shelter when it rains. Sixty-two per cent of newly displaced people reported the lack of insulation from the cold is the second most reported inadequacy issue. Finally, about 32 per cent of the new IDPs do not live in shelters with sufficient space<sup>77</sup>. Thirty-nine per cent of the newly displaced people live in single buuls which lack privacy and living space.

Twenty-nine per cent of households in new IDP sites own their land/shelter which forces new IDPs to live in temporary structures that do not provide good protection against the elements and are difficult to maintain.

Only five per cent of the newly displaced people who preferred not to answer whether they were from a minority group owned the shelter/land they occupied. Female-headed households were more likely to feel at risk of evictions than male-headed households (nine per cent male, 16 per cent female). In general, female-headed households had shelter as a priority need than male-headed households (77 per cent vs 76 per cent).

### Protracted IDPs:

Seventy-three per cent of protracted IDPs are living in inadequate shelters while 67 per cent have leaking roofs, nine per cent were feeling unsafe within their shelters, 15 per cent had their shelters totally collapsed. Seventy-four per cent of those in protracted displacement have shelter as a priority need.

Seventy-one per cent of protracted IDPs reported water leakage in their shelter when it rains. 55 per cent of protracted IDPs reported lack of insulation from the cold. About 40 per cent of the protracted IDPs do not live in shelters with sufficient space<sup>78</sup>. Forty-five per cent of the protracted displaced people live in single buuls lack privacy and living space.

Forty-four per cent of households in protracted IDP camps own their land/shelter, consequently most are forced to live in temporary structures that do not provide good protection against the elements and are difficult to maintain.

Twenty-four per cent of protracted IDPs who reported that they were from a minority group owned the shelter/land they occupied. More households from minority groups also felt at risk of evictions than from other households (16 per cent vs 12 per cent female).

#### **Non-Displaced:**

About 16 per cent of non-displaced people live in adequate shelter. Seventeen per cent of the non-displaced lack adequate living space while 48 per cent have leaking roofs, five per cent were feeling unsafe within their shelters, and six per cent had their shelters totally collapsed. Sixty-three per cent of the non-displaced have shelter as a priority need.

Forty-eight per cent of non-displaced people reported water leakage in their shelter when it rains. About 19 per cent of the non-displaced do not live in shelters with sufficient space. About 10 per cent of the non-displaced people live in single buuls which lack privacy and living space.

Around 55 per cent of non-displaced households own their land/shelter. Female-headed households are most at risk since they are less likely to own the properties they occupy (45 per cent vs 60 per cent). More households from minority groups also felt at risk of evictions than other households (16 per cent vs 11 per cent). In general, more female-headed households had shelter as a priority need than male-headed households (62 per cent vs 64 per cent).

#### **Refugee Returnees / Asylum Seekers:**

ReRefugees, asylum seekers and returnees are less affected by the drought mainly due to the assistance

provided by UNHCR. However, there are still 26 per cent of refugees and asylum seekers who live in buuls, tents, shelters made of plastic sheet with a corrugated iron sheet as a roof, unfinished buildings and 47 per cent of refugee returnees needed shelter and NFI support in 2022. UNHCR's post-return monitoring data suggests that a high proportion of refugee returnees live in housing they do not own and either squat or have no documentation. This leads to protection concerns including tenure insecurity and risk of eviction.

### **ANALYSIS OF HUMANITARIAN NEEDS**

The majority of Somalia's population has been affected by drought, conflict, economic crisis and therefore struggle to address their shelter and NFI needs. According to the 2022 MSNA, shelter is one of the top three priority needs of 67 per cent of the total population while 53 per cent would like to receive NFI assistance.

Newly displaced populations have the highest shelter and NFI needs as they usually only take a few items on their long walk which often exceeds 100 kilometers to find humanitarian assistance<sup>79</sup>. Those displaced by conflict usually do not have time to prepare their departure and only travel with the minimum.

Most IDPs live in overcrowded and unplanned IDP camps leading to an increased risk of fires, spread of diseases, GBV incidents and flooding due to poor drainage systems. The general lack of land tenure agreements makes IDPs vulnerable to eviction.

According to the Eviction Information Portal, an estimated 143,570 people were evicted from January to October 2022, mostly from Kaxda and Daynile (Banadir) where about 85 per cent of all evictions occur. Eviction does not only mean the loss of home or shelter, it also involves many protection issues. Research by the HLP AoR estimates that almost \$4.62 million of investment in infrastructure were lost during the first nine months of 2022 in Banadir only.

Evictions predominantly affect poor and marginalised people such as those living in female-headed households and households from minority clans. Landlords are often unwilling to rent to poor people or members of clans other than their own which further aggravates the situation. As a result, the shelter and NFI

needs of IDPs are higher than that of host communities mainly due to their displacement status, lack of long-term security of tenure which does not allow them to construct a permanent structure and only gives them limited employment opportunities. Those who move to an IDP camp often require immediate emergency shelter and non-food items.

Though the construction of local makeshift shelters is well known by communities in Somalia, new IDPs do not have access to suitable materials to cover the shelters which often leaves them without an adequate living space and exposed to external elements.

Access to land ownership remains one of the primary needs for most IDPs and is a starting point for resettlement and durable solutions. IDPs and non-displaced host communities in disaster-prone areas need access to land in safe locations which is close to job opportunities and has access to basic services such as water, education, markets and health. IDPs also need access to construction materials, livelihood and cash assistance to build safer homes.

### EVOLUTION OF NEEDS

Between January and October 2022, more than 1.6 million people were displaced, 0.5 million of whom were displaced by conflict while one million were directly

affected by the drought<sup>80</sup>. Many IDP sites are still at risk of flooding due to lack of vegetation and drainage. About 92 per cent of new IDPs still live in buuls or makeshift shelters while only five per cent managed to build or move to durable shelters. Even though 11 per cent were able to upgrade their shelter with CGI sheet, there are still 66 per cent of IDPs who did not manage to improve their shelter situations<sup>81</sup>. In 2023, the scale of shelter and NFI needs are expected to increase mainly driven by the drought, conflict, seasonal floods and evictions which will trigger increased displacement of populations.

### MONITORING OF NEEDS

The Shelter Cluster will continue to monitor the number of newly displaced people with shelter needs. The Cluster will rely on the PRMN data on displacement and needs of the newly displaced people. Information from the annual CCCM detailed sites assessments and REACH's MSNA will also be used to evaluate shelter and NFI needs among the population in protracted displacement. Since eviction affects access to shelter, the cluster will monitor the number of people evicted through the HLP AoR Eviction Information portal. The Cluster and its partners will conduct rapid needs assessments for populations affected by crisis using the tools in the cluster's assessment framework. This will be conducted on an ad hoc basis.

### MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Percentage of newly displaced people with shelter needs	Shelter	PRMN	Monthly
2	Percentage of people evicted	HLP	Eviction Information portal	Monthly
3	Percentage of protracted displaced people with shelter needs	Shelter	DSA, MSNA	Annually

## 3.8

## Water Sanitation and Hygiene (WASH)



<b>PEOPLE IN NEED</b>	<b>MALE</b>	<b>FEMALE</b>	<b>CHILDREN (&lt;5)</b>	<b>CHILDREN (5-17)</b>	<b>ADULTS(18-59)</b>	<b>ELDERLY(&gt;60)</b>
<b>8.0M</b>	<b>55%</b>	<b>45%</b>	<b>43%</b>	<b>22%</b>	<b>31%</b>	<b>4%</b>
<b>PLWD</b>	<b>NEWLY DISPLACED</b>	<b>PROTRACTED</b>	<b>URBAN</b>	<b>RURAL</b>	<b>REFUGEE, RETURNEE AND ASYLUM SEEKERS</b>	
<b>15%</b>	<b>356K</b>	<b>1.5M</b>	<b>1.6M</b>	<b>4.5M</b>	<b>51K</b>	

### OVERVIEW

Approximately 8.0 million people across 74 districts in Somalia will need life-saving WASH assistance in 2023, a 25 per cent increase from 2022. This increase mostly affects already vulnerable populations and is attributed to the severe drought which was brought on by the fourth failed rainy season and triggered mass displacement of the population into settlements. Needs have also been exacerbated by protracted conflict and a continued rise in acute watery diarrhoea/cholera and malnutrition in children under five, mainly in the worst drought-affected areas. There is increased demand and pressure on existing water resources and facilities due to acute water shortages and drastic impacts of declining ground water resources. In addition, deterioration in water quality compounded by a significant increase in the cost of water directly contributes to the increase in needs.

### AFFECTED POPULATION

An estimated 0.4 million newly displaced persons are predicted to be in need of emergency WASH assistance in 2023, 18 per cent of whom are women and children. About 33 per cent of the new IDPs lack access to sufficient safe water, proper sanitation, soap and other essential hygiene materials making the majority of them susceptible to watery diarrhoea (AWD)/cholera and other communicable diseases<sup>82</sup>.

About 77 per cent of new arrivals reported to have no access to hand washing facilities, exacerbating the risks

of diseases outbreak. Acute water shortages ranked among the top needs for newly displaced persons in drought and AwD/cholera hotspot districts.

