HUMANITARIAN NEEDS OVERVIEW

SOMALIA

HUMANITARIAN PROGRAMME CYCLE
2021
ISSUED JANUARY 2021

About

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Summary of Humanitarian Needs and Key Findings

People in Need (2020)

PEOPLE IN NEED	TREND (2015-2020)	WOMEN	CHILDREN	WITH DISABILITY
5.2M		16%	63%	15%

People in Need (2021)

PEOPLE IN NEED	TREND (2016-2021)	WOMEN	CHILDREN	WITH DISABILITY
5.9M		15%	66%	15%

BURAO, SOMALIA
Photo: OCHA

Severity of needs (2020)

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
8%	45%	33%	14%	0%

Severity of needs (2021)

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
0%	52%	46%	2%	0%

By Sex

SEX	PEOPLE IN NEED
Men	0.9M
Women	1.1M
Boys	2M
Girls	1.9M

By Age

AGE	FEMALE PIN	FEMALE PIN
0-4	805,041	612,286
5-11	796,279	605,637
12-17	601,506	457,484
18-40	726,188	552,328
41-59	302,269	229,895
60+	138,498	105,336

By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Non Internally Displaced People	4.3M
Internally displaced people	1.6M
Refugees and Asylum seekers	28k
Refugee Returnees	46k

With Disability

AGE	PEOPLE IN NEED	% PIN
Persons with disabilities	0.9M	15%

Context, Shocks, and Impact of the Crisis

Somalia's prolonged humanitarian crisis is characterized by ongoing conflicts, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms. Since the beginning of 2020, three additional shocks have contributed to a deterioration of humanitarian conditions: Extensive floods, Desert Locust infestations, and the COVID-19 pandemic. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty and decades of armed conflict and insecurity.

Climate change continues to be a major contributing factor to displacement and food insecurity in Somalia. Increasingly erratic weather patterns and climatic shocks have led to prolonged and severe drought conditions and floods, with devastating humanitarian consequences. Flooding displaced 919,000 people in 2020 and destroyed essential infrastructure, property and 144,000 hectares of agricultural land. In tandem, Somalia also experienced the worst Desert Locust invasion in 25 years; tens of thousands of hectares of cropland and pasture were damaged, with potentially severe consequences for agriculture and pastoral-based livelihoods.

Communities living in conflict areas were severely impacted by armed violence. The ongoing conflict continues to reduce the resilience of communities, trigger displacement and impede civilians' access to basic services and humanitarians' access to those in need. Exclusion and discrimination of socially marginalized groups are contributing to high levels of acute humanitarian need and lack of protection among some of the most vulnerable. Civilians bore the brunt of the conflict through death and injury, property destruction, taxation of communities (including through forced child recruitment), land grabbing, destruction of livelihoods, limited freedom of movement, and limited access to services and humanitarian assistance.

COVID-19 directly impacted the lives of Somalis, worsening patterns of vulnerability. This came on top of ongoing disease outbreaks such as cholera, measles and, recently, vaccine-derived poliovirus. Healthcare providers have faced increased burdens and costs, forced to alter the way care is provided. Restrictions also disrupted the face-to-face delivery of humanitarian assistance, impacting assessments, targeting and the quality of the response. However, partners successfully scaled up mobile money transfers and transitioned to assessments via mobile phones.

In 2021, the situation is not expected to improve. Based on the risk analysis, it is highly likely that climate shocks will continue to affect the most vulnerable people in Somalia in 2021. Drought conditions are expected in early 2021 as La Niña led to decreased rainfall in the 2020 Deyr rainy season (October-December), affecting crop production. Given the fragility of food security in the country, this will likely have a devastating impact well beyond the beginning of the year. Further, despite ongoing control measures, there is a high likelihood that conditions will remain favourable for locusts to continue breeding and developing, increasing food insecurity and the effects on livelihoods. Recent climate events show that even during drought conditions, heavy and localized rains are likely to cause damage and displacement. Despite a forecast of below-average rainfall[1], flooding is expected to occur again during the 2021 Gu rainy season (April-June). However, it may not be as severe as in 2020.

The COVID-19 pandemic, along with other communicable diseases and an ongoing outbreak of cholera, will continue to affect the most vulnerable Somalis and strain the already weak health system. According to a World Health Organization (WHO) global estimate, 20 per cent of Somalia's population will suffer from the direct and indirect impacts of the pandemic in 2021. Finally, armed conflict and insecurity are expected to continue to drive needs and cause displacement while simultaneously impeding effective humanitarian operations and access to vulnerable or marginalized communities.

Scope of Analysis

In 2021, Somalia is expected to continue facing significant humanitarian challenges. An estimated 5.9 million people are expected to be in need of humanitarian assistance. According to the Food Security and Nutrition

Analysis Unit (FSNAU), over 2.7 million people across Somalia are expected to face crisis or emergency levels of food insecurity by mid-2021[2]. However, humanitarian partners estimate that this number will likely continue to grow in the latter half of the year.

The number of people in need has consistently increased over the last three years, from 4.2 million in 2019 to 5.2 million in 2020 and 5.9 million in 2021. This is further reflected in the number of displaced people in 2020; Somalia recorded the highest number over the past three years at 1.2 million displaced people, compared to 884,000 in 2018 and 770,000 in 2019. In total, more than 2.6 million people are internally displaced – all of whom continue to face serious risks of marginalization, forced eviction and exclusion. While IDPs are disproportionately affected by the crisis, the majority of those in need in Somalia are not displaced, including 4.8 million vulnerable non-IDPs. This is largely due to the impact of decades of recurrent climate shocks, armed conflict, and political and socio-economic factors that continue to drive needs in the country, with nearly seven out of 10 Somalis living in poverty[3].

Due to the security situation in Yemen and Ethiopia, it is expected that Somalia will continue to receive refugees and asylum seekers. Over 28,000 refugees and asylum seekers are projected to require assistance and support in 2021.

Other factors, such as gender, age and disability, add to the level of vulnerability, risks and barriers faced. As such, they need to be considered in the humanitarian response.

Humanitarian Conditions, Severity, and People in Need

Households across all of Somalia remain in deep need, with many struggling to achieve the essential services and resources necessary to meet the basic requirements of life. Many displaced and non-displaced Somali households face complex, co-occurring, overlapping humanitarian needs that are mutually compounding and need to be addressed in tandem. The Joint Multi-Cluster Needs Assessment (JMCNA) 2020 found that roughly over half of all households reported at least two overlapping severe, critical or catastrophic sectoral needs, underscoring the need for inter-sectoral, integrated responses.

Huge food and nutrition gaps remain, particularly among poor agropastoral, marginalized and urban communities, where many vulnerable persons can be classified as, or are in danger of being pushed into, the most severe phases of food and nutrition insecurity. For HNO planning, the Food Security Cluster is using an average projection of 3.5 million Somalis facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) food security conditions through 2021. It is of particular concern that children constitute over 60 per cent of those in need in Somalia, and malnutrition rates among children remain among the worst in the world. Close to 1 million children in Somalia are estimated to be acutely malnourished, including 162,000 under 5 suffering from life-threatening severe malnutrition.

Significant gaps exist in Somalia's health sector, exacerbated by COVID-19, which poses serious concern considering the high level of vulnerability across the country. Access to healthcare remains very limited, particularly in rural areas, resulting in some of the worst health outcomes in the world. Last year, Somalia experienced outbreaks of measles, Acute Watery Diarrhoea (AWD) and cholera, and vaccine-derived polio. In addition, Female Genital Mutilation (FGM) is widespread across the country. A rise was reported during COVID-19, with 31 per cent of community members surveyed stating there had been an increase in FGM incidents[4].

IDPs remain the most vulnerable population group in Somalia. The protracted nature of displacement caused by floods, conflict and drought continues to affect the physical and mental wellbeing of 1.6 million IDPs who require humanitarian assistance. Many IDP households have faced a steady depletion of assets and increase in negative coping mechanisms, culminating in severe conditions with regards to their food insecurity, malnutrition, disease outbreaks, water and hygiene conditions, and critical protection concerns. Of particular concern are displaced households in IDP sites who are facing extreme needs at greater rates than other population groups. The Nutrition Cluster estimates that the highest rates of acute malnutrition continue to be found in IDP sites, while 95% of all IDPs

in need of humanitarian assistance are hosted in urban areasin informal sites.

Poor urban households are of particular concern in both IDP and non-IDP population groups. The urban poor have limited livelihood opportunities and mostly rely on income from casual labour, which they need to compete for with other IDPs, non-displaced urban poor and an increasing number of rural migrants. There is a severe lack of access to the labour market in urban settings, particularly for the most vulnerable and uneducated. As the urban poor spend a major portion of their income on food, they are also adversely affected by increases in food prices. Both food prices and work opportunities were impacted by COVID-19 in 2020, further aggravating conditions.

Across all population groups, the most vulnerable include households with a significant proportion of persons with disabilities or medical conditions, children, older persons, and pregnant and lactating women. As families lose their socio-economic safety net and the capacity to cope with shocks, these vulnerabilities are further increased if those members are the sole household head.

Against a backdrop of increasing needs, Somalia remains one of the most insecure countries in the world to operate in, particularly for aid workers, impacting on humanitarian's ability to reach those in need. Humanitarian partners face multiple obstacles to the delivery of assistance across Somalia, including active hostilities and access challenges. Between 1 January and 31 December 2020, 255 incidents impacting humanitarian operations were recorded in which 15 humanitarian workers were killed, 12 injured, 24 abducted and 14 detained or temporarily arrested. By comparison, 151 incidents were recorded for the whole of 2019.

Despite challenges, humanitarian partners continue to reach people in need across Somalia. During 2020, 2.3 million people (87 per cent) out of a targeted 3 million were reached with assistance. Over 1.5 million people were provided with health and Water, Sanitation & Hygiene (WASH) services, 445,000 persons benefited from education services and 288,000 persons were provided with nutrition support, including 166,000 boys and girls (6-59 months) suffering from Severe Acute Malnutrition (SAM).

In 2021, while humanitarians will continue to do all that is possible to alleviate suffering and save lives, an estimated $1.09 billion will be needed to respond to the needs of people in Somalia. The international humanitarian community will continue to work closely with local authorities, national NGOs and civil society organizations to ensure local resources cover the priority needs of all people identified to be in need of humanitarian assistance.