#### Protracted IDPs:

About 1.5 million protracted IDPs need of humanitarian WASH assistance. Majority of this population face acute water and sanitation shortages and are highly vulnerable to acute watery diarrhoea (AWD) and cholera. Considering that some of these IDPs access water directly from rivers and surface bonds, practice open defecation and lack access to soap and other essential hygiene materials, they are susceptible to communicable diseases. Approximately 71 per cent of protracted IDPs rely on degraded and overcrowded sanitation facilities.

#### Non-Displaced:

WASH needs remain high among the 6.2 million non-displaced population. Only 39 per cent have household water connection, while 41 per cent must walk for more than 15 minutes to collect water.

#### Urban/Rural:

Rural populations in Bay and Bakool, Gedo, Mudug, Galgadud, Bari, Sool and Sanag regions are disproportionately affected by WASH needs with about 3.3 million people in urban areas and 4.7 million people in rural areas facing high WASH needs. Acute water shortages in urban/rural areas are caused by the constant breakdown of strategic water sources



and mostly impact drought-affected states such as Southwest, Jubaland, Galmudug, Hirshabelle, Puntland and hard-to-reach districts. About 56 per cent of rural communities do not have latrines and practice open defecation.

### **Refugee Returnees/Asylum Seekers:**

Around 51,380 vulnerable refugees-returnees and asylum seekers are in need of humanitarian WASH assistance. The majority of vulnerable refugees/returnees are absorbed within host communities/non-displaced, however, they will continue to require minimum WASH service provisions alongside non-displaced communities.

Across the different groups of IDPs, refugees and non-displaced communities, multiple and intersecting factors including age, gender, disability, clan and ethnic affiliations increase the risks and challenges to access WASH assistance for individuals and their families. 1.2 million (15 per cent) persons with disabilities face risks of exclusion due to physical, attitudinal and institutional barriers that hamper their access to aid. These include inaccessible information and facilities, stigma and discrimination faced within their communities. 0.3 million (four per cent) elderly persons also face risks of exclusion from WASH assistance due to the barriers they face when accessing WASH services, such as having to travel long distances to distribution points, lack of accessible transport and inaccessible latrines. Women and girls of all ages are at high risk of GBV due to prevalent sociocultural norms, lack of adequate support and lack of safety and privacy in overcrowded displacement sites. In addition, minority and marginalised groups face exclusion from WASH services as they lack access to information on aid provision in IDP camps and discrimination.

## **ANALYSIS OF HUMANITARIAN NEEDS**

Humanitarian WASH needs are extremely high due to the impacts of four consecutive seasons of poor rainfall, an anticipated fifth season of below-average rainfall from October to December 2022 as well as conflict/insecurity and water-borne disease outbreaks (primarily acute watery diarrhoea/cholera and measles)<sup>82</sup>. Drought and protracted conflicts are the main drivers of WASH needs causing mass displacement and communal conflict over water points among IDPs, Non-displaced and urban/ rural communities. While

the Gu (March/April-June 2021) rains marginally replenished water resources in most locations across Somalia, water scarcity remains acute which impacts protracted IDPs, urban/rural and non-displaced communities. Limited access to sustainable WASH services for all affected populations is the main cause of spread of acute diarrhoeal diseases (ADD) leading to malnutrition and contributing to the existing stunting rate of 1.8 million children (54.5 per cent of the total child population in Somalia)<sup>83</sup>.

Between April and October 2022, 51 of the 74 districts in Somalia experienced acute water shortages. An estimated 70 per cent of the population in Somalia do not have access to improved water sources. Existing water sources (boreholes and shallow wells) are overstretched and overcrowded due to the large number of IDPs and increased population in urban areas. As a result, people resort to using water from unimproved water sources. Water prices have skyrocketed especially in the worst drought-affected locations – up by 136 per cent in Southwest State. These price hikes across Somalia are mainly attributed to acute water shortages and rising prices of fuel. Field reports and SWALIM data<sup>84</sup> also suggest that around 11 per cent of existing water sources (shallow wells, boreholes and springs) are non-functional. While groundwater provides 80 per cent of the domestic water supply in Somalia, there is increased depletion of groundwater resources due to excess abstractions from boreholes/shallow wells and mass drilling of boreholes within the same aquifer and with high salinity levels in the water. Weak water supply management models, high operational and maintenance costs, lack of supply chain of spare parts and technical limitation of service providers are the major reasons for the breakdown of Somalia's water supply systems (boreholes and shallow well)<sup>85</sup>.

About 50 per cent of the affected population in Somalia do not have access to sustained, improved and safe water sources for drinking and other domestic uses (less than 7.5 -15 L/P/D)<sup>86</sup>, and about 17 per cent of the population across Somalia still rely on water trucking. Some of these locations are far from river areas where fresh groundwater availability is scarce. Hence, about 41 per cent of people, mainly women and girls, have to walk for more 15 minutes to collect water<sup>87</sup>. Rural population and newly displaced households in Southwest, Gedo, Mudug, Galgaduud, Bari, Sool and Sanag regions are disproportionately affected. In 2022,

an average of 65 per cent of household income was spent on water bills<sup>88</sup>. From January to October 2022, water prices almost tripled especially in drought hot spot locations rising from \$ 8 per barrel to \$ 11 per barrel (38 per cent increase). Coupled with rising food prices, this has had a negative impact on the livelihoods of the vulnerable populations (IDPs and non-displaced urban areas) who now migrate to areas with sufficient rain which sometimes causes conflicts on limited resources (water and pasture) available. Only 24 per cent of Somali households have water points within their dwelling.

Limited water resources prompt women and girls to undertake unsafe journeys to fetch drinking water for their families and meet their basic hygiene needs. They are also most likely to deploy negative coping mechanisms as they are exposed to extreme protection risks when collecting water from distance distant sources<sup>89</sup>. The main responsibilities of household work, agriculture and food production lies with women who may also be at greater risk of intimate partner violence as tensions within households rise due to water scarcity.

IDPs residing in IDP camps (newly arrived and protracted) have limited access to WASH services. About 1,828,268 people (newly arrived and protracted) in IDP sites have limited access to improved WASH services. In most rural and urban locations, 19 per cent of people still defecate in the open. Most households in Somalia do not have their own latrine and most people have adopted negative coping mechanisms for sanitation including sharing a latrine with one or more households (25 per cent), open defecation (19 per cent) and using other unhygienic facilities (37 per cent).

Communal latrines are not gender-segregated and high household latrines sharing ratio creates access barriers for women, minority groups and people with disabilities as there is a lack of privacy. Furthermore, risks of harassment and attacks increase in overcrowded and over-used facilities including in the waiting lines.

About 69 per cent of the vulnerable people lack access to soap with a dedicated handwashing facility and as result only 31 per cent of households in Somalia practice proper handwashing. Sixteen per cent report they wash their hands but without soap, and 51 per cent of rural women and girls do not have menstrual hygiene items either because it is not available or too

expensive<sup>90</sup>. During the 42nd week of 2022, a total of 11,630 AwD/cholera cumulative cases including 70 deaths were reported from 30 August 2021 to September 2022. This is attributed to acute water shortages, deteriorating water quality, poor household hygiene and limited sanitation services.

## EVOLUTION OF NEEDS

The seasonal rainfall from March to December 2022 performed below-average in central and southern Somalia and some parts of northern Somalia. This led to widespread water shortages, and together with the rising water prices, the costs of migration to distant areas in search of pasture and water increased sharply which financially strained pastoral households. As food security conditions worsen and access to safe water declines, outbreak of acute watery diarrhoea (AWD) and increasing measles cases will also be on the rise in many parts of the country<sup>91</sup>.

In addition, the ongoing military operations against non-state armed groups, especially in Hiraan, and the increasing attacks on water infrastructure are likely to trigger further displacements to IDP settlements increasing the demand for WASH services. Access restrictions are likely to be severe in 2023 impeding delivery of life-saving WASH assistance in hard-to-reach areas. Overcrowding and congestion in IDP settlements could trigger inter-communal conflicts over water points and increase the risk of exclusion of minority groups and persons with disabilities.

## MONITORING OF NEEDS

Considering the current WASH situation in Somalia and the evolving trends of the response in 2023, the WASH Cluster has proposed standard key indicators to monitor WASH interventions through 4W matrixes and other cluster reporting tools, and during filed visits. The measurable indicators are aligned to match each WASH section including one on Accountability to Affected Population (AAP).

The WASH Cluster will monitor the needs by tracking the population's needs for accessing safe, sufficient and sustainable water; people who need knowledge on hygiene; people who need hygiene kits; and people who need sanitation.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of people (including men, women, boys and girls) who have access to safe sufficient quantity of drinking water through water trucking	WASH	4W reporting	Cluster Spot Checks- monthly
2	Number of people (including men, women, boys and girls) who have access to safe sufficient quantity of drinking water through sustainable means	WASH	4W reporting	Cluster Spot Checks- monthly
3	Number of people (including men, women, boys and girls) who have knowledge of good hygiene practices	WASH	4W reporting	Cluster Spot Checks- monthly
4	Number of people (including men, women, boys and girls) who have access to Hygiene Kits.	WASH	4W reporting	Cluster Spot Checks- monthly
5	Number of people (including men, women, boys and girls) who have access to functional and improved gender-segregated sanitation facilities	WASH	4W reporting	Cluster Spot Checks- monthly
6	Percentage of people with disabilities who have access to WASH services	WASH	4W reporting	Cluster Spot Checks- monthly
7	Percentage of people (including men, women, boys and girls) who are satisfied with the quality of WASH services (AAP)	WASH	4W reporting	Cluster Spot Checks- monthly

## 3.9 Logistics



### OVERVIEW

Due to the drought, more people are at risk of famine particularly in areas where insecurity exacerbates humanitarian access. Despite milestone achievements in logistics accessibility in 2022, the continuous deterioration of logistics infrastructure and access constraints have impeded the continuous flow of humanitarian supplies in the country, particularly in the southern regions where key airstrips have become inaccessible for fixed wings or have seen a sustained increase in demand. The dependence on airlifts and specialised assets which are exponentially more expensive than road transport have further hampered the delivery of assistance. Moreover, the price of fuel has cumulatively increased by 32 per cent in 2022 which has significantly impacted transport costs while global shipping costs and inflation are still on the rise. Finally, the challenges of cross-border movement, port congestion and customs clearances are not yet fully resolved while new challenges such as operational restrictions at Mogadishu airport create additional layers of operation challenges to partners in Somalia.

### AFFECTED POPULATION

The Logistics Cluster indirectly serves all above populations by directly supporting humanitarian and development partners through provision of common logistics services and air transport services. Responding to the increased logistics accessibility challenges and partners' demand, the Logistics Cluster continues to scale up common services including air transport services and operational support to ensure efficient and timely delivery of assistance in the country, particularly in hard-to-reach areas and drought-affected locations.

### ANALYSIS OF HUMANITARIAN NEEDS

In 2022, drought conditions dramatically escalated in Somalia. More areas are at risk of famine, particularly in the southern regions where insecurity and conflict make humanitarian access more challenging. There are currently 30 districts classified as Priority One areas

(indicating severe drought impact for all indicators) with an affected population of 4.3 million and 658,000 IDPs. Of these, the Bakool and Bay regions have the greatest proportion of their populations affected (68 per cent and 67 per cent respectively).

Road access continues to be challenging particularly in South Central Somalia. Access to hard-to-reach areas has become more dependent on costly air services which is due to the following:

- A significant portion of the operational priority areas can only be accessed by air as a result of poor road infrastructure and security constraints. Among areas primarily served by air are locations classified as IPC3+ such as the Bay and Bakool regions of which 9 locations are served by the air transport services. Areas with high access volatility, including areas only served by rotary wings, are mostly located in Hiiran/Middle Shabelle.
- Dependence on importing some goods arriving in main hubs such as Mogadishu requires secondary transportation to final delivery points.

Transport and deliveries via air dramatically increase the costs of delivering life-saving supplies and costs around \$1,500 per ton. Similarly, air transport is more in demand by passengers and the need for dedicated charters has more than doubled due to the scale up of humanitarian activities.

Before the civil war, Somalia had 15 operational ports and facilities. However, only four ports have remained operational: Mogadishu, Bossaso, Berbera and Kismayo with the recent addition of the Gar'ad seaport which was opened on 22 October 2022. Due to several years of sea-borne insecurity because of piracy, the horn is poorly served by commercial liners that connect Somalia's ports with external hubs. Therefore WFP's vessel is one of the few available resources serving these ports with humanitarian cargo.

Significant surge of tonnage moved by air demands appropriate staging capacity in key hubs. Due to infrastructure constraints in air hubs compounded by the resumption of the Myra trade and the limitation of operational hours on key hubs, the complexity of air transport is significant. Furthermore, recent security developments have closed or significantly limited the operation ability of key areas, primarily in Hirshabelle which has caused additional bottlenecks in accessibility.

Transports have been delayed by long waiting times for customs clearance for humanitarian goods: it currently takes an average of 27 days. Moreover, the progressing but still limited cross-border options adds up to significant lead times to transport supplies into the country.

The price of fuel has cumulatively increased by 32 per cent in 2022 and similarly, the price of A1 jet fuel has cumulatively increased by 36 per cent, significantly impacting transport costs.

## THE EVOLUTION OF NEEDS

The challenges with logistics infrastructure and Supply Chain disruptions grew in 2022 and are anticipated to continue to grow in 2023.

Correspondingly, greater logistics resourcing will be required to support the humanitarian community to deliver more supplies and transport humanitarian and development partners. Prior to October 2022, the Logistics Cluster transported between 120 and 150 tons per month; however, this target has increased to between 180 and 200 tons which requires a sustained increase in transport capacity. Simultaneously, passenger figures have more than doubled with UNHAS transporting over 17,000 passengers in 2022. Due to the increasing inaccessibility for fixed-wing aircraft, the Logistics Cluster will most probably need to continue utilising rotary wing and dedicated flights to foster the use of alternative transport strategies to address accessibility challenges.

Another anticipated need is the provision of more granular and localised information products on a regular basis to support partners with information that is well timed, accurate and of high quality. These include products like bi-weekly route/ airport accessibility maps, fuel analysis and operations report as well as meeting and advocacy coordination.

## MONITORING OF NEEDS

The Logistics Cluster will monitor the ability to meet the needs of humanitarian through recurrent gap analysis as well as the evolution of service and coordination demand in country. The following indicators will be used as guide response adjustment and monitor the evolution of logistics context:

- Number and condition of accessibility in key airstrips
- Number of key road corridors accessibility and related seasonality
- Functionality of seaports including berthing delays
- Customs clearance and tax exemption cycle time as well as other administrative impediments to logistics operations
- Warehouse capacity utilization and constraint
- Cross border movements between Somalia and Kenya/Ethiopia
- Fuel Prices and transport cost
- Number of passengers transported monthly
- Quantity (mt) of cargo transported monthly
- Percentage response to medical and security evacuation
- Number of agencies and organisations using humanitarian air services
- Number of locations served
- Number of assessment/ surveys conducted





### SOMALIA

Kabasa Primary School, Doolow District, Gedo Region, Somalia. 28 September 2022. A student is having lunch in Kabasa School  
Photo: UNOCHA/Yao Chen.

## MONITORING OF NEEDS

#	INDICATORS	SECTORS	SOURCE	FREQUENCY	TARGET
1	Number of organisations utilizing logistics services and participating in coordination activities	Logistics	Service Marketplace	Monthly	35%
2	Percentage of Logistics Cluster partners satisfied or very satisfied with Logistics Cluster activities based on annual performance survey (%)	Logistics	Logistics Cluster Survey (annual)	Yearly	80%
3	Number of information products shared with partners	Logistics	Logistics Cluster Website	Monthly	65%
4	Percentage of service requests fulfilled	Logistics	Service Marketplace	Monthly	95%
5	Number of locations reached by common service activities	Logistics	Service Marketplace	Monthly	10%



## Part 4:

# Annexes

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### SOMALIA

12 October 2022, Doolow, SOMALIA. Displaced Somali children sing under a tree in the sprawling Kaxareey Displacement settlement in Doolow. Some 15,000 displaced families live in the Kaxareey settlement that is located less than a mile from the Ethiopian border.