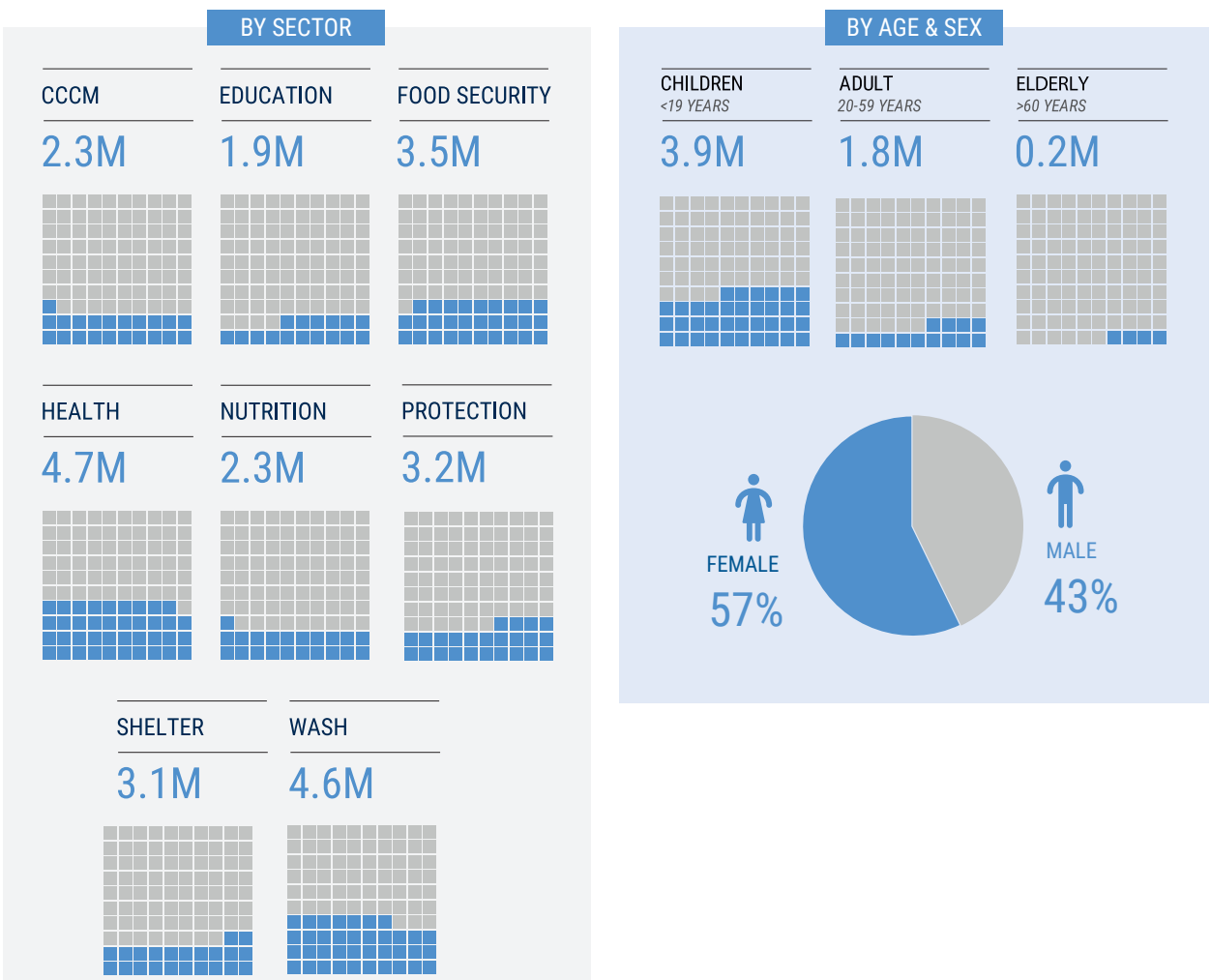
Estimated number of people in need

TOTAL POPULATION

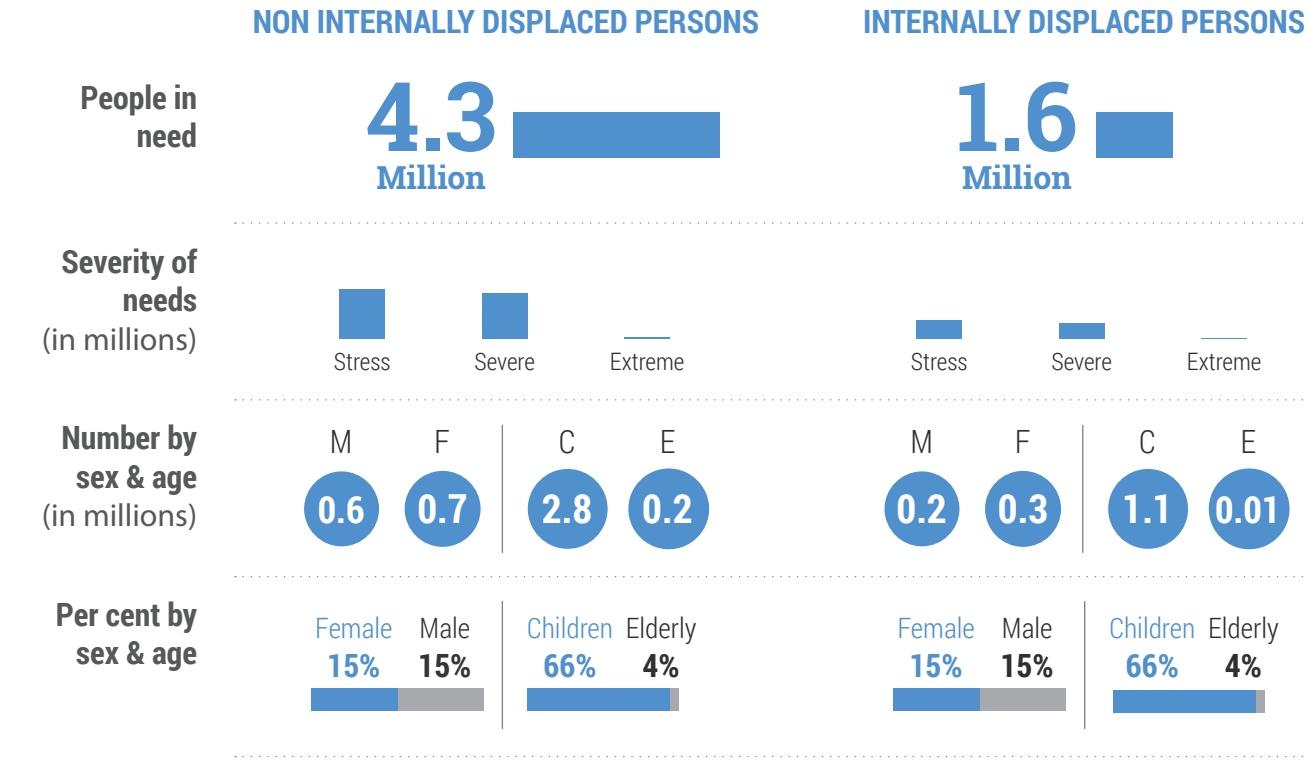
12.3M

PEOPLE IN NEED

5.9M



Severity of humanitarian conditions and number of people in need

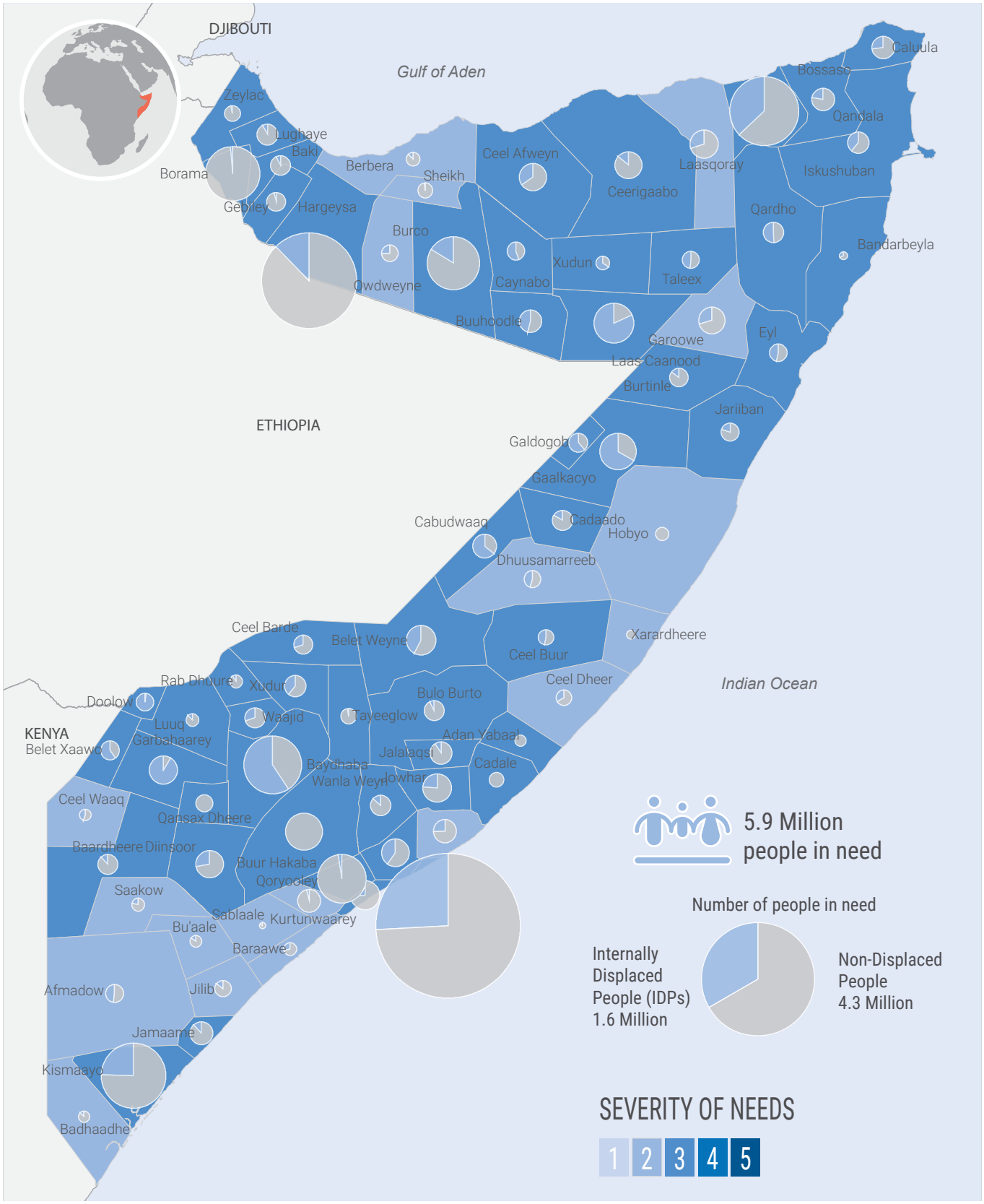


SOMALIA
Photo: OCHA

	REFUGEES AND ASYLUM SEEKERS	TOTAL (in millions)
People in need	28 Thousand	5.9 Million
Severity of needs (in millions)	Stress, Severe, Extreme	Stress, Severe, Extreme
Number by sex & age (in thousands)	M 4, F 4, C 18, E 2	M 0.9, F 0.9, C 3.9, E 0.2
Per cent by sex & age	Female 15%, Male 15%, Children 66%, Elderly 4%	Female 15%, Male 15%, Children 66%, Elderly 4%
Associated factors	COVID-19, Desert Locust, Floods, Disease outbreaks, Drought, Conflict	

KISMAYO, SOMALIA
Photo: UNICEF

Severity of needs and number of people in need



Timeline of Events
January - December 2020

FEBRUARY 2020

Desert Locust

The worst Desert Locust upsurge in 25 years. The infestation affects close to 300,000 hectares of land, mainly in the northern regions, impacting food security and livelihoods for nearly 200,000 people.

MARCH 2020

First cases of COVID-19

The two-pronged plan focuses on scaling up specific COVID-19 related interventions, mainly by reinforcing healthcare services, while maintaining critical programmes and activities within the 2020 Somalia Humanitarian Response Plan (HRP).

MAY 2020

Gu' Flooding

Somalia grapples with the consequences of the triple threat of a COVID-19 pandemic, flash and riverine flooding and the Desert Locust infestation.

AUGUST 2020

Hagaa flooding

Seasonal Hagaa flooding since July results in the displacement of nearly 342,000 people, inundates 294 villages and destroys property and about 15,000 to 20,000 hectares of assorted crops, mainly in in rural areas along the Juba and Shabelle River valleys.

SEPTEMBER 2020

Flood response

To support priority needs, the Somalia Humanitarian Fund (SHF) Advisory Board endorses a US$9 million Reserve Allocation to the worst flood-affected areas.

OCTOBER 2020

Deyr flooding

More than 73,000 people are affected by Deyr flash floods and rainfall across the country, including 4,000 internally displaced people.

NOVEMBER 2020

Cyclone Gati

Cyclone Gati makes landfall in Bari Region of Puntland. An estimated 70,000 people are affected .

DECEMBER 2020

Drought

Pre-drought conditions, including widely depleted berkeds and shallow wells, loss of livestock, as well as extensive critical loss of pasture.

Part 1:

Impact of the Crisis and Humanitarian Conditions

SOMALIA
Photo: FAO

1.1 Context of the Crisis

Political Overview

Despite the considerable progress made over the last decade in state and institution building, both at the national and Federal Member States levels, Somalia remains in a precarious situation. Political, socio-economic and environmental factors are major drivers of the crisis and continue to have a profound impact on humanitarian needs. Limited economic activities, high unemployment rates – particularly among youth, the presence of Al-Shabaab and regular inter-clan violence, among other factors, threaten the long path to stability and the aspirations of the Somali people. Existing social inequalities that are reflected in the political influence and power relations among different social groups (i.e. clans, sub-clans) result in further marginalization of the most vulnerable groups, including women and girls, the young and elderly, and persons with disabilities.

While the Federal Government of Somalia has undertaken efforts to finalize the broad outlines of the Federal system, grievances remain high among some States who perceive the Federal Government to have failed to deliver on its commitments. This has resulted in chronic political tension between the Federal and State levels, further increasing the risk of additional polarization and possibility of armed conflict, though these tensions subsided somewhat after a series of discussions bringing together Federal and State leaders between July and October 2020. However, tensions could rise again if existing and emerging disagreements over the implementation of elections planned for 2021 are not addressed and regular, inclusive dialogue involving all key stakeholders is not resumed. It should be noted that technical cooperation and interaction between ministerial departments at Federal and State level shows some positive trends[5].

Planned one-person one-vote elections, which come with high expectations to further advance Somalia along the path of democratization and shift away from the clan-based election system, were put on hold in July 2020. The Federal Government of Somalia announced the postponement citing security, logistical and technical issues. An agreement between the Federal and State levels on the way forward was proposed in September 2020, however negotiations reached an impasse in relation to the electoral model. As per the agreement, indirect voting would be undertaken rather than the one-person one-vote model, whereby candidates for each parliamentary seat are elected by a selected group of clan representatives. This is essentially the same model used for the 2016 elections with some adjustments. The situation remains precarious and a new election date has not been set as of the time of writing.

Meanwhile, engagement between Somalia's Federal Government and Somaliland remains fraught. Unresolved ambiguities concerning Somaliland continue to undermine prospects for the finalization and acceptance of a new Constitution and preclude an inclusive process[6]. The first direct talks between Somalia and Somaliland since 2014 were held in Djibouti in June 2020. However, the much-hyped discussions circumvented the issue of Somaliland's political status, focusing instead on technical relations.

Economy

Somalia remains one of the poorest countries in the world with around 69 per cent of the population living below the poverty line[7], existing on less than $2 per day. Long standing issues such as conflict, external trade and climate shock, widespread poverty and a high level of vulnerability, coupled with a very limited budgetary space to provide resources for public services, continue to affect economic growth[8].

Some positive trends have started emerging, with Somalia trying to transform and diversify its economy by transitioning from a rural focus to trade and services, though COVID-19 disrupted the trajectory towards economic recovery. While overall GDP growth was initially projected at 3.2 per cent for 2020 and 3.5 per cent for 2021, these projections have since declined to -2.5 per cent and 2.9 per cent respectively[9] . Recent trends suggest that domestic revenue collection may be around 90 per cent of the original 2020 budget, demonstrating increasing resilience of the economy. World Bank data derived from the Central Bank of Somalia indicates that while household remittance income declined during the month of April 2020, it rebounded during May and increased marginally during June.

Somalia is working towards obtaining debt relief under the Heavily Indebted Poor Country (HIPC) Initiative and the Multilateral Debt Relief Initiative. This will unlock financing for development and poverty reduction, providing a critical boost to the country for much-needed resilience-building. Somalia recently cleared its arrears to the World Bank Group's International Development Association (IDA). This is a significant step for Somalia towards debt sustainability, growth and poverty reduction[10]. In Financial Year 2019, the World Bank supported $140 million in pre-arrears clearance grants as part of the process to accelerate progress on the HIPC Decision Point.

Demography and Socio-Cultural Overview

Nearly 60 per cent of Somalia's population are nomadic or semi-nomadic pastoralists, while 25 per cent are farmers. However, over the last two decades, rural-urban migration due to insecurity, livelihood failure, including through conflict-related restricted movements of pastoralists, and the absence of basic services have resulted in rapid urban growth. In addition to rural-urban migration, the majority of the estimated 2.6 million displaced people in Somalia have self-settled in sub-standard informal IDP sites in urban and peri-urban areas; an estimated 85 per cent of these sites are informal settlements on private land and about 74 per cent are in urban areas[11]. These population movements are fuelling an ongoing transformation of Somali society, which will see most of the population living in urban centres by 2040 based on an annual urban population growth estimate of 4 per cent[12] – one of the highest rates of urbanization in the world.

The combination of rural-urban migration and forced internal displacement has increased pressure on the already limited basic services and urban livelihood opportunities available, which remain inadequate to respond to the needs of Somalia's growing urban population. This has further tested the already stressed capacity of municipalities to provide basic services such as WASH, health and education, and adequate living space and shelter. Overstretched services and resources, such as healthcare and water, increase the risk of disease outbreaks, particularly in informal settlements. In addition, the population density and demographic/ethnic profile of Somalia's urban populations is changing rapidly, increasing the risk of localized conflicts and emerging forms of social exclusion[13]. This is further aggravated by increased competition for livelihoods in urban settings due to an influx of displaced people from rural areas in search of jobs and improved living conditions.

Somalia's societal structure is highly complex, including numerous social groups, clans, sub-clans and ethnic minority groups that are not members of a specific clan. Divisions and constantly evolving relations among those groups remains one of the prevailing characteristics of the society[14]. Clan identity is a major driver of conflict and instability in many parts of the country as a result of, among other factors, a struggle for power and limited resources, spurred by acts of revenge and deep-seated grievances between sub-clans[15]. This presents an added layer of complexity in implementing changes such as those envisioned by the constitutional reform process, including the upcoming presidential and parliamentary elections.

Historically women have a pivotal role in Somali society, and in nomadic clans are responsible for caring for children, cooking and moving the family shelters (aqal). Women and girls in farming clans are responsible for planting and harvesting crops, while urban women may hold jobs in shops or offices or run their own business[16]. However, women and girls are particularly vulnerable to the consequences of insecurity, general

lack of livelihood opportunities and climate shocks. As traditional structures and coping mechanisms break down, women remain vulnerable and girls are forced to marry. Data from the Somali Health and Demographic Survey (SHDS) 2020 indicates that 16.8 per cent of women aged 20–24 were married by the time they turned 15, while 35.5 per cent were first married by the age of 18[17].

Legal and policy context

Following Cabinet approval in September 2019, President Mohamed Abdullahi Mohamed launched the ninth Somalia National Development Plan (NDP9) on 23 December 2019. The Plan lays out Somalia's development priorities for 2020 to 2024 and serves as the key overarching planning framework for the Government and international partners. In parallel, the Government-led aid coordination architecture was revised in 2020 to make it more streamlined and fit for purpose for the implementation of the NDP9.

The Federal Government of Somalia and the UN signed a new five-year cooperation agreement on 15 October 2020. The UN Sustainable Development Cooperation Framework (UNCF) 2021-2025 represents the collective commitment of the Government and the UN to the newly articulated Somali peace and development priorities as outlined in the NDP9. The UNCF builds on the results of the UN Strategic Framework 2017-2020, which kick-started a new phase of UN support to Somalia's development priorities.

Somalia ratified the Convention on the Rights of Persons with Disabilities in 2019. Somalia is also a State Party to the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees, as well as the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU Convention). In 2020, with the support of the UN Refugee Agency (UNHCR), Somalia advanced the development of a Refugee Act that is in line with major international human rights treaties, including the Refugee Convention and Protocol. As of the end of 2020, the draft legislation is pending endorsement by the Federal Parliament of Somalia. To advance the principles of the Global Compact on Refugees, advocacy with government counterparts for the inclusion of refugees in the implementation of the NDP9, as well as other Government-led initiatives will continue.

Somalia also ratified and deposited the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) in 2020. As the treaty calls for its domestication into national law, and at the request of the National Commission for Refugees and IDPs (NCRI), UNHCR engaged expert consultant Professor Chaloka Beyani, former UN Special Rapporteur on the Human Rights of Internally Displaced Persons and current member of the Expert Advisory Group of the UN High-Level Panel on Internal Displacement, to assist the Government of Somalia with the development of the draft national IDP legislation. Following extensive consultations with all stakeholders, including Government, UN and donors, the draft Protection and Assistance for Internally Displaced Persons Act (IDP Act) was delivered to NCRI for onwards handling of the legislative process and further consultations with concerned stakeholders. UNHCR and partners will continue to provide technical support to the Government of Somalia in this important endeavour.

Further, during the High-Level Segment on Statelessness in October 2019, Somalia made two pledges, namely: (i) to accede to the 1954 Convention Relating to the Status of Stateless Persons and to the 1961 Convention Relating to the Reduction of Statelessness; and (ii) to conduct a study to better understand the situation of stateless groups and those at risk of statelessness, including an analysis of relevant domestic laws. The study, once finalised, will provide a comprehensive picture on the scope and needs of the stateless population in Somalia.

Official Development Assistance (ODA) for Somalia has consistently increased over the last 8 years from $1.3 billion on average per year between 2012 and 2016 to $2 billion in 2018-2019[18]. This constitutes an important contribution to the achievement of the Sustainable Development Goals (SDGs); however, it is not enough. Somalia needs to improve on fiscal performance to mobilize the necessary resources to attain the SDGs, particularly focusing on social service provision.

Meanwhile, humanitarian funding for Somalia in 2020 was roughly on par with recent years (albeit slightly decreased). However, the coverage across clusters was extremely uneven, with only three clusters receiving more than 50 per cent of their requirements.

Environment

Somalia faces severe environmental challenges which directly and indirectly increase poverty and insecurity and decrease human resilience. These challenges are related to deforestation, land degradation, increasing aridity and overgrazing, water scarcity and climate change, which have been exacerbated by the limited governance that has persisted for decades.

Climate change is a major contributing factor to displacement and food insecurity. Increasingly erratic weather patterns and climatic shocks, including poor rainfall over consecutive rainy seasons leading to prolonged and severe drought conditions and floods, are impacting negatively on livelihoods, including production and availability of food. Somalia has seen a steady increase in the frequency and intensity of floods and droughts. Since 1990, Somalia has experienced more than 30 climate-related hazards, including 12 droughts and 19 floods – triple the number of climate-related hazards experienced between 1970 and 1990. Between 2018-2020, over 1.6 million Somalis were displaced by flooding[19], which constituting by far the largest driver of displacement in 2020, while severe droughts occurred in 2007/2008, 2011/2012, and 2015/16/17[20]. The 2017 drought brought on by El Niño, for example, displaced an estimated 892,000 people, representing the biggest cause of displacement that year. This climate variability poses a major obstacle to the achievement of food security and poverty reduction, particularly in pastoral areas.

One of the main factors contributing to soil erosion and increased aridity is the production and export of charcoal. It is estimated that between 2011 and 2017, an estimated 8.2 million trees were cut down to produce charcoal. Very High Resolution (VHR) satellite imagery taken from a PROSCAL[21] study conducted by the UN Food and Agriculture Organization (FAO) indicated that 8 million trees were felled, which translates to one tree cut down every 30 seconds[22].

Security

Ongoing armed conflict and insecurity continue to drive displacement, with an estimated 242,000 Somalis displaced by conflict/insecurity in 2020, compounding the humanitarian situation and causing high levels of need and protection concerns. The security situation has not changed significantly over the last year. Monitoring data from the Armed Conflict Location & Event Data Project (ACLED) indicates a total of 2,423 incidents leading to 3,122 fatalities across Somalia in 2020[23]. The territory under Al-Shabaab control in parts of central and southern Somalia has remained roughly the same, with the Federal Government of Somalia extending control and authority in newly captured territories – often the main towns – by implementing transition plans and through more direct involvement of police forces and formal justice systems.

The first six months of 2020 saw Al-Shabaab conduct six mortar attacks against the UN within Aden Adde International Airport. A brief lull followed until the militant group carried out its first complex attack of 2020 in Mogadishu on 16 August, targeting the Elite Hotel in the Lido beach area. The threat of improvised explosive devices on key roads and areas newly under government control continues to affect access in many parts of southern and central Somalia. Reports of harassment and extortion at checkpoints continue to delay or block aid delivery. The seizure of assets and supplies is common, as is interference in the implementation of humanitarian activities.

Clan conflicts remain a major concern, particularly in Hiraan, Galmudug, Lower Shabelle, Middle Shabelle and Sool regions, where clan violence costs lives and livelihoods, and displaces families. Humanitarian programs in the affected locations are often suspended until the conflict can be resolved. Occasionally, local humanitarian staff belonging to warring clans have been victimized or caught up in the conflict. Clan-related conflicts are mainly recorded in areas in which pastoralist communities reside, owing to competition for scarce resources such as water and pasture, or in areas where farmers clash with nomads or over farmland.

Galguduud and Hiraan remain the most affected areas with prolonged clan conflicts, and Galguduud region is particularly notable for clan skirmishes owing to the harsh environment and competition for resources.

Conflict between Somaliland and Puntland over control of parts of Sool and Sanaag regions continues, with hostilities around Tukaraq in Sool region. Both sides maintain troops deployed along the front line. Tensions remain high, while efforts to resolve the stand-off continue. All mediation efforts by external actors, including the UN, have failed and both parties have remained firm on their positions, setting pre-conditions for entering into negotiations that are unacceptable to the opposing side.

Public Infrastructure and Technology

According to the African Development Bank (AfDB), the total length of the primary and main roads in Somalia is 4,124km, of which 2,860km are paved and 1,264km are unpaved or a gravel surface[24]. Of these, about 90 per cent are in a very poor condition. Likewise, the 7,310km of secondary, feeder and coastal roads are mostly gravel or earthen, and are quite deteriorated. This has an impact on travel times and operating costs for transport, resulting in higher prices of goods and services[25].

The condition of the roads has a direct impact on humanitarian organizations, as road access challenges were reported in five districts across the country in 2020 (as of 30 November) due to heavy seasonal rains and flooding, resulting in subsequent damage to infrastructure. The deterioration of road conditions not only represents a barrier to trade and employment opportunities, especially for farming communities, but also leads to an increase in the costs of transporting crops to markets, thereby undermining incentives to expand harvests. Roads connecting farming districts to markets have long been unusable due to lack of maintenance and can become impassable during the rains. Even when roads are physically passable, insecurity can hinder free passage.