Photo: UNOCHA/Giles Clarke

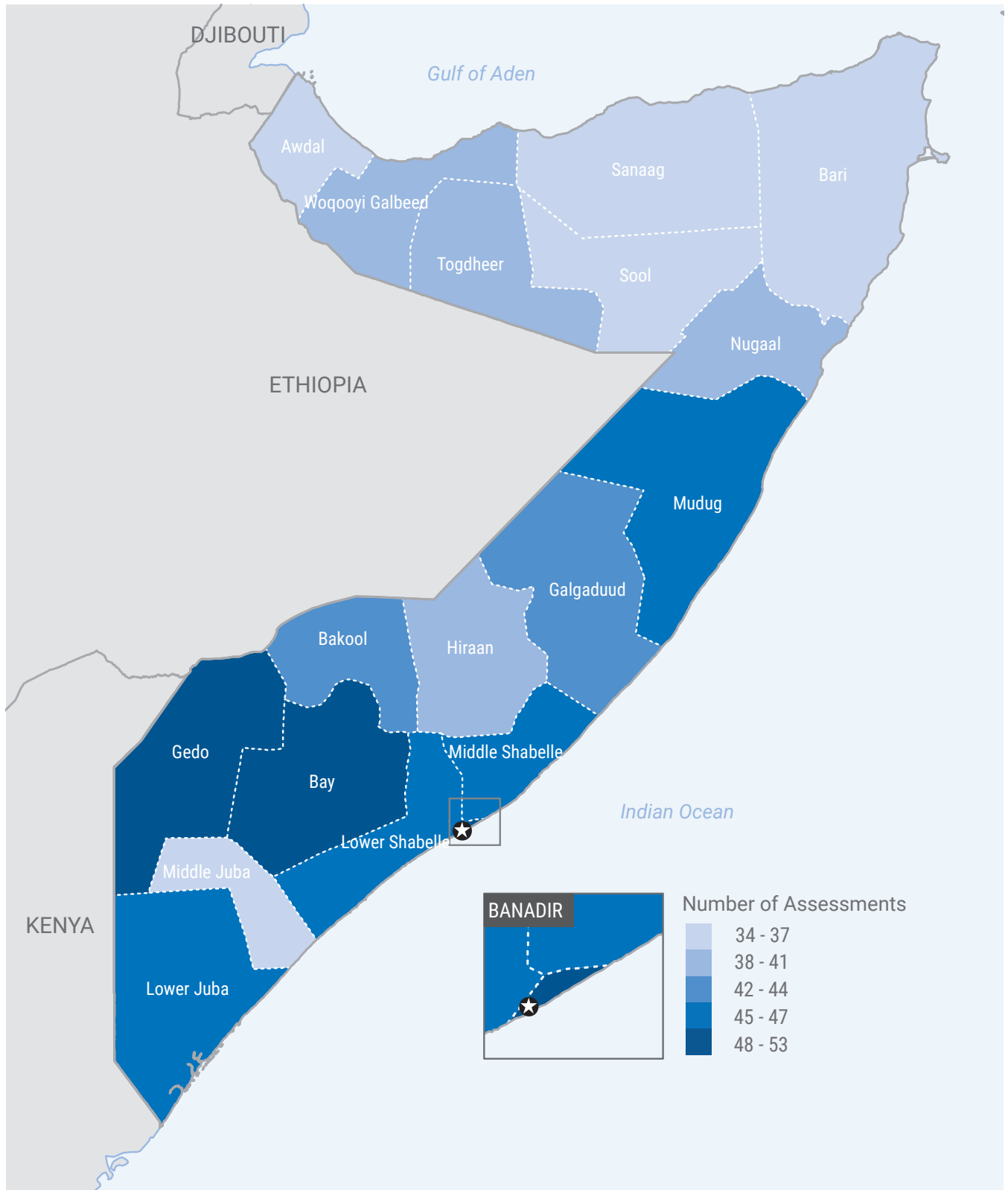


## 4.1 Data Sources

### Assessment Registry

REGION	CCCM	EDUCATION	FOOD SECURITY	HEALTH	NUTRITION	PROTECTION AND AORS	SHELTER	WASH	LOGISTICS	TOTAL
Awdal	6	1	13	0	4	5	1	2	5	37
Bakool	6	3	14	0	5	6	1	4	5	44
Banadir	6	4	14	4	5	7	3	5	5	53
Bari	6	2	12	0	3	5	2	2	5	37
Bay	6	4	19	1	5	6	1	5	5	52
Galgaduud	6	3	11	1	4	4	0	9	5	43
Gedo	6	3	16	0	3	7	4	6	5	50
Hiraan	6	3	11	0	3	5	1	4	5	38
Lower Juba	6	4	15	1	4	4	1	7	5	47
Lower Shabelle	6	3	13	1	4	7	2	4	5	45
Middle Juba	6	2	11	0	3	4	1	2	5	34
Middle Shabelle	6	2	14	1	3	4	2	9	5	46
Mudug	6	3	15	0	4	6	0	7	5	46
Nugaal	6	2	16	0	3	4	2	2	5	40
Sanaag	6	2	11	0	4	5	0	2	5	35
Sool	6	2	12	1	3	5	0	3	5	37
Togdheer	6	2	14	1	5	5	1	2	5	41
Woqooyi Galbeed	6	1	15	0	3	6	1	2	5	39
<b>TOTAL</b>	<b>6</b>	<b>6</b>	<b>145</b>	<b>7</b>	<b>31</b>	<b>21</b>	<b>13</b>	<b>56</b>	<b>5</b>	<b>289</b>

### Assessments: by geographical area



## 4.2 Methodology

### Inter-Sector Severity Calculation

Indicators for the 2023 HNO inter-sector severity scale were selected through an iterative consultative process with all clusters via the Inter-Cluster Coordination Group (ICCG) coordination platform. Indicators were selected based on lessons learned from the 2022 HNO analysis and based on the identified drivers of humanitarian needs in Somalia.

Seven indicators and humanitarian situation indexes such as the SWALIM Combined Drought Index (CBI) and Integrated Phase Classification (IPC) were included in the inter-cluster severity estimates related to drought, food insecurity, malnutrition, displacement, protection and health.

The Integrated Phase Classification (IPC) and SWALIM's Combined Drought Index are both made up of several intersectoral indicators that are incorporated in their analytical framework to determine district severity classifications. Additional indicators complement IPC to enhance the intersectoral nature of the analysis to better identify districts where the severity of multiple needs are highest.

Severity thresholds for each indicator were set according to the scoring criteria contained in the globally agreed JIAF severity class table. Based on global guidance, the two humanitarian analytical frameworks as well as the nutrition indicator related to GAM prevalence were given a higher weighting than other indicators.

#	INTER SECTOR INDICATORS USED	SEVERITY				
		1	2	3	4	5
1	IPC	0.2	0.4	0.6	0.8	1
2	Prevalence of Global Acute Malnutrition in children under 5 based on MUAC and WHZ	0.2	0.4	0.6	0.8	1
3	Civilian population killed or injured by violence, conflict, or natural hazards	0.1	0.2	0.3	0.4	0.5
4	HH reporting concerns from any harm, physical threats, or discrimination in the area where they are living	0.1	0.2	0.3	0.4	0.5
5	Percentage of IDPs vis a vis host population	0.1	0.2	0.3	0.4	0.5
6	Ratio of births attended by skilled health professional	0.1	0.2	0.3	0.4	0.5
7	SWALIM Combined Drought Index	0.2	0.4	0.6	0.8	1



### Inter-Sectoral PiN Calculations

In an effort to better reflect the magnitude of the crisis in Somalia more accurately this year, the 2023 HNO inter-cluster PiN was calculated based on the highest cluster PiN per district. This approach intends to incorporate all clusters in the PiN calculation and reduce past reliance on humanitarian indexes (IPC, SWALIM) for determining the overall number of people in need.

Therefore, the intersectoral PiN was derived using the maximum PiN per district of all cluster PiN estimations including CCCM, Education, Food Security, Health, Nutrition, Protection and AoRs, Shelter and WASH.

### SECTOR SPECIFIC SEVERITY AND PiN CALCULATIONS

#### Camp Coordination and Camp Management

The primary sources of data were the survey responses to questions from the Detailed Site Assessment V (2022) and MSNA 2022 data set. The DSA contained yes or no answers indicating an IDP sites' capacity

to receive new arrivals and barriers faced by minority groups in addition to the type of site management present at the site. The MSNA contained percentages by district data on eviction risks faced by IDPs, and established if household members were able to interact directly (make suggestions or complaints) with agencies delivering humanitarian assistance.

Each site was recorded into severity 1-5 based on the responses to these defined indicators and weighted by site population when available for survey questions 1, 2 and 4. District-level responses were repeated for each site within their respective district.

The proportion of households was aggregated as per the severity scores and with the population data, the corresponding population of people falling into each severity phase was determined. The number of people falling into severity phases 3, 4, and 5 for each score was added up for each indicator, and a simple mean was used to determine the final PiN.

#	INTER SECTOR INDICATORS USED	SEVERITY				
		1	2	3	4	5
		MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
1	Enrolment rate	76% >	51-75%	26 - 50%	6- 25%	< 5%
2	Percentage of households indicating financial barriers	< 10 %	10 - 25%	26 - 50%	51% - 75%	76% >

## Education

The Education Cluster PiN was calculated using the average enrolment rate provided by the Somalia REACH MSNA. Please note the following key elements.

- Children five – 17 are considered to be of school age.
- For newly displaced and those in protracted displacement, 100 per cent of the caseload was included in the PiN regardless of the indicative enrolment rate. This is for two reasons: firstly, these population groups depend on the continuous provision of emergency services. Secondly, there were questions on data validity in some districts possibly due to the small sample size.
- For the host community PiN, 60 per cent of the out-of-school population was included in the PiN. The calculation was done by applying the average national out-of-school rate (61 per cent) to school-aged population across all districts.

The severity was established across two categories: enrolment rate and percentage of households indicating financial barriers. The categories are then averaged to establish the severity of the district ( $(x + y) / 2$ , where  $x$  is enrolment rate and  $y$  is % of HH indicating financial barriers).

In 2023, the Education Cluster will seek to carry out a Joint Education Needs Assessment (JENA) to complement household-level information collected by REACH and CCCM Cluster.

## Food Security

The FSC 2023 PiN is based on the Integrated Food Security Phase Classification (IPC) methodology and comprises all populations facing IPC Phase 3 and above conditions in all the 74 districts of Somalia. The IPC is a set of protocols (tools and procedures) for classifying severity and magnitude of acute and chronic food insecurity and acute malnutrition. The IPC allows comparability over space and time. The IPC has clearly defined indicators and thresholds that are defined as per "IPC Technical manual version 3.1, Evidence and Standards for Better Food Security and Nutrition decisions, IPC 2021".