The power sector has suffered from over two decades of neglect, including absence of investment, due to widespread insecurity and lack of public resources. This has affected quality of life across Somalia given the struggle to extend and improve energy supply, especially electricity. The electricity access rate is estimated at only 49 per cent nationally, with a disparity between urban areas (approximately 70 per cent), rural areas (19 per cent) and nomadic households (1 per cent)[26]. Around 11 million Somalis lack regular access to electricity and other sources of energy like biomass and fossil fuels[27]. Due to the insufficient infrastructure and regulatory framework, the supply is highly inadequate, leading to some of the highest prices in the world. Private sector players supply more than 90 per cent of power in urban and peri-urban areas using local private mini-grids, as there is no physical national grid in Somalia[28].

Information Communication Technology (ICT) is one of the fastest growing sectors and the third largest industry by employment in the country. Radio and mobile phones are widely available. The ICT market consists of 11 operators and 4 million mobile connections, but tele-density (i.e. fixed line) is only about 7 per cent and the proportion of internet users is only about 1 per cent.

Interactive radio (i.e. radio talk-shows driven by citizen input via SMS) leverages the reach and vibrancy of Somalia's media and telecommunications landscape. Seventy-five per cent of people in Somalia listen to FM radio on a weekly basis. Given the high rate of mobile connectivity, interactive radio is a highly relevant medium for large-scale, inclusive and cost-efficient conversations between humanitarian actors and affected communities. However, most rural areas of the country still lack good mobile and internet service.

1.2 Shocks and Impact of the Crisis

Drivers of Humanitarian Crisis

Somalia's prolonged humanitarian crisis is characterized mainly by ongoing conflicts and climate shocks, exacerbated by widespread poverty, limited governance and large scale and protracted internal displacement. Since the beginning of 2020, three major additional shocks – extensive flooding, a Desert Locust upsurge, and the COVID-19 pandemic – have contributed to a further deterioration of the humanitarian condition of many Somalis.

Climate Shocks

Rainfall in Somalia is generally erratic, characterized by its inter-annual and intra-seasonal variability. However, increasingly unpredictable weather phenomena impact the lives of Somalis, especially nomadic herders and settled farmers, both of whom are highly dependent on agriculture and livestock. Towards the end of 2019 (Deyr rainy season) and in early 2020 (Gu rainy season), Somalia experienced significantly above-average precipitation levels. The 2020 Gu season exhibited erratic performance, with rains starting as early as late March in many parts of Somalia, then intensifying and expanding in April. Somalia experiences two types of flooding: river floods and flash floods that result from localized heavy rains. Severe riverine and flash floods in April and early May caused significant population displacement, damage to property, infrastructure, farmland and crops, and disruption to road networks, especially along the Juba and Shabelle River valleys. Atypically heavy rain in July during the Hagaa dry season led to further riverine flooding and flood-related damage. Overall, however, the Hagaa rains were mostly favourable in agropastoral and pastoral livelihood zones. In contrast, an extended dry spell between mid-May and late June 2020 across many parts of southern Somalia contributed to a significant decline in the 2020 Gu season crop production in agropastoral areas. Frequent shifts from droughts into floods are recurrent in a number of areas of Somalia.

For 2021, drought conditions are predicted due to the risks associated with La Niña developing through March. Below average Deyr rains (October-December 2020), an expected harsh Jilaal dry season (January-March 2021) and a possibly delayed or poor Gu rainy season (April-June 2021) are forecast, which are expected to result in a decline in food security[29].

People Affected by Floods, by State

STATE	2018	2019	2020
Somaliland	0	300	1,320
Puntland	15,640	15,500	100,838
Galmudug	12,790	4,700	42,185
Banadir	53,800	53,814	9,200
Hirshabelle	142,315	278,300	599,154
South West	174,000	30,797	143,559
Jubaland	165,000	43,450	359,958
Disputed Area	120	230	720

Desert locust

Since 2019, the Greater Horn of Africa has been experiencing a Desert Locust upsurge – the worst outbreak in over 25 years in Ethiopia and Somalia, and the worst observed in over 70 years in Kenya. In February 2020, the Government of Somalia declared the

Desert Locust upsurge a national emergency, posing a major threat to the country's already fragile food security situation.

The heavy rains during the 2019 Deyr, 2020 Gu, 2020 Hagaa seasons and Cyclone Gati in November 2020 provided a favourable breeding ground for the locusts in Somaliland, Puntland and Galmudug. Widespread infestations continue in central Somalia where new swarms started forming in mid-December and moved to southern Somalia later in the month. As this coincides with the crop maturity and harvest period for the 2020 Deyr season, reductions in the Deyr season harvest in the south are likely. While control measures are underway in the north and central parts of the country, there are limited options to tackle any mass swarm migration to the south as aerial operations are not possible and ground control teams have limited accessibility. Most of the swarms are likely to move southwards while some may remain in favourable areas to mature. Cyclone Gati also created conducive conditions for a new generation to develop in northern Somalia; hatching will take place in the first weeks of 2021 and new swarms are expected to form towards the end of February 2021.

Conflict

Conflict remains at the centre of the crisis in Somalia with chronic levels of insecurity and violence taking a heavy toll on civilians for decades, affecting livelihoods and hampering economic progress and development. Civilians are exposed to indiscriminate attacks, including through improvised explosive devices (IEDs), other explosive hazards and aerial bombardments.

An array of armed non-state actors includes various clan militias, Al-Shabaab, private security forces, paramilitary groups formally linked to the government but acting independently of any governmental authority, and armed criminal elements. All are able to instigate violence, with limited accountability in relation to protection of civilians, specifically international humanitarian law and human rights law violations. Within this situation of persistent instability, the structural drivers of conflict include ethnic mobilization between clans, political exclusion and marginalization related to question of rights, discrimination between population groups, scarce resources, and resulting disputes over land and water and over business competition, jobs, political posts, and foreign aid[30].

Over 1.1 million people are estimated to be living in conflict-affected, rural areas in southern and central Somalia. Communities living in conflict areas are severely impacted by armed violence. The presence of non-state armed actors or active fighting severely constrains safe humanitarian access in these areas. With limited access to life-saving assistance, crisis-affected communities are disproportionally affected by food insecurity, malnutrition, disease outbreaks and inadequate WASH services. Often, communities living in areas regained by government forces and their allies are left without protection once those forces withdraw. As a result, many are forced to leave their homes, with some moving pre-emptively. Violence and extortion are arbitrarily perpetrated against civilians at checkpoints, whether manned by police, armed forces or militias. Accountability for such violations is limited, and traditional or formal mediation and justice mechanisms are often disrupted, if not disrespected or inaccessible. Conflict has also continued to periodically disrupt trade flows and livelihoods by, among others, displacing households, and interrupting cropping activities. The impact of conflict on 2020 Gu season cropping activities was highest in Wanlaweyn, Marka and Qoryoley districts of Lower Shabelle.

The protracted conflict has led to high exposure to trauma and violence, an increasingly displaced population, high stigma and limited opportunities for education and employment. People who are continuously exposed to conflict, violence and climatic shocks are particularly prone to resort to negative coping mechanisms. This has led to early marriages of girls, family separation, child labour and the association of children with armed groups to limit the number of dependents among desperate families and generate additional household income.

The volatile security situation in Somalia continues to create a challenging operating environment for humanitarian actors. Outside of major urban centres, accessibility to some districts, particularly in southern and central regions of Somalia, remains limited due

to insecurity along key supply routes. The presence of non-state armed groups across parts of Jubaland, South West, Hirshabelle and Galmudug, high incidence of violence, military operations and conflict, including airstrikes in Lower Shabelle and Juba, abduction and arrest, harassment, forcible seizure of assets and restrictions on road movement by conflict parties, continue to affect humanitarians' ability to reach people in need, particularly in rural areas, as well as restricting the ability of civilians to safely seek assistance.

Disease outbreaks

Overall access to healthcare in Somalia remains very limited, particularly in rural areas, resulting in some of the worst health outcomes in the world. The situation is compounded by the scarce availability of skilled health professionals, along with dilapidated public health infrastructure. As such, apart from the added health pressures of COVID-19, Somalia continues to experience outbreaks of measles, AWD and cholera, and vaccine-derived polio. According to the Health Cluster, measles cases were reported in Kismayo, Jubaland from March to the end of December 2020, with Kismayo General Hospital admitting 1,033 children (of whom 845 were under 5). Across the country, 25 children were also infected with polio in 2020. An immunization campaign launched in Mogadishu by the Ministry of Health, with technical support from WHO and the United Nations Children's Fund (UNICEF), vaccinated 408,000 children under 5 against measles and over 1.33 million against polio between August and October 2020. A second nation-wide round of demonovalent oral polio vaccine type 2 (mOPV2) immunization activities is scheduled to take place between 13-16 December 2020.

In this context the COVID-19 pandemic poses serious concern considering the high level of vulnerability across the country. Somalia reported its first case of COVID-19 in March 2020. Since then, 4,445 cases with 113 deaths had been confirmed as of 21 November 2020. Four per cent (198 cases) of the cases were reported among health workers, negatively impacting response efforts amid already limited healthcare services in the country. COVID-19 infections have been confirmed across the country, with Banadir region having more than 36 per cent (1,593 cases and 57 deaths) of the reported cases, followed by Somaliland (1,247 cases and 39 deaths) and Puntland (1,101 cases and 13 deaths). While the end of 2020 saw a decline in new reported daily cases, numbers began to increase significantly in the first quarter of 2021. The response continues to be challenged by various factors including limited testing capacity, access, and operational challenges.

The current cholera outbreak in Somalia is a continuation of the previous outbreak that started in Banadir in 2016/17. The extensive flash flooding that occurred throughout 2020 exacerbated the situation through the contamination of water sources and displacement of large numbers of people. A total of 6,589 cases of cholera, including 33 deaths, were reported in 2020. Over 40 per cent of cases and more than half the deaths were in children under 2, with the vast majority in Banadir[31].

COVID-19 and the Economy

The October 2020 World Bank Somalia Economic Update stated that COVID-19 has impacted all sectors of the economy leading to declines in revenue for both Federal and State Governments. The pandemic has limited livestock exports, trade taxes and remittances, with direct impact on poor households, services and core Government functions[32]. The Somali economy is heavily reliant on imports. The lock down of key supply markets, the closure of borders and restrictions on domestic movements, and temporary increases in prices on key imported commodities had an impact on low-income earners, particularly IDPs and rural communities.

Remittances provide a lifeline for the Somali population, who rely largely on this form of external support to cover their basic needs like food, water, healthcare and education costs. The country is estimated to receive approximately $1.4 billion per year from the large diaspora community[33]. Overall, according to data from the Central Bank of Somalia, remittances declined less than expected due to COVID-19 in Quarter 2 of 2020, and largely recovered afterwards[34]. In line with current trends, remittances are expected to return to pre-crisis levels soon after the pandemic is contained. However, remittances are still projected to have declined by 2.5 percentage points of GDP in 2020[35], reducing consumers'

ability to pay for goods and services and meet needs.

Impact of the crisis

Displacement

Between January and December 2020, around 1.3 million people were displaced in Somalia[36]. Of these, more than 1 million new and secondary displacements occurred because of natural disasters, particularly due to the Gu and Hagaa flooding, as well as drought and other interrelated causes. In addition, more than 240,000 new and secondary displacements occurred because of conflict and violence, with the regions of Lower Shabelle, Bay, Gulguud, Gedo, Bakool and Lower Juba containing districts with the most departures.

In Somalia, displacement tends to be large-scale, protracted and concentrated in informal settlements around urban and peri-urban areas. IDPs are the most impoverished demographic group in urban centres[37]. IDP settlements are often ungoverned, or governed by gatekeepers, and overcrowded. Displaced people have limited access to protective shelter, safe water and sanitation facilities, as well as other basic needs. Approximately 85 per cent of the sites are informal settlements on private land and about 74 per cent are in urban areas, according to the Detailed Site Assessment (DSA). These populations live in protracted displacement in unplanned settlements across the country and require basic services, livelihoods, shelter and protection. Among these, girls and female-headed households are some of the most vulnerable as they face the greatest risk of Gender-Based Violence (GBV). Overall, key barriers to service delivery include chronic commodity and human resource shortages, poor infrastructure, and limited access to highly vulnerable populations, all against the backdrop of ongoing insecurity. It is estimated that 150,000 IDPs live in areas that are hard to reach by humanitarian actors.