The FSC Severity is based on the IPC as follows:

- Phase 5 severity - All districts with five per cent and above of the total population in IPC Phase 5.
- catastrophe have been classified with severity 5 (we have excluded districts with <5% of the population in IPC Phase 5 Catastrophe and as such slightly different from the OPA severity methodology). With this approach, there are 11 districts with severity.
- 5 including Baidoa, Buur Hakaba, Diinsoor and Wajid amongst others at risk of famine and highly vulnerable districts in the country.
- Phase 4 severity - All districts with at least 20 per cent and above of the total population in IPC Phase 4 have been classified with severity 4. With this approach, there are 11 districts with severity 4.
- Phase 3 severity - All districts with at least 20 per cent and above of the total population in IPC Phase 3 have been classified with severity 3. With this approach, there are 52 districts with severity 3.

## Health

The health PiN and severity calculation have been broken down into three sections that look at health resources, health status and contextual factors. To estimate the health needs indicators, a combination of these factors were considered. The health status indicators include the coverage of Penta 3/DPT3 vaccination among children less than one year old and measles vaccination coverage among children less than one year. For health resources, they are measured by the existence of functioning health facilities per population and number of health facilities with basic emergency obstetric care. Some of the contextual factors used are severe and Global Acute Malnutrition, IPC phase, and IDPs in need.

The health PiN and severity calculator assumes needs are overlapping since it is not possible to determine who needs what and where since the data is not collected from a single source. As such, the cluster relied on area-level and facilities-based data for most indicators, so we must assume that needs are overlapping. Of the indicators used, some are used for PiN & severity calculation while others are used for PiN and severity only. Severity thresholds of indicators are usually classified in one of two ways: measuring the degree of an outcome versus the magnitude of the situation. The degree of severity is generally measured at the individual or household-level. Severity thresholds are then designed around that proportion, e.g. 95 per cent and above is not considered 'in-need' and thus is below severity level 3. Less than 95 per cent is at least level 3. Degrees of severity have then been broken down into equal groupings. In this case, five per cent. So, below 95 per cent is a 3, below 90 per cent is a 4 and below 85 per cent is a 5. In the final analysis of severity weighing, health status was weighed at 40 per cent, contextual factors at 35 per cent and health resources at 25 per cent.

## Nutrition

The nutrition of people in need of nutrition interventions is determined by the following needs indicators:

- Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ) < -2 and/or Mid-Upper Arm Circumference (MUAC) < 125mm and/or bilateral pitting oedema among children 0-59 months.
- Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) < 210-230.
- Proportion of infants 0-5 months of age who are fed exclusively with breast milk as a proxy indicator for the proportion of caregivers of 0-23 months in need of skilled MIYCN counseling.

The total number of people in need is the sum of the number of children with acute malnutrition and either number of pregnant and breastfeeding women with acute malnutrition or the number of caregivers of children 0-23 months (PLW) - whichever is higher.

The above methodology does not include the nutrition interventions that target the entire population of children under five and pregnant and breastfeeding women.

## Protection

The Protection Cluster adopted a contextualised JIAF methodology for the sectoral PiN and severity estimates analysis. While the MSNA collected household-level data covering reachable geographical areas, additional available area-level data for the analysis was also obtained from primary (PRMN, SPMS, CPIMS, GBVIMS, MRM, Eviction Portal) and secondary (ACLED) datasets.

## Indicators

As part of the 2023 HNO, the Protection Cluster utilised the following indicators for the calculation of its PiN and severity scales:

TYPE	INDICATOR	SOURCE	LEVEL	THRESHOLD
Civilian Fatalities	Number of civilian population killed or injured by violence, conflict or natural hazards	ACLED	District	S1: 0 / S2: 1-25 / S3: 26-50 / S4: 50-75 / S5: >75
Movement Restriction	Percentage of households that have experienced movement restrictions in the past 3 months	MSNA	HH / District	Question: In the past 3 months, has anyone in your HH experienced any safety or security restrictions in their ability to move freely in your area? S1: No S4: Yes
Access to Justice	Percentage of households without access to official law enforcement authorities and/or judiciary system in last 30 days	MSNA	HH / District	Question: In the last 30 days, have you or anyone in your HHs/ settlement been denied access to justice or fair compensation? S1: No [no issue linked to access to any justice mechanism arose] / No [full access to formal justice mechanisms and fair compensation S3: Yes and No – [no formal access to justice or compensation in my location, but traditional/informal justice mechanisms available to resolve issues] / No and Yes – [no access to traditional or informal justice mechanisms but access to formal justice or compensation mechanisms in my location] S4: Yes – [no formal access to justice or compensation in my location]
ID	Percentage of households with at least one household member without an ID document	MSNA	HH / District	Question: Does every person in your household have an ID document (national ID and/or passport)? This means you have it, it is valid, and it is stored in a secure place. S1: Yes - every person in the household has valid ID document / Do not know / Decline to answer S3: No: at least one person in the household does not have a valid ID S4: No household member has a valid ID document
GBV	Percentage of households with access to medical, legal and social services for women and girls	MSNA	District/HH	Question: In the last 30 days, have you or anyone in your HHs/ settlement been denied access to justice or fair compensation?
Child Protection	Percentage of households where at least one member (SADD) is reporting signs of distress (self-diagnosed)	MSNA	District/HH	S1: 0% / S2: 0-5% / S3: 6-20% / S4: 21-39% / S5: > 40%
Explosive Hazards	Number of confirmed minefields and ERW spots in the area	IMSMA	District	S1: 1-2 spots/ERWs, S2: 3-4 spots/ERWs, S3: 5-6 spots/ERWs, S4: 7-8 spots/ERWs, S5: more than 8 spots/ERWs
HLP	Percentage of households reporting HLP disputes	MSNA	District/HH	S1: No issue reported S4: " i. encroachment dispute, ii. Boundary dispute, iii. Illegal occupation, iv. Land grabbing" S5: Multiple claims

Due to limitations of the MSNA household-level methodology, including challenges around the collection of protection-related and/or sensitive data, the following two indicators were unable to be used for the Protection Cluster PiN calculation:

- Percentage of households reporting concerns from any harm, physical threats or discrimination in the area where they live.
- Percentage of households with at least one individual with disability level 3.

**Severity analysis**

The Protection Cluster conducted a district-level severity analysis based on the above indicators using the ‘MAX’ method. The median of the top three severity scores was selected and used to calculate the number of persons in need (PiN) across 74 districts and used as a cross-reference to identify districts with a high severity of need. For hard-to-reach areas as well as areas under NSAG control, the severity scores of adjacent districts in the same region as well as expert opinions were used as a proxy method where district-level data was not available due to access and security constraints.

**Population in Need (PiN) calculation**

For 2023, the PiN calculations for the Protection Cluster were made using a threshold methodology for each indicator as well as each population group (IDPs and non-IDPs) and severity analysis data and calculations were aggregated at the district level. Some district-level

severity calculations were adjusted based on expert judgment from the Protection Cluster, protection partners as well as available qualitative information from existing protection monitoring sources including PRMN and SPMS.

To calculate the PiN, the district severities for each population group were scored based on the selected indicator results using the different available data sources with each district then assigned a corresponding severity category. The number of individuals living in these districts was then multiplied by the severity threshold percentage set for each severity score and per population group giving a total population in need per severity category for each district. The PiN calculation comprised all districts falling under severity categories 3, 4, and 5, while districts under severity 1 and 2 were not included.

**Child Protection**

The Child Protection AoR adopted a contextualised JIAF methodology for the sectoral PiN and severity estimates analysis.

**Indicators**

As part of the 2023 HNO, the Child Protection AOR utilised the following indicators for the calculation of its PiN and severity scales:

	INDICATOR	LOW (1)	MEDIUM (2)	HIGH (3)	VERY HIGH (4)	SEVERE (5)
1	Percentage of girls / boys without access to core CP services	0% - 10% (All 4 core CP services are accessible)	11% - 19% (existence of CP Referral mechanism + 3 service)	20% - 39% (CP Referral mechanism + 2)	40% - 79% (CP Referral mechanism + 1)	>80% (No CP service or Referral mechanism)
2	Percentage of girls / boys engaged in hazardous child labour	0% (none reported)	0%-30% (reported)	31% - 60% (<20% of HH reported a child engaged in hazardous child labour)	61% - 79% (61%-79% of HH reported a child engaged in hazardous child labour)	>80% (% of HH reported a child engaged in hazardous child labour)
3	Percentage of children and adolescents that have experienced violence, abuse, and neglect	0%	0% - 5%	6% - 20%	21% - 39%	>40%



INDICATOR	LOW (1)	MEDIUM (2)	HIGH (3)	VERY HIGH (4)	SEVERE (5)
4 Percentage of households where at least one member (SADD) is reporting signs of distress (self-diagnosed)	0%	0% - 5%	6% - 20%	21% - 39%	>40%

### Severity analysis

The CP AoR conducted a district-level severity analysis based on the above indicators using the round-up average method. The median of the top three severity scores was selected and used to calculate the number of persons in need (PiN) across 74 districts and used as a cross-reference to identify districts with high severity of need. For hard-to-reach areas as well as areas under NSAG control, the severity scores of adjacent districts in the same region as well as expert opinions were used as a proxy method where district-level data was not available due to access and security constraints.