An estimated 95 per cent of the displaced population requiring humanitarian assistance live in urban settings[38]. This has increased pressure on the already limited basic services in urban areas and led to overstretched services and resources, such as healthcare and water, increasing the risk of disease outbreaks, particularly in informal settlements. The influx of displaced people from rural areas also increases the risk of localized conflicts and social exclusion, aggravated by increased competition for livelihoods in urban settings.

Displaced people also continue to be the primary victims of evictions from Government buildings and by private landlords, particularly in Banadir. Despite the official directive issued by the Federal Government of Somalia suspending evictions due to the COVID-19 pandemic, from January to October 2020, 148,786 people were evicted from their homes, with Banadir and Bay regions reporting the highest numbers (99,622 and 21,120 respectively). The evictions represent a constant risk for vulnerable communities, including displaced populations living in collective settlements and other urban poor in densely populated areas. The constant fear of being forcefully removed from their dwellings, and having their belongings destroyed in the process, has a profound effect on IDPs' ability to plan their lives in a more sustainable manner. Further, evictions expose people to various forms of exploitation and disrupt livelihoods. This is further reinforced by IDPs' own views, as at least 12 per cent report severe issues with security of tenure.

Floods

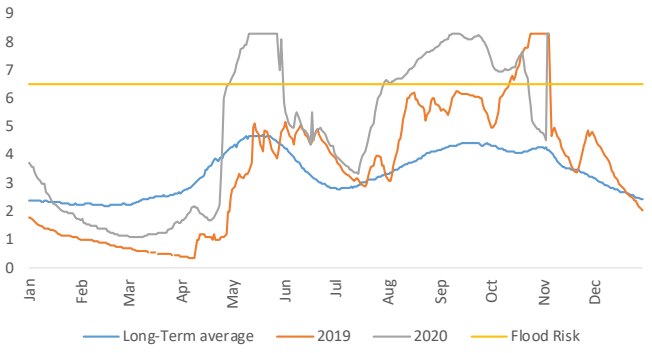
Extreme climatic conditions, including repeated cycles of floods and drought increase vulnerabilities, result in loss of livelihoods and livestock, failed crops and weakened purchasing power. Flash and riverine flooding in Somalia affected 1.6 million people, resulting in a further weakening of the resilience of farmers in particular, who rely solely on agricultural activities for their survival, and leaving many families with no other alternative than to migrate to already overpopulated cities and IDP sites in the hope of securing humanitarian assistance.

In total, floods in 2020 displaced 919,000 households, killed 35 people and destroyed significant amounts of infrastructure and property. On average, approximately 300,000 hectares of agricultural land is cultivated across Somalia every season. Flooding impacted nearly 50 per cent of these lands, or 144,000 hectares of agricultural fields across seven states, with Hirshabelle followed by Jubaland, South West and Puntland

reporting the highest number of affected people. Belet Weyne in Hiraan region was the most affected district after the Shabelle River burst its banks, inundating 85 per cent of Belet Weyne town and riverine villages. In Jowhar district, Middle Shabelle region, riverine flooding affected more than 114,000 people, with nearly 40 per cent displaced from their homes. During the 2020 Gu season alone, more than 50,000 hectares of crop and farmland were inundated (12,000 hectares in Middle and Lower Shabelle; 10,500 hectares in Hiraan; 20,000 hectares in Middle Juba; 10,000 hectares in Lower Juba; and 3,500 hectares in Bay and Bakool). In addition, more than 293,900 people have been affected by flash and riverine floods in Gedo, Lower Juba and Middle Juba regions, including 187,000 people in Gedo region and 165,300 people in Middle and Lower Juba regions[39].

The impact of floods exacerbated already difficult conditions in some areas, which have yet to recover from the impact of past flooding (2018 Gu, 2018 Deyr and 2019 Deyr), including destroyed irrigation infrastructure, inundated farms and destroyed crops, and shortened growing seasons that undermined crop cultivation. These conditions are further compounded by the lack of access to basic services across Somalia, in particular WASH and health services, and put additional pressure on the limited services that are available. This significantly hampers people's ability to recover from such shocks and may cause the adoption of coping mechanisms which negatively affect families.

Comparison of current and long term average levels. Shabelle River at Belet Weyne



Food production and asset losses

As a result of recurrent and severe flooding, erratic rainfall, a prolonged dry spell, insecurity and conflict, the 2020 Gu cereal production in southern Somalia was estimated to be 40 per cent lower than the long-term average (1995-2019)[40]. The relatively good performance of the 2019 Deyr season supported livestock through the dry 2020 Jilaal (January-March) season.

In addition, Desert Locust swarms continued to pose a major threat to crop production and pasture, a threat which is likely to continue through 2021. Locusts have affected 685,000 people and close to 300,000 hectares of land, with potentially severe consequences for agriculture and pastoral based livelihoods. It is expected swarms of Desert Locust will continue to cause crop and pasture losses through to at least May 2021, especially in central and south-central Somalia[41].

The Desert Locust impact assessment conducted by the Food Security and Nutrition Working Group in June and July 2020 indicated that among cropping, agropastoral and pastoral regions, the impact of locusts was quite severe[42]. Of the cropping areas, 48 per cent had high or very high losses while 65 per cent estimated harvests of their most important crop would be below average. About 75 per cent of livestock rearing respondents reported high or very high rangeland losses[43].

Although Desert Locust damage occurred in northern and central regions, heavy 2020 Gu and Hagaa rains moderated the impact and replenished pasture across Somalia[44]. As a result, pasture and water availability across most of Somalia was adequate to support livestock through the start of the 2020 Deyr season[45]. However, pasture and water availability declined towards the end of 2020 due to the below-average Deyr rainfall. Livestock holdings and milk production also remain below normal in most northern and central regions.

In pastoral livelihood zones, the favourable 2020 Gu rainfall season had positive impacts on the food security and livelihoods of most pastoral households. However, in northern and central Somalia the poorest and most vulnerable pastoral households continue to experience significant food consumption gaps as they have limited livestock holdings to withstand the current and anticipated shocks.

The agropastoral livelihood zones experienced dry spells, erratic rainfall and Desert Locusts, which significantly

affected the coping capacity of vulnerable households due to a substantial reduction in household stocks and income. It is expected that poor agropastoral households will face moderate to large food consumption gaps through the end of 2020 and into 2021[46]. In riverine areas of southern Somalia, devastating floods since April 2020 destroyed farmland and caused population displacement, leading to significant crop losses and the loss of income from agricultural employment. Consequently, a significant proportion of poor households in these areas are anticipated to face substantial food consumption gaps[47].

Socio-economic impact of COVID-19

Urban and displaced households across Somalia, as well as pastoral households in East Golis Pastoral livelihood zone who heavily rely on frankincense exports, are most affected by the economic contraction linked to the impacts of the COVID-19 pandemic[48]. The pandemic led to a temporary decline in staple food imports and livestock and frankincense exports, curtailed remittances to households and small and medium businesses, and increased unemployment in urban areas[49].

According to the latest World Bank economic forecast, Somalia's economy is expected to rebound in 2021 due to a dollarized economy, low fuel prices, recovery in remittances and fiscal reforms. However, poor households with limited coping capacity and high vulnerability will likely continue to struggle to meet their minimum food and non-food needs[50]. The indirect impact of COVID-19 on remittances has particularly worsened the condition of displaced people compared to the non-displaced. A majority of urban and IDP households who received remittances reported a 10 to 30 per cent decline compared to what they typically received due to COVID-19, hampering their ability to sustain their life and pay for critical services[51].

Health

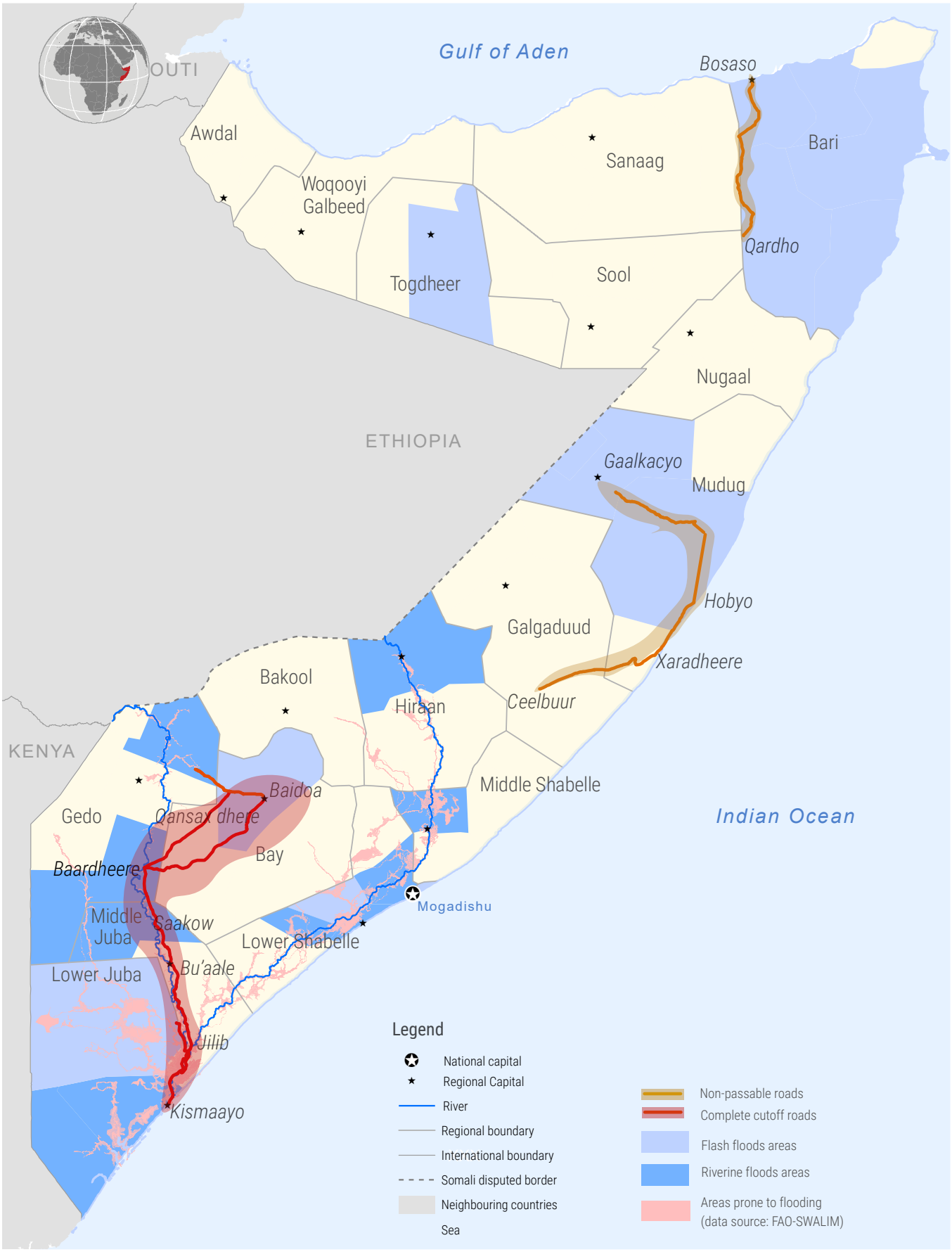
The health system in Somalia faces chronic gaps in qualified health workers (including doctors, nurses, and midwives). Somalia currently reports two health workers for every 100,000 people, which is among the lowest figures in the world and just 8 per cent of the global average of 25 health workers per 100,000 people[52], as well as a lack and accessibility of health services. As such, Somalia has one of the highest maternal mortality rates and the highest under-five mortality rate in the world – estimated to be 122 child deaths per 100,000 live births[53]. As per the SHDS 2020, 1 in 1,000 women aged 15-49 years dies due to pregnancy-related complications.

Contributing to the bleak health outlook is the limited access to safe drinking water and sanitation services, particularly among rural and nomadic populations, and in crowded IDP settlements. Just over half the population has access to basic water services, though this declines to only 28 per cent in rural areas[54]. This has led to an ongoing outbreak of AWD and cholera, aggravated by recurrent flooding.

COVID-19 has added to the mental suffering of the affected population and aggravated gender and interpersonal violence, in addition to further exacerbating population vulnerabilities and disrupting health system gains. The COVID-19 pandemic has also generated secondary impacts on the health of Somalis, in particular women and girls. Evidence suggests that during past public health emergencies, resources were diverted from routine healthcare services toward containing and responding to the outbreak[55], which disproportionately affected women and girls who tend to be responsible for nursing sick family members and are exposed to greater health risks. Women comprise more than 75 percent of the healthcare workforce in many countries[56], which increases the likelihood that they will be exposed to infectious diseases.