### Population in Need (PiN) calculation

For 2023, the PiN calculations for the CPAoR were made using a threshold methodology for each indicator as well as each population group (IDPs and non-IDPs) and severity analysis data and calculations were aggregated at the district level for the overall district severity. Indicators' thresholds were based on the JIAF Global Framework and adapted to the local context thresholds that matched those used for intersectoral calculation. All four indicators related to child protection were used for this purpose (see table 1 above).

To calculate the PiN, the district severities for each population group were scored based on the selected indicator results using the different available data sources with each district assigned a corresponding severity category. The number of individuals living in these districts was then multiplied by the severity threshold percentage set for each severity score and per population group giving a total population in need per severity category for each district.

The resulting severity by the district was reviewed and validated by CP experts at dedicated workshops.

Priority needs were established based on these results, the discussions with CP implementing partners and existing assessments and reports.

One of the main limitations of the methodology is the difficulty to rely on household surveys to assess some CP risks such as gender-based violence or child labour. This leads to a likely sub-estimation of these problems. Moreover, MCNA data only covers a limited range of CP issues.

### Explosive Hazards

The Explosive Hazard AoR adopted contextualised JIAF methodology for the sectoral PiN and severity estimates analysis with the "Data Scenario B" aggregation model.

Although MSNA collected household-level data covering reachable geographical areas, there is still a need to use other data sources for some EH AoR indicators. Area-level data available for indicators is spread across multiple primary (MSNA, IMSMA, PRMN, SPMS) and secondary (ACLED) datasets.

### Indicators

The Explosive Hazard AoR indicators and severity thresholds will be mostly the same as those used for the 2022 HNO analysis to maximize comparability between the analysis year on year, but minor adjustments were made to some indicators.

- Percentage of households received EH services
- Number of confirmed minefields and ERW spots in the district.
- Number of explosive ordinance accidents in the area
- Number of civilian casualties due to explosive ordinances

### Severity analysis

A district-level severity analysis was conducted for Explosive Hazard AoR using the indicators above. This will be calculated using the 'MAX' method - the median of the top three severity scores will be selected and used to calculate the number of persons in need (PiN)

across 74 districts. This is used as a cross-reference to identify districts with a high severity of need.

For hard-to-reach areas (districts), the severity scores of adjacent districts in the same region will be used, and expert opinions will be considered.

#### **Main population groups:**

- Internally displaced persons – New Arrivals
- Internally displaced persons – Protracted
- Non-IDPs / Host Community
- Refugees, Asylum Seekers
- Refugee returnees

These populations will be disaggregated into girls, boys, women, men, the elderly and people with disabilities. Disaggregation will be based on the relative percentages of each population category, according to estimates of the Somali population.

#### **Population in Need (PiN) calculation**

For the 2020, 2021 and 2022 HNOs, the PiN calculations for EH AoR were made using a threshold methodology for each population group (IDPs and non-IDPs). For the 2023 HNO, the EH AoR will use a similar methodology as in previous years. Due to time limitations, severity analysis data could be aggregated at the district level. This will then be cross-referenced with district-level severity calculations and with expert opinion from the Explosive Hazard AoR coordination team as well as partners, and some district-level PiN adjustments will be made accordingly.

As the severity population is scored at the district level, a severity threshold was adopted per each indicator. To calculate the PiN, the district severities for each population group were scored based on the selected indicator results for each district using the different available data sources (as for severity analysis), and each district will be assigned a severity category. The number of individuals living in these districts will be multiplied by the severity threshold percentage set for each severity score and per population group giving a total population in need per severity category for each

district. The PiN is then calculated as all those who fall into categories 3, 4, and 5.

#### **Gender-Based Violence**

Five (5) indicators from the MSNA as well as various interagency assessments above were employed by the GBV AOR to identify people at risk of GBV and in need of GBV services. Indicators were used to inform key underlying factors and drivers for GBV as well as critical protection concerns facing women and girls that can expose them to GBV risks in areas of displacement and return, including:

- Percentage of households with access to medical, legal and social services for women and girls
- Percentage of households by most common barriers to access GBV services faced by women and girls
- Percentage of households with women and girls reporting a lack of freedom to attend and go about their duties/ businesses
- Percentage of households in which women and girls/men and boys avoid areas because they feel unsafe there
- Percentage of households reporting concerns for women/girls from any harm, physical threats or discrimination in the area where they live

The GBV AoR has adopted a well-reviewed JIAF methodology for the sectoral PiN and severity analysis. Together with MSNA data, we had to refer to our data sources such as the 5Ws, GBVIMS and the reports from assessments conducted.

The following indicators were considered for coming up with the severity scales and thereafter the GBV AoR PiN for the year 2023:

SEC TOR	SUB- SECTOR	PILLAR	INDICATOR NAME/LABEL	SURVEY QUESTION.	SOURCE	1	2	3	4	5
PRO	GBV	Humanitarian Conditions	Percentage of households with access to medical, legal, and social services for women and girls	Are the following services available for girls and women in your community?	MSNA	4 services available	3 services available	2 services available	Only 1 service is available	0 Service available
PRO	GBV	Humanitarian Conditions	Percentage of households by most common barriers to access GBV services faced by women and girls	what are the main barriers to access these services?	MSNA	No barriers identified	one or two barriers identified	Three barriers identified	Four or more barriers exist	
PRO	GBV	Humanitarian Conditions	Percentage of households with women and girls reporting a lack of freedom to attend and go about their duties/businesses	Can women and girls move freely inside your community to attend distributions, gather firewood, go to women/girl-friendly spaces, go to markets, etc.?	MSNA	Yes			No	
PRO	GBV	Humanitarian Conditions	Percentage of households in which women and girls/men and boys avoid areas because they feel un-safe there	Are there any areas in your location that women and girls avoid because they feel unsafe? If yes, what areas (or places) do women and girls in your community avoid or feel unsafe about?	MSNA	Women and girls do not avoid areas	Women and girls avoid one area because they feel unsafe	Women and girls avoid two areas because they feel unsafe	Women and girls avoid one area because they feel unsafe	Women and girls avoid four or more areas because they feel unsafe

The severity analysis was administered at the district level, and the severity percentages scores for each group were multiplied against the different population groups and thereafter gave us a total population in need per severity category for each district. We factored

in the calculation of the initial figures using the JIAF recommendations of summations of the PiNs that fall under severity 3, 4 and 5 to come up with the total PiN per each population group across the districts. For the districts with missing data from the MSNA records, we had to cross-check and consider the severities of the adjacent districts recommended by the AoR expert opinions.

Not all sex and age groups are affected by/at risk of GBV at the same rate. For this reason, SADD data by population is instrumental for GBV to come up with a credible estimation of a sectoral PiN. For population groups and SADD percentages for GBV, the PiNs vary by context and are usually decided in consultation with all AoR key members including local actors. For the GBV PiN, we used the following group's proportions from the affected population:

- 100 per cent women
- 100 per cent girls
- 15 per cent of boys (or all adolescent boys)
- 20 per cent of men

## Housing Land and Properties

### Methodology

The HLP AoR adopted contextualised JIAF methodology for the sectoral PiN and severity estimates. This will include the MSNA and other HLP-specific data collected household-level covering reachable geographical areas. The HLP AoR will use other data sources such as CCCM and Shelter Cluster indicators. Area-level data available for indicators are spread across multiple primary (MSNA, Eviction Portal, and SPMS) and secondary (CCCM) datasets.

### Indicators

HLP indicators and severity thresholds will be the same as those used for the 2022 HNO analysis.

- Percentage of households by occupancy status
- Percentage of households with documentation proving occupancy status
- Percentage of households reporting disputes over occupancy arrangements
- Percentage of households with housing, land and property issues
- Percentage of households reportedly feeling at risk of eviction

### Severity analysis

A district-level severity analysis was conducted for the HLP AoR using the indicators above. This will be calculated using the median of the top three severity scores and used to calculate the PiN across 74 districts. This is used as a cross-reference to identify districts with a high severity of need.

Main population groups:

- Internally displaced persons – New Arrivals
- Internally displaced persons – Protracted
- Non-IDPs / Host Community
- Refugees, Asylum Seekers
- Refugee returnees

These populations will be disaggregated into girls, boys, women, men, the elderly, minorities and people with disabilities. Disaggregation will be based on the relative percentages of each population category, according to estimates of the Somali population.

### Population in Need (PiN) calculation

For the 2023 HNO, the HLP AoR will use the same methodology as in the previous years, and the severity analysis data will be aggregated at the district level. This will then be cross-referenced with district-level severity calculations and PiN adjustments will be made accordingly.

As the severity population is scored at the district level, a severity threshold was adopted per each indicator. To calculate the PiN, the district severities for each

population group were scored based on the selected indicator results for each district using the different available data sources (as for severity analysis), and each district will be assigned a severity category. The number of individuals living in these districts will be multiplied by the severity threshold percentage set for each severity score and per population group giving a total population in need per severity category for each district. The PiN is then calculated as all those who fall into categories 3, 4 and 5.