In Somalia, there are high rates of GBV incidence as well as abuse and neglect of children. An estimated 98 per cent of girls and women aged 15 to 49 years have undergone FGM , with rates reported to have increased even further during COVID-19 . Challenges persist in accessing dedicated healthcare services and justice for survivors of GBV, due to limited availability and discrimination. The follow-on effect is that girls are deterred from accessing or continuing their education, leading to high levels of illiteracy and low income-earning capacity.

Flood affected areas



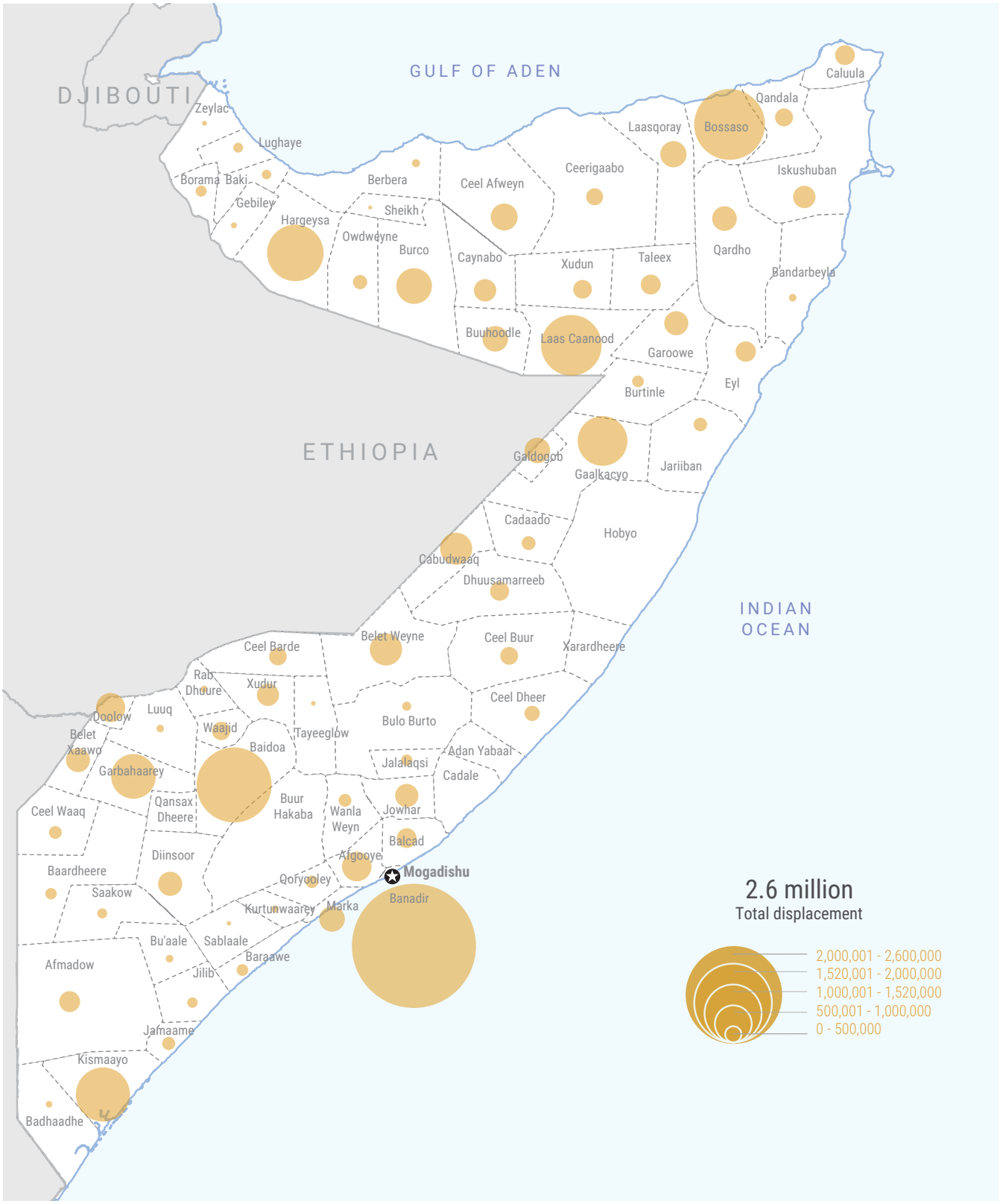
Impact of the crisis

Number of primary and secondary displacement per year

YEAR	NO. IDPS	% CHILDREN
2015	108k	64%
2016	305k	65%
2017	1.1M	66%
2018	883k	66%
2019	770k	66%

SOMALIA
Photo: FAO

Impact on People: Internally Displaced People (IDPs), by District



Source: Information Management Assessment Working Group (IMAWG)

1.3 Scope of Analysis

The 2021 HNO analysis covers all 74 districts of Somalia. Based on the main shocks and impacts, no significant changes in the scope of the analysis have been reported compared to the 2020 HNO. The main population groups identified for the analysis of humanitarian needs are: (i) IDPs; (ii) non-displaced people, including individuals living in urban and rural settings; (iii) refugees and asylum seekers; and (iv) refugee returnees. Several data sources have informed the scope of the Somalia HNO analysis, including: (i) the JMCNA; (ii) FSNAU assessments; (iii) the Protection and Return Monitoring Network (PRMN), and (iv) the Detailed Site Assessment (DSA). These main sources were complemented by sector specific assessment data and analysis.

A total of 2.6 million IDPs have been displaced by conflict, insecurity, drought and/or flood, the majority of whom are currently located in over 2,000 IDP sites across Somalia, often in informal settlements on private land in urban areas. This estimate does not include displaced households hosted in non-IDP sites or residing outside of settlements, and therefore does not capture all displaced persons within Somalia.

Large segments of the population are dependent on food and livelihood support, and the fragility of their status makes them vulnerable to external shocks and reduces their resilience. In the 2021 HNO, it has been agreed for the first time to exclude population groups that are in food "stress" (IPC Phase 2) from the needs analysis, recognizing that this population will benefit more from tailored interventions by development actors aiming to strengthen their resilience. Food insecurity is expected to worsen in 2021 across Somalia, driven by the effects of below-average rainfall and localized floods, a worsening Desert Locust infestation and the economic impact of COVID-19. While more than 2.65 million people are expected to face crisis or emergency levels of food insecurity by the middle of 2021, humanitarian partners estimate this number will increase in the second half of the year. Pastoralists and agro-pastoralists are considered the most vulnerable groups within the non-IDP category, with about 60 per cent of Somalia's population being pastoralists whose livelihoods depend on rainfall for basic survival.

In addition to the cyclical impact of more frequent and intense climatic shocks, persisting governance challenges and decades of violence continue to devastate the lives of all population groups, including 4.8 million vulnerable non-IDPs. Armed conflict and insecurity will remain key factors that drive needs for all vulnerable groups in 2021, while simultaneously impeding effective humanitarian operations and access to targeted communities. Military operations involving national and international armed actors, and non-state armed groups, as well as COVID-19 restrictions, are the main causes driving a restrictive humanitarian operating environment. In both rural and urban areas, there is an ongoing struggle over limited resources and access to aid, often leading to tensions between host communities and displaced people. The nature of the conflict in Somalia does not allow for a full analysis of the needs, as large numbers of people live in districts which are mostly under the control of non-state armed groups or are directly exposed to the effect of armed conflicts. While recognizing this limitation, it was decided to include these areas in the needs analysis by using a proxy assessment of data collected in neighbouring districts.[57] In addition, this analysis can also facilitate the work of some clusters as it will inform their response strategy in hard-to-reach areas, depending on the modalities employed to deliver assistance.

There is a steady entry of asylum seekers to Somalia from Ethiopia through Somaliland, as well as mixed movements between Yemen and the Horn of Africa. These trends are expected to continue or increase in

2021, given the unfolding crisis in Tigray, Ethiopia as of November 2020. UNHCR estimates that in 2021, the total number of refugees and asylum seekers in need will be 28,002, picking up on 23,555 registered refugees and asylum seekers as at the end of November 2020. Most registered refugees and asylum seekers are in Somaliland, followed by Puntland and South-Central. Further, the opening of borders and lifting of some of the COVID-19 travel restrictions in mid- to late 2020 is expected to lead to an increase in the number of refugee returns in 2021, with some 18,050 Somalis expected to be assisted to come back. The overall number of returnees in Somalia is anticipated to reach 109,989. As of November 2020, there are 727,615 Somali refugees in neighbouring countries, with most hosted in Kenya, Yemen, and Ethiopia.

SOMALIA
Photo: UNSOM

Those at High Risk of Being Left Behind

The complex and protracted nature of the Somalia response has exposed certain categories of people to higher risks than others. The Inter-Cluster Coordination Group, recognizing the importance of providing a more detailed analysis on some of the most vulnerable categories of people, therefore focused specifically on the additional needs of persons with disabilities, elderly persons, women and girls, as well as school-aged children and children under 5, for the HNO. The inclusion of these groups is critical as it will inform programmatic interventions which contextualize the different needs of women, men, boys and girls, taking into account age, gender and diversity factors. In addition, it will help to tailor specific advocacy efforts for timely identification of human rights and protection concerns affecting vulnerable groups. As such, for humanitarian assistance to reach the most vulnerable, 2021 will see the humanitarian response prioritise these groups across IDP, non-IDP, refugee, asylum seeker and refugee returnee communities.

Persons with Disabilities: Somalia ratified The Convention on the Rights of Persons with Disabilities[58] on 6 August 2019, committing the Government to take action to improve the rights and situation of persons with disabilities. An estimated 15 per cent of the global population are persons with disabilities[59], 10 per cent of whom are children.[60] Mental health conditions, psychosocial disability and physical disability are expected to be higher than average in Somalia, given the ongoing conflict and limited healthcare services[61]. There are many attitudinal barriers concerning disability in Somali culture, with some regarding a person with a specific impairment as disabled in his or her entirety and limited to physical impairments only. Those with psychosocial and intellectual disabilities face exclusion due cultural beliefs and stereotypes. Harmful practices such as chaining, especially for children to prevent them from getting hurt or hurting others, are still observed in the absence of adequate healthcare and community-based responses. In humanitarian crises, persons with disabilities face particular difficulties accessing essential information and basic services, including health, education and GBV services. Children with disabilities often struggle to access education in Somalia, due to a lack of accessibility facilities, transport and trained staff[62]. Persons with disabilities are not meaningfully consulted regarding access to services, and lack access to feedback mechanisms. Somalis with disabilities are concerned about the deterioration of their psychosocial and socio-economic wellbeing due to the impact of the COVID-19 pandemic and are at risk of being deprioritised or denied access to treatment for the virus[63].

Children in Adversity: Children are disproportionately affected by the conflict. Children and adolescents in Somalia are targets of killing, maiming, abduction, recruitment into armed groups, detention, and sexual and physical violence. Children, mostly boys, are at an elevated risk of recruitment to armed groups. The actual extent of grave violations of children's rights is almost certainly far higher than what is reported and verified. Separated and unaccompanied children are at heightened risk of various forms of violence, exploitation and abuse. The number of unaccompanied and separated children (UASC) continues to rise, with more than 21,782 since 2019. Over 80 per cent remain active for case management, family tracing and reunification services. While some have been placed into alternative care arrangements, a large number live alone or in the street. Conflict is undermining children's psychosocial wellbeing. At least 40 per cent of child protection incidents reported to case/social workers in 2020 were related to Mental Health and Psycho-Social Support (MHPSS). The 2019 Child Protection Assessment in Somalia reported significant negative changes in the children's behaviour, such as violence against younger children for girls and more aggressive behaviour in boys[64].

Women and Girls: Women and girls of Somalia bear the unequal brunt of hardships prompted by poverty and conflict, exacerbated by religious and cultural beliefs and weak clan identity which reinforce their lack of power. Inequality excludes women from formal decision making. Women's access to justice is restricted within formal, clan-based as well as sharia-based judicial systems. Despite women historically having a pivotal role in Somali society, women and girls remain particularly vulnerable to the consequences of insecurity, lack of opportunities and climate shocks. GBV is exacerbated by emergencies and displacement and is a serious rights violation that often goes un-redressed. In Somalia, vulnerable women and GBV survivors in particular face serious protection risks, especially as response services are limited. Ninty-six per cent of reported GBV survivors in Somalia are women and girls, of which 76 per cent are IDPs[65]. Women and girls have unique health concerns and protection needs in situations of displacement. From menstrual hygiene to life-threatening complications related to pregnancy and childbirth, to unwanted pregnancies and unsafe abortions. Somalia has one of the highest maternal death rates in the world, despite most maternal deaths being preventable[66]. Care for expectant mothers throughout their pregnancy remains particularly poor, with only 33 per cent of births attended to by skilled health personnel.

Older Persons: Older persons over 60 are a group that experience increasing challenges in accessing basic, critical healthcare services due to lack of accessibility to the physical environment, lack of accessible information, and increased discriminatory behaviours, neglect and exclusion. COVID-19 presents specific risks for older people, with higher mortality and morbidity rates. Crisis impacts the traditional roles of the elderly as power and social structures get dismantled. They tend to be invisible in humanitarian crises and their gender roles and capacities within communities are often overlooked. Speakers of minority languages or older persons with high levels of illiteracy face barriers to inclusion[67]. In addition to poor access to services and humanitarian assistance[68], older persons face a significant risk of indirect consequences from the crisis i.e. increased levels of violence, abuse and neglect due to heightened household tensions. In Somalia, over 160,000 vulnerable people over 60 years are trying to survive the humanitarian crisis. Amongst them, almost 7,000 are extremely vulnerable, having been left behind when their families and communities fled[69].

Marginalized Communities: Clan elders and local leaders are important figures in mediating community disputes and addressing grievances; however, IDPs, particularly those from minority communities and women, indicate that they rarely raised concerns on issues of significant importance[70]. Concerns over the lack of representation and connection is particularly acute for recently displaced persons from marginalized communities, who lack information on available assistance and knowledge of how to connect with humanitarian actors. Marginalized groups are likely to have more limited access to mainstream information channels or reliable access to mobile phone networks, credit and charging facilities. Literacy and language barriers also negatively impact on access to information. Marginalized groups are not homogenous in need and face different levels of protection risk and occurrence of exclusion based on their specific capacities and vulnerabilities and intersection with context. In 62 per cent of assessed IDP sites, fewer than one-third reported having feedback mechanisms, and nearly 88 per cent with feedback mechanisms reported some impediment to their access[71]. The risk of exclusion is highest for cash-based programming.

1.4 Humanitarian Conditions and Severity of Need

Most vulnerable groups

Thousands and Millions of people.

VULNERABLE GROUP	PEOPLE IN NEED	STRESS	SEVERE	EXTREME
Internally Displaced People	**1.6M**	0.8M	0.7M	32k
Persons with disability	**0.8M**	0.4M	0.4M	16k
Refugees and asyslum seekers	**28k**	14k	13k	0.5k

SOMALIA
Photo: UNSOM

Internally Displaced Persons

TOTAL POPULATION	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
2.6M	0	1.3M	1.2M	52K	0

Intersectoral severity of needs and immediate drivers

The displacement situation in Somalia remained highly volatile in 2020, and high levels of new and secondary displacements were recorded. Between January and December 2020, around 1.3 million people were displaced in Somalia[72], in addition to the existing IDP population. In total, 2.6 million people are estimated to be displaced. In 2020, floods were the main reason for people leaving their area of origin or previous location (73 per cent), followed by insecurity (17 per cent) and drought (7 per cent). Although flood-related displacements tend to only last between one to three months, they have a lasting impact on the food security and livelihoods of those who have been affected, as they employ negative coping mechanisms that decrease their ability to recover from future shocks.

IDPs remain the most vulnerable group in Somalia, particularly those residing in informal sites. Displaced households are subject to insecurity, with multiple displacements exhausting their coping strategies. Once displaced, often to informal settlements in urban areas, their ability to meet basic needs is undermined by widespread poverty and limited livelihoods, and exacerbated by shocks, including conflict, floods, drought, the Desert Locust upsurge and the COVID-19 pandemic. Their precarious situation is reflected by the main needs reported by IDPs on arrival, which were food (53 per cent) followed by livelihood opportunities (21 per cent) and adequate shelter (8 per cent). Many displaced beneficiaries said they were unable to meet their most important needs with the aid they received and highlighted the need for better access to cash and voucher assistance, food and healthcare[73].

In 2020, a trend among IDPs towards the depletion of assets and increase in negative coping mechanisms was reflected in the increased severity of needs among IDPs across many sectors. The 2020 JMCNA results indicate that more than 3 per cent of all 2.6 million IDPs have extreme needs (severity 4; see Data Sources Annex), and 50 per cent severe needs (severity 3), while the remainder are characterized as stressed (severity 2)[74]. The 52,000 worst-affected IDPs categorized as being in extreme need – or Severity 4 – face irreversible harm and heightened mortality due to the immediate collapse of living standards, with survival based on humanitarian assistance or otherwise long term irreversible extreme coping strategies. This is evidenced by emergency levels of food consumption gaps, manifested by very high acute malnutrition among some IDPs households[75]. In comparison, the 1.2 million displaced people categorized as severely in need – Severity category 3 – face rapidly degrading living standards, physical and mental wellbeing, and an interrelated lack of access to basic needs, which could lead to the further adoption of negative coping strategies that could cause irreversible harm. For example, many IDPs are barely able to meet their minimum food needs and are likely to resort to negative coping mechanisms such as depleting what little assets they have.

The drivers of needs severity among IDPs are intersectoral in nature and exacerbated by a lack of livelihoods opportunities and poor living conditions in rapidly expanding urban areas. For example, the health and nutritional wellbeing of IDPs is strongly linked to their access to safe water and proper sanitation, which they tend to lack. In total, over half of all displaced people in need (57 per cent) face either extreme or catastrophic WASH conditions, contributing to the spread of communicable diseases and severe

malnutrition outcomes. This is because a lack of sanitation, safe water facilities and services, as well as poor hygiene, are significant contributors to the high rates of disease in Somalia. The severity of health and nutrition needs of the displaced population are thus directly linked to negative coping strategies such as the use of unhygienic or unimproved latrines, reported by 55 per cent of IDPs, or the practice of open defecation, reported by 20 per cent of IDPs[76]. Likewise, access to sufficient and good quality water is one of the main drivers of high severity needs among IDPs, with an estimated 390,000 people reporting catastrophic conditions (severity 5) in accessing water sources. The main challenges are associated with water sources not functioning or being too far from IDPs' dwellings, exposing them to security risks (reported by 23 per cent of households in IDP sites[77]).

Overall, it is estimated that over 60 per cent of IDPs – 1.6 million – are estimated to require immediate humanitarian assistance in 2021. About 95 per cent of this displaced population live in urban settings[78], particularly in urban informal settlements. Those residing in informal settlements typically reported worse on all housing, land and property indicators compared to IDPs that do not reside in informal sites. The overcrowding of IDP sites exacerbates risks of fire, flooding, GBV and child rights violations, and disease outbreaks/COVID-19 transmission. Such conditions have unequal ramifications on some of the vulnerable IDP populations, as essential services may be located in inaccessible locations or areas perceived dangerous for some population groups. IDPs in informal settlements in urban and peri-urban areas face additional risks as rising land values are creating an incentive for landowners to evict displaced people to sell or develop properties. Organized relocation for Somalia's protracted IDPs is still an outstanding issue as most land is privately owned, which makes it difficult and lengthy to negotiate, hindering an immediate solution. Eviction is often accompanied by the destruction of property and assets by authorities or landowners, further weakening the resilience and coping mechanisms of communities who already have limited resources and social capacity[79]. As a result, IDP households continue to experience high levels of uncertainty and severity of needs, affecting their ability to engage in long term plans to improve living conditions and put displaced families on the path to self-sufficiency. According to the JMCNA, households that live in informal settlements therefore tend to have particularly high severity scores, with 51 per cent of households identified as having a severity score that is severe or higher compared to 34 per cent of households outside of settlements.

In addition to IDPs residing in informal settlements, of particular concern are the severe conditions and risks faced by some of the most vulnerable groups among the IDP population; these groups include women, children, minorities, persons with disabilities, persons without any clan affiliation, child and female-headed households, survivors of violence, abuse and exploitation (particularly children), or elderly persons without support structures (see the 'Those at High Risk of Being Left Behind' section above). They are often at higher risk of forced evictions, discrimination based on status, child rights violations and child labour, family separations and GBV, such as rape and sexual assault. There are more than 930,000 displaced children, many of whom reside in informal sites, that are facing very high risks of family separation, experience mental distress and are at risk of recruitment to armed forces. As a result, this population subgroup is likely to experience severe or catastrophic mental health and wellbeing outcomes as they are more likely to be subject to violence, economic and sexual exploitation, abuse and potential trafficking. Reporting of rape against children and adolescents in the context of displacement, increased militarization and weak formal and informal protection systems has reportedly increased.

Living standards

IDPs have limited livelihood assets and options, and therefore rely heavily on external humanitarian assistance. Amid rapid urbanization and rural-urban migration, displaced households face fierce competition from non-displaced urban poor for livelihood opportunities. As the majority of IDPs reside in IDP settlements, they also tend to be farther from essential facilities such as schools, health centres, and markets, while most IDPs are forced to share essential amenities[80]. The situation has worsened in the COVID-19 pandemic context, with declined remittances, increased food prices, and declined employment and income earning opportunities, particularly in urban areas. This has increased already severe gaps in access to WASH, nutrition and health, while increasing the risk of localized conflicts and emerging forms of social exclusion. In addition, flooding, insecurity and conflict-related displacements have contributed to lower crop production in rural areas, particularly in Hiraan and Middle and Lower Shabelle regions, creating additional stress for displaced people and increasing their reliance on food assistance. Overall, 955,000 IDPs need emergency livelihoods support, including asset creation and livelihoods training, while 37,000 rural IDPs require additional agriculture and livestock support like seed packages and animal vaccinations.

Although both displaced and non-displaced households live in similarly crowded and dense conditions, displaced households are more in need of shelter and basic non-food items. There is a marked difference between the quality, as well as the security and safety conditions, of shelters used by displaced groups and groups that are not displaced[81]. More than 1.6 million displaced people are in urgent need of improved transitional and permanent shelters that offer more protection, privacy and dignity over longer periods of time. Of this, 1.3 million are in severe need of basic shelter while 191,000 reported catastrophic conditions. Overall, 19 per cent of IDPs reported living in sub-standard shelter, affecting their ability to live dignified lives, while in over 80 per cent of IDP sites, buuls (traditional or makeshift shelters) are a commonly used shelter type that do not provide adequate protection against weather elements, privacy or living space.

Particularly high population density, prevalent in most IDP sites in Somalia, is also a key factor in communicable disease transmission, increasing the infection risks of COVID-19, cholera and polio. About 1.6 million IDPs are in severe need of healthcare protection to reduce severity of illnesses (morbidity), including long term poor health and disability. Most IDPs rely on primary healthcare services provided by humanitarian partners, and according to the DSA conducted in January 2020, almost a quarter of all IDPs sites did not have access to healthcare facilities[82]. Particularly severe health access barriers have been reported by 49 per cent per cent of IDPs, with the main reason being the high cost of services (39 per cent), followed by no access to qualified health staff (14 per cent) and distance (9 per cent), including in relation to a lack of transport. In addition, reproductive health services remain a priority need for IDPs. Women aged 15-49 reported numerous challenges in accessing healthcare during pregnancy and child delivery: 65 per cent reported lack of money; 62 per cent reported the distance to health facilities; and 42 per cent reported the need to obtain permission to access services[83]. As such, displaced households fare slightly worse than non-displaced households on all health-related indicators. Notably, displaced households have a higher number of health complications for children under 5 and adults. They also tend to resort more to traditional mid-wives, healers and health centres than non-displaced households[84].

The nutrition situation among IDPs has shown no signs of improvement. For displaced population groups that registered a high prevalence of acute malnutrition, contributing factors include high morbidity, low immunization and vitamin A supplementation, poor care practices and food insecurity. Vitamin A supplementation status and reported measles vaccinations were low in the first half of 2020, with most of the rates below 60 per cent[85]. According to the National Nutritional Survey, many Somali children, including displaced children, are not getting enough food, both in terms of quantity and diversity. A recent Fill the Nutrient Gap (FNG) Analysis by Scaling up Nutrition (SUN) and WFP showed that only two out of ten households in Somalia has access to a nutritious diet[86]. Further, the cost of a nutritious diet is four times higher than an energy only diet[87]. High numbers of these children and their mothers suffer

from anaemia and vitamin A deficiency. They are also more susceptible to infectious diseases and at risk of developing acute malnutrition. Almost one in five IDP children show signs of chronic malnutrition[88]. A lack of access to primary healthcare and preventive nutrition services reduces the ability of IDPs to meet their basic needs. This situation is further exacerbated by the COVID-19 pandemic, which has stretched the healthcare system, interrupted food systems and led to loss of income, hindering access to nutritious diets and essential services for many vulnerable children and women, including those with disabilities.