## Shelter

The following indicators were used for the Shelter Cluster PiN and severity estimations:

- Percentage of households without any shelter or living in an inadequate shelter (assigned a weighting of 4) - Based on MSNA data, the shelter adequacy severity for each sampled household was calculated based on the shelter types (without shelter, makeshifts and buuls in IDP sites indicating higher severity than more durable shelter types), living space sufficiency comparing with the standard 3.5 square metres per person, the level of damage to the shelter and the sense of security and privacy the shelter provides.
- Percentage of households with sufficient core NFI (assigned a weighting of 1) – Based on MSNA data, the NFI score was calculated for each sampled household based on the availability of the core NFI items in the house.
- Number of evictions per year per district (assigned a weighting of 0.5) – Based on the eviction portal data. Households in districts with more than 125,000 people evicted scored 5, while those with less than 1,000 scored 1.
- HLP Score (assigned a weighting of 0.5)– Based on Protection Cluster calculation of this complex indicator using MSNA data.
- Average number of IDP arrivals per year per district. Based on PRMN data. Households in districts receiving more than 125,000 people displaced scored 5, while those receiving less than 1,000 scored 1.
- Number of years with > 14,000 arrivals per year per district. Based on PRMN data. Households in

districts with more than 4 scored 5, while those with less than 2 scored 1.

### For IDPs:

1. Preliminary severity & PiN (household-level based):
  - Step 1.a.: Calculate the proportion of households that falls under each severity, for each district, using average scores of indicators 1, 2, 3, and 4 and weighting them accordingly
  - Step 1.b.: Determine the preliminary severity phase for each district using the "25% rule"
  - Step 1.c.: Determine the preliminary PiN, summing the proportion of households under severity 3, 4 and 5
2. Final IDP PiN and severity (factoring in IDP arrivals):
  - Step 2.a Final severity: Calculate the displacement severity based on indicator 5. If the displacement severity is higher than the preliminary severity, increase the preliminary severity by 1.
  - Step 2.b Final PiN: For districts in severity 5, add 80% of the average arrivals to the preliminary PiN, 60% for districts in severity 4, 40% for districts in severity 3, 20% for districts in severity 2, none for districts in severity 1

### For non-displaced:

- Step 1.a.: Calculate the proportion of households that falls under each severity, for each district, using average scores of indicators 1, 2, 3, and 4 and weighting them accordingly
- Step 1.b.: Determine the severity for each district using the "25% rule"
- Step 1.c.: Determine the PiN, summing the proportion of households under severity 3, 4 and 5

Final total PiN and severity:

- Final PiN: Sum final IDP PiN and final non-IDP PiN
- Final Severity: Calculate the rounded rounded-up average of severity for IDPs and severity for the host.



## Logistics

Data consolidation is usually based on a mixed methods approach both qualitative and quantitative data are utilised depending on the nature of the topic being examined. For example, for the 2022 customs clearance analysis, partners submitted quantitative data of all relevant imports such as how many tons, classification of cargo and time it took in days to attain customs clearance as well as participate in key informant interviews and open focus group discussions to determine the narrative behind the figures. These mixed methods approach produced a comprehensive analysis.

## WASH

The WASH Cluster considered the following key indicators from the 2022 Multi-sector Needs Assessment in the PiN calculation:

- Percentage of households by type of primary source of drinking water.
- Percentage of households using a sanitation facility - by type of sanitation facility used
- Percentage of households reporting having enough water for drinking, cooking, bathing and washing.
- Percentage of households using negative coping strategies to access water
- Percentage of households using negative coping strategies to access sanitation facilities
- Nutrition status (Weighted GAM per district)

These indicators were collected through the REACH Initiative's Multi-sector Needs Assessment in 2022 and were cross-referenced using the WASH Cluster's WASH assessment separately conducted by REACH. Nutrition status (Weighted GAM per district) data obtained from FSNAU was also used for the PiN calculation. Any significant changes from 2023 PiN were cross-referenced with partners and sub-national coordinators on the ground to verify if the established needs were correct and adjusted accordingly.

The severity thresholds for the indicators were designed using the JIAF thresholds if they existed, or with the thresholds used in 2022 to maintain comparability.

Some indicators were tweaked slightly to match the Somalia context such as the water quantity indicator to be in line with the WASH Cluster minimum standards. Given that the model only used four indicators as well as the nature of WASH that issues with water quality, water quantity, sanitation access, or hygiene practices, would all individually be a major concern, the cluster took the maximum of all four indicators for each household to determine whether they were in need of support or not. Analysis was conducted by the WASH Cluster Information Management Officer with the support of the REACH Initiative and the Global WASH Cluster using Microsoft Excel.

Limitations of this methodology include the rigidity of the indicators and the inability to ask clarifying or follow-up questions. For example, we found that a large percentage of people reported bottled water as their primary source of drinking water, however, there is no way to know if this is a personal preference or an indication that the available water sources are unsafe for drinking. Additionally, some of the questions about the presence of soap in a household do not necessarily indicate that the household personally purchased that soap. If the household is completely dependent on humanitarian actors for the distribution of soap, this indicates severe risks and needs for that household.

The analysis was shared with the WASH Cluster Strategic Advisory Group as well as the Sub-National Cluster Coordinators for validation and interpretation of the data. Due to the limitations of the cluster team traveling to field locations, it is not feasible at this time to present it directly to the affected population.

## 4.3 Information Gaps and Limitations

### Intersectoral information gaps and limitations

Primary data collection was mainly restricted to accessible areas. The Multi-sectoral Needs Assessment (MSNA) and other data sources such as PRMN, the SPMS, protection monitoring and eviction portal mainly provided primary data for accessible areas. The analysis of inaccessible areas was informed by secondary data review, trend analysis and the use of proxy indicators.

On the other hand, primary data collection was at times challenged by data reliability and enumerator error.

There is a lack of granular data on needs and service gaps in IDP sites that are not managed by CCCM. The CCCM Cluster only manages about 45 per cent of the sites in Somalia due to a lack of funding.

There is a lack of data on clan affiliation available to the humanitarian community. While the 2022 MSNA data collection tools included questions related to clan affiliation, further analysis of the data is required to better understand the feasibility of including similar questions in future assessments.

There is also a lack of quality data related to disability prevalence which has hindered the analysis of the specific needs of people with disabilities. In 2023, the Disability Inclusion Working Group and the ICCG will lead on efforts to conduct more in-depth disability focused assessments to inform enhanced analysis and response planning.

### Methodological limitations of the MSNA

The sampling frame and coverage were designed based on accessibility and the location of population groups from previous assessments which leans more towards 1) urban and peri-urban areas; and 2) areas where there are less active conflicts/armed actors.

As the MSNA is conducted via household surveys which largely ask about the household, respondents may have under-reported on sensitive topics including safety concerns, protection incidents, child marriage and child labour despite extensive training to both Field Officers and enumerators on how to ask these questions.

- Data collection occurred during the Haggaa dry season and may not reflect conditions during other seasons in Somalia. This could be particularly relevant to responses regarding shocks, food security, displacement, expenditures, debt and livelihoods.
- Men may have been absent from home at the time of data collection which was conducted throughout the day. This explains that a majority of respondents were female. The impact of this on the overall analysis may however be limited: although it is recommended for household-level surveys to be conducted with the head of the household, it is recommended to conduct the interview with the adult with the most knowledge about the household present at the time of data collection. This was consistently applied throughout data collection.
- While respondent and head of household are not necessarily equivalent, women are believed to play an active role in household management in the Somali context, as per secondary sources.
- As the assessment is designed as a household-level survey, limited individual-level data was collected which impairs the capacity to conduct gender/age disaggregated analysis.

### Sectoral information gaps and limitations

The Education Cluster was challenged by the limitations of the MSNA methodology that it only considers indicators at the household-level and not school-level indicators such as school enrolment, pupil- to-teacher ratio and the number of schools damaged and/

or closed due to the drought which is important for numbers of children enrolled, determining needs of teachers and the status of a learning environment.

In addition, multi-sectoral needs assessments are not designed to analyse the specific education needs of the different age groups such as children 5-11 and 12-17 years of age. Lastly, there is a discrepancy between self-reported household-level information and official technical data maintained by the Ministry of Education such as the enrollment indicator.

The Food Security Cluster emphasised the need to augment the IPC with a regular and robust agile monitoring system for food insecurity and malnutrition, especially in areas at risk of famine, as the first only provides a snapshot in time. It is therefore critical to invest in and strengthen other existing regular monitoring systems such as FSNAU Somalia Early Warning Early Action Dashboard, FSNAU, WFP-VAM market price dashboards and the FSC partner's common Post Distribution Monitoring.

The Health Cluster highlighted gaps in gathering primary data due to access constraints. There are large parts of the country that are inaccessible, more so the rural areas of south-central including seven districts that are fully inaccessible. To obtain the required information and data to include in the needs overview, proxy population data has been used to arrive at the people in need. In the needs data analysis, a mix of data sources was used enabling triangulation and ensuring the best estimates for the calculation of actual people in need. Data quality also remains a major challenge, especially variations in the population figures in use

by location. This directly impacts the calculations of coverage of health-care services. Furthermore, the cluster continues to receive incomplete or incorrect as well as exaggerated service delivery data from partners. Completeness of health status data especially in disease outbreak situations is often unsatisfactory with under or over-reporting on prevalence and deaths caused by the outbreak.

The Nutrition Cluster reported the following key information gaps and limitations:

- Lack of sub-district level prevalence of Global Acute Malnutrition (GAM) rates and women's acute malnutrition rates. The FSNAU assessment sampling frame is primarily the livelihood zones.
- Lack of adequate data on the maternal, infant and young child nutrition indicators, e.g. exclusive breastfeeding rates. Low reliability of the MSNA data due to sampling procedures and other methodology concerns.
- Lack of adequate data (GAM rates and admission trends) to compare the trends among the minorities, rural, urban and IDPs populations.
- The lack of an accurate population proportion for pregnant and lactating women makes the determination of the estimates challenging.

The Protection Cluster reported that since the MSNA methodology is an HH-level data collection, it is not best suited to collect protection-related and/or sensitive data. There were insufficient results for some of the protection indicators originally planned as part of the PiN calculations, including the percentage of households reporting concerns from any harm, physical threats or discrimination in the area where they live. In addition, protection-related data currently available for Somalia and Somaliland is predominantly limited to areas that are accessible by humanitarian actors. Areas in Galmudug, Hirshabelle, Jubaland and Southwest States under Al-Shabaab control as well as areas in Puntland under Islamic State control are currently inaccessible to the humanitarian community. As a result, the Protection Cluster analysis has been built based on available data collected in accessible areas, while proxy calculations were utilised for Al-Shabaab controlled and/or inaccessible areas based on the severity of adjacent districts as well as expert judgment.

As a result, the CP AoR analysis has been built based on available data collected in accessible areas and proxy calculations from the Education Cluster such as out-of-school children, nutrition, under 5 GAM, PRMN, and SPMS data. For the Al-Shabaab controlled and/or inaccessible areas, secondary data review of past trends and MRM data of adjacent districts as well as expert judgment informed the severity of needs.



#### SOMALIA

Mothers receiving nutrition treatment at Doolow Referral Health Centre in Gedo Region.  
Photo: UNOCHA/Yao Chen.

The Explosive Hazards AoR noted the following additional information gaps and limitations:

- Lack of disaggregated data on improvised explosive devices (IED) on civilian casualties.
- Difficulties to receive information from areas affected by military operations and their verifications.
- Use of conflicting terminologies on EO accidents which led to mixing IED accidents with landmine accidents.

The Housing, Land and Properties AoR reported that its analysis was limited by the availability of primary data only in inaccessible areas. In addition, the MSNA did not adequately capture HLP data. As such, the HLP data and analysis are complemented by secondary sources.

The Shelter Cluster reported the following key information gaps and limitations:

- Available space per person is based on an estimated calculation based on shelter types.
- Shelter type is determined by enumerators that are not shelter specialists
- MSNA household data was not collected in all the districts. Therefore, for such districts, the PIN and severity were estimated based on the average of the rest of the districts.
- NFI score was calculated based on the Shelter Cluster standards for IDP households. These standards may not apply to non-displaced populations.
- PRMN data only provide information in locations where PRMN partners operate.
- Shelter Cluster does not collect data on whether a location is rural or urban. This piece of information was also missing in the MSNA data.



- standards may not apply to non-displaced populations.
- PRMN data only provide information in locations where PRMN partners operate.
- Shelter Cluster does not collect data on whether a location is rural or urban. This piece of information was also missing in the MSNA data.

The WASH Cluster reported that the MSNA results for WASH were at times misleading in terms of water

accessibility, especially for people living in the riverine/rural location where only 5 per cent use service water. Findings on top priorities were also misaligned with other pieces of evidence such as expenditure trends.

The Logistics Cluster was also impacted by a lack of primary data collection due to access constraints such as logistics infrastructure assessment (e.g., road) and increased reliance on secondary data that may be inconsistent or hard to triangulate.



## 4.4 Acronyms

<b>AAP</b>	Accountability to Affected Population	<b>GHO</b>	Global Humanitarian Overview
<b>ACLED</b>	The Armed Conflict Location & Event Data Project	<b>HCT</b>	Humanitarian Country Team
<b>AMISOM</b>	African Union Mission in Somalia	<b>HDX</b>	Humanitarian Data Exchange
<b>ATMIS</b>	African Union Transition Mission in Somalia	<b>HeRAMs</b>	Health Resources and Services Availability Monitoring System
<b>AWD</b>	Acute Watery Diarrhea	<b>HH</b>	Households
<b>BRICS</b>	Building Resilient Communities in Somalia	<b>HLP</b>	Housing Land and Property Rights
<b>CBI</b>	Combined Drought Index	<b>HNO</b>	Humanitarian Needs Overview
<b>CCCM</b>	Camp Coordination Camp Management	<b>ICCG</b>	Inter-Cluster Coordination Group
<b>CDI</b>	Combined Drought Index	<b>IDP</b>	Internally Displaced Person
<b>CMR</b>	Clinical Management of Rape	<b>IDSR</b>	Integrated Disease Surveillance and Response framework
<b>CPAoR</b>	Child Protection Area of Responsibility	<b>IED</b>	Improvised Explosive Devices
<b>CPIMS</b>	Child Protection Information Management System	<b>IMS</b>	Information Management System
<b>CTFMR</b>	UN Country Task Force on Monitoring and Reporting	<b>IMSMA</b>	Information Management System for Mine Action
<b>DDG</b>	Danish Demining Group	<b>IPC</b>	Integrated Food Phase Classification
<b>DHIS2</b>	District Health Information System 2	<b>IPV</b>	Intimate Partner Violence
<b>EA-EA</b>	Early Warning-Early Action	<b>IYCF</b>	Infant and Young Child Feeding
<b>EMIS</b>	Education in Emergencies	<b>JENA</b>	Joint Education Needs Assessment
<b>EO</b>	Explosive Ordnance	<b>JIAF</b>	Joint Intersectoral Analysis Framework
<b>ERW</b>	Explosive Remnants of War	<b>KAP</b>	knowledge, Attitudes and Practices
<b>FGS</b>	Federal Government of Somalia	<b>MCNA</b>	Multi-Cluster Needs Assessment
<b>FSC</b>	Food Security Cluster	<b>MEB</b>	Minimum Expenditure Basket
<b>FSNAU</b>	Food Security and Nutrition Analysis Unit	<b>MHPSS</b>	Mental Health and Psychosocial Services
<b>FTS</b>	Financial Tracking Service	<b>MIYCN</b>	Maternal, Infant, and Young Child Nutrition
<b>GAM</b>	Global Acute Malnutrition	<b>MRM</b>	Monitoring and Reporting Mechanism on grave violations
<b>GBVIMS</b>	Gender-Based Violence Information Management System	<b>MSNA</b>	Multi-Sectoral Needs Assessment

<b>MUAC</b>	Mid-Upper Arm Circumference	<b>VAM</b>	Vulnerability Analysis and Mapping
<b>NAT</b>	CCCM New Arrival Tracker	<b>WASH</b>	Water, Sanitation and Hygiene
<b>NFI</b>	Non- Food Item	<b>WFP</b>	World Food Programme
<b>NSAGs</b>	Non-state armed groups	<b>WHO</b>	World Health Organisation
<b>NVDI</b>	Normalized Difference Vegetation Index	<b>WHZ</b>	Weight for Height Z-score
<b>OHCHR</b>	Office of the Commissioner for Human Rights	<b>WMO</b>	World Meteorological Organisation
<b>OPD</b>	Out-Patient Department		
<b>PDM</b>	Post Distribution Monitoring		
<b>Penta 3/DPT3</b>	Pentavalent Vaccine/Diphtheria+Pertussis+Tetanus		
<b>PESS</b>	Population Estimation Survey of Somalia		
<b>PiN</b>	People in Need of Humanitarian Assistance		
<b>PLW</b>	Pregnant and Lactating Women		
<b>PRMN</b>	Protection and Return Monitoring Network		
<b>SADD</b>	Sex and Age Disaggregated Data		
<b>SAM</b>	Severe Acute Malnutrition		
<b>SDRF</b>	Somalia Development and Reconstruction Facility		
<b>SEA</b>	Sexual Exploitation and Abuse		
<b>SGBV</b>	Sexual and Gender-Based Violence		
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions		
<b>SNDP9</b>	Somalia National Development Plan		
<b>SPMS</b>	Somalia Protection Monitoring System		
<b>STP</b>	Somali Transition Plan		
<b>SWALIM</b>	Somalia Water and Land Information Management		
<b>UASC</b>	Unaccompanied and Separated Children		
<b>UNHCR</b>	The United Nations Refugee Agency		
<b>UNICEF</b>	United Nations Children's Fund		
<b>UNMAS</b>	United Nations Mine Action Service		
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs		
<b>UNSOM</b>	UN Assistance Mission in Somalia		
<b>UXO</b>	Unexploded Ordnance		

## 4.5 End Notes

- 1 World Bank analysis November 2022
- 2 Population Estimates Somalia (include link to HDX)
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**HUMANITARIAN  
NEEDS OVERVIEW**  
SOMALIA

ISSUED FEBRUARY 2023