Poor hygiene and a lack of basic health and WASH facilities among IDPs compound negative health and nutrition outcomes. Many displaced households reported poor access to clean water and functioning sanitation and hygiene services as a top priority to be addressed. Compared to non-displaced households, displaced households tend to more often share latrines, use latrines that are insecure and have less access to hygienic materials than non-displaced households[89]. About 1.2 million displaced people in Somalia were found to be in critical WASH conditions, including the use of negative coping mechanisms like the practice of open defecation, living in settlements where solid waste and wastewater are visible, and living in communities with inadequate hand washing facilities. The families in this category were also found to suffer from inadequate water supply to satisfy their household needs and often resorted to the use of unsafe or contaminated water. All these factors together increased the vulnerability of households to water and hygiene related diseases, including the spread of acute diarrheal diseases, which increases the risk of malnutrition and disability, and contributes to the increased stunting rate of 25.3 per cent in children below 5 years.

The Education Cluster identified 300,000 school-aged, displaced children in need of emergency education services. Displaced children are more likely to have dropped out of school than those that are not displaced. Systemic poverty, long distances to school, safety concerns, social norms favouring boys' education, a lack of teachers – particularly female teachers – and the low availability of sanitation facilities, stop parents from enrolling children, particularly girls, in school. As a result, the living standard of displaced school-aged children is severely affected by barriers to accessing education facilities. A reported 43 per cent of IDPs with school-aged children interviewed reported the cost of school fees and school materials as the main obstacles, followed by closure of schools in their area (29 per cent), long distance to reach schools and lack of transportation (15 per cent), and a lack of education facilities (14 per cent)[90]. Displaced children living with disabilities face even more challenges – like social stigma or the inability to access services – and adolescent girls are seldom able to complete secondary education.

Coping mechanisms

Most internally displaced persons live in poverty in informal settlements in urban areas, often in desperate conditions with limited livelihood opportunities, and rely on external humanitarian assistance. As such, displaced households are more vulnerable and less resilient to the impact of shocks and tend to resort faster to negative coping strategies, which contributes significantly to their high severity of humanitarian need.

Reliance on remittances is an important coping mechanism in Somalia, but remittances are neither prevalent nor effective in reducing poverty among the most vulnerable households in IDP settlements. While IDP households are among the poorest households, only around 7 percent receive remittances. The amounts, if received, are not effective in reducing poverty because they are too small relative to the poverty gap[91]. A majority of IDP households who did receive remittances reported a 10 to 30 per cent decline compared to what they typically received due to COVID-19, hampering their ability to sustain their lives and pay for critical services.

Without access to remittances as a coping strategy, the majority of IDPs are particularly vulnerable to acute food insecurity and malnutrition, which is particularly high among IDPs who have lost their means of livelihood. A significant proportion of IDPs continue to face moderate to large food consumption gaps. The 2020 post-Gu food security assessment showed that most of the major IDP settlements were in Crisis (IPC Phase 3) or Stress (IPC Phase 2), even in the presence of humanitarian assistance[92]. As a result, many were employing negative

coping strategies when they did not have enough food or money to purchase food. These were related to changes in diets to less preferred food options or the consumption of fewer calories – short term strategies with a long-lasting impact for the households. On average, 3 per cent of the IDP population covered by the assessment reported employing emergency levels of livelihood coping strategies, including child labour, while 5 per cent and 60 per cent employed crisis and stress levels of coping strategies respectively – for example, the sale of productive assets or borrowing money.

The protection environment for IDPs remains highly challenging, particularly for women, children and persons with disabilities, exacerbated by the limited coping mechanisms available. Displacement exposes them to risks, such as family separation, GBV and forced adult and child recruitment. Similar proportions of both households in IDP and non-IDP sites reported restrictions on free movement and whether males and females feel unsafe in their community or settlement[93]. There are a few noticeable differences between males and females, and between IDP and non-IDPs, such as more males reporting feeling unsafe in their shelters, more non-displaced households feeling unsafe at water points, and more males choosing not to answer. In terms of general safety and security, non-displaced households are more likely to always worry about theft, harassment, injuries, sexual and gender-based violence, unexploded ordnance and abductions[94]. Both displaced and non-displaced groups tend to fare in equal terms with respect to sexual and gender-based violence, rule of law and child protection indicators. The main form of protection support requested by both groups is the removal of unexploded ordinance[95].

Displaced GBV survivors and their families continue to adopt negative coping strategies of early/forced marriage to leverage social and financial security. Separated and orphaned girls are more vulnerable as they resort to this negative coping mechanism to secure some form of social protection. This increases their economic dependency and vulnerability to sexual exploitation and abuse. In addition, parents fearing harassment and abuse of their daughters restrict their movements as much as possible to ensure safety.

Physical and mental wellbeing

The protracted nature of displacement caused by floods, conflict and drought continues to affect the physical and mental wellbeing of 1.6 million IDPs – in particular those residing in informal IDP sites. Many IDP households have faced a steady depletion of assets and increase in negative coping mechanisms, culminating in severe conditions with regards to their food insecurity, malnutrition, disease outbreaks, water and hygiene conditions, and critical protection concerns. The Nutrition Cluster estimates that 165,723[96] displaced children under 5 and 83,571 displaced pregnant and lactating women are in need of preventive nutrition services in 2021. Of this group, the highest rates of acute malnutrition continue to be found in IDP sites. Overall, the nutrition situation among IDPs has shown no improvement; there are around 223,000 IDP children under 5 facing Global Acute Malnutrition (GAM), as has been the case over the past three rainy seasons. Meanwhile, SAM prevalence has increased among IDP children to 39,000 children under 5, while an estimated 184,000 children and 39,000 pregnant and lactating women are facing Moderate Acute Malnutrition (MAM).

Health outbreaks disproportionally affect people living in congested, informal displacement sites as lack of sanitation facilities, poor hygiene practices and severe gaps in accessing food aggravate the risk of communicable diseases. Severe access barriers to basic health services contribute directly to the occurrence of disease outbreaks, while high rates of illness compromise the nutritional status of the population, particularly children and pregnant and lactating women. Somalia continues to experience health outbreaks including measles, vaccine-derived poliovirus and AWD/cholera, further compounding the seriousness of the situation. As a result, according to the FSNAU assessment in September 2020, morbidity rates were high (≥ 20 per cent) among some IDP population groups, particularly in Garowe, Galkayo, Mogadishu and Baidoa. The Crude Death Rate (CDR) and Under 5 Death Rate (U5DR) were low across most IDP population groups, with the exceptions of Garowe, Mogadishu, Dollow and Baidoa, which had serious levels of CDR and/or U5DR.

Against the backdrop of the COVID-19 pandemic, it has

become more difficult to maintain vaccine immunity levels due to challenges in effectively implementing vaccination campaigns – especially for the most vulnerable populations and particularly among IDPs. In fact, the majority of IDP households (59 per cent) cannot afford to pay for vaccination services or medicine, while the distance to health centres is another barrier to vaccination for 36 per cent of IDPs[97]. Persons with disabilities, and those belonging to minority groups, are even more affected as health services are largely inaccessible to them[98]. Vaccination campaigns targeting the most at-risk groups such as children under 1 year of age and people living in cholera outbreak-affected areas were negatively affected by the COVID-19 pandemic. Children's coverage against diphtheria, hepatitis B, tetanus and whooping cough declined from 77 per cent in 2019 to 56 per cent in June 2020[99]. In addition, 12 circulating vaccine-derived poliovirus type 2 (cVDPV2) cases and 25 positive environmental samples were reported in the first 10 months of 2020, with the most recent confirmed at the end of September[100]. A total of 1.65 million children are in urgent need of a second round of oral polio vaccine.

The cholera outbreak was fuelled by the extensive floods in 2020, which limited access to safe drinking water, and increased poor sanitation and population displacement. All cholera cases reported in Somalia during this current outbreak had never received oral cholera vaccine. Many communities, including those in IDP settlements suffering from AWD, are on the outskirts of towns where no or few healthcare facilities are located. This often means that they must travel long distances to seek care. More cases of AWD are being reported in children under 5 years old, who are particularly vulnerable to disease, especially if their immune systems are compromised by malnutrition[101].

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Photo: UNSOM

Non-Internally Displaced Persons

TOTAL POPULATION	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
9.6M	0	5M	4.4M	194K	0

Intersectoral severity of needs and immediate drivers

While IDPs are disproportionately affected by the crisis, the majority of those in need in Somalia are not displaced. This is largely due to the impact of decades of recurrent climate shocks, armed conflict, and political and socio-economic factors that continue to drive needs in the country. Nearly seven out of 10 Somalis live in poverty, the sixth-highest rate in the region[102]. Poverty is both widespread and deep, undermining the resilience and ability of households to recover from shocks like drought, the COVID-19 pandemic, Desert Locust infestations and extensive flooding.

In total, 4.3 million non-displaced vulnerable people in rural and urban areas are anticipated to need humanitarian assistance in 2021. Many non-displaced Somali households face co-occurring, overlapping needs that are mutually compounding and need to be addressed in tandem. The JMCNA 2020 found that roughly half of all non-IDPs reported at least two overlapping severe, critical or catastrophic sectoral needs, with particular prevalence of co-occurring WASH, shelter and food security needs, underscoring the need for inter-sectoral, integrated responses. The 194,000 worst affected non-displaced vulnerable people categorized as being in extreme need – or Severity 4 – tend to face critical gaps in access to water, sanitation, healthcare and nutrition to the point of exhausting their coping capacity and strategies amidst increased morbidity and mortality rates. In comparison, the 4.4 million non-displaced people categorized as severely in need – Severity category 3 – face rapidly degrading living standards, physical and mental wellbeing, and an interrelated lack of access to basic needs, which could lead to the adoption of negative coping strategies that could cause irreversible harm in the future.

Poor urban households are of particular concern, having limited livelihood opportunities and mostly relying on income from casual labour, which they need to compete for with IDPs and an increasing number of rural migrants. There is a severe lack of access to the labour market in urban settings, particularly for the most vulnerable and uneducated. This is further demonstrated by the reliance on external remittances, with households receiving remittances showing an 18 per cent lower rate of poverty than households without remittances support[103]. As the urban poor spend a major portion of their income on food, they are also adversely affected by increases in food prices, while both food prices and work opportunities were impacted by COVID-19 in 2020, further aggravating conditions. Poor households in urban and rural areas are less likely to participate in the labour market and more likely to be illiterate, to have lower educational levels, and to live in dwellings of poor quality, including with a lack of access to improved water and sanitation facilities[104].

A secondary impact of COVID-19 is increased exposure of children to risks of abuse and psychosocial distress because of confinement. Surveys separately conducted in 2020 by the GBV Area of Responsibility (AoR), Child Protection AoR and UNICEF highlighted that protection risks and negative coping strategies have been compounded by school closures as a result of the COVID-19 pandemic: 35 per cent of children experience violence at home while there is also an increase in child labour, with 12 per cent of children engaged in forced labour without pay. Amid declining livelihood opportunities, nearly half of all parents reported they could not provide basic needs to their children and

access to educational services during the pandemic due to economic losses incurred by the outbreak of COVID-19[105].

In rural Somalia, most areas are classified as being in food Stress (IPC Phase 2), while Guban Pastoral, Bay-Bakool Low Potential Agropastoral, and parts of Hiraan, Galguduud and the Jubas are in Crisis (IPC Phase 3)[106]. The protracted exposure to climatic shocks over the years, coupled with the infestation of Desert Locusts and indirect impact of COVID-19, has contributed to a further reduction of the most vulnerable pastoralist and agro-pastoralist coping capacities[107]. The magnitude and severity of acute food insecurity in rural areas is expected to increase significantly in 2021, due to the likely impacts of a below average 2020 Deyr season and a possibly delayed or poor performing 2021 Gu season, as well as the ongoing challenges posed by Desert Locusts[108]. The Food Security Cluster projects an estimated 2.4 million non-IDP Somalis will be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) through 2021.

Displaced households returning to areas that experienced conflict face a lack of basic infrastructure and services, resulting in continued vulnerability. In many areas, serious protection concerns remain, including unexploded ordnance, ongoing and renewed fighting, retaliatory violence by non-State armed groups, and the forced recruitment of adults and children.

Those who fall outside the clan structures, specifically minority groups, often cannot access basic services provided for displaced people in the camps, such as water, food, and health care[109]. Minority clan communities are also extremely vulnerable to discrimination and persecution by the myriad armed actors in Somalia and have reduced capacity to provide meaningful protection to members, while lacking redress for grave violations of human rights due to limited state protection. Women from minority clan communities are particularly vulnerable to forms of GBV. Urbanization patterns have become dominated by clans, ensuring that residence in specific neighbourhoods is controlled by clan affiliation. As such, urban areas often present very high risks for women who may be outside the protection regime of a dominant clan[110].

Overall, women and girls who are survivors of Sexual and Gender-Based Violence (SGBV) face significant challenges in accessing competent health services that may respond to their needs in a dignified manner. Health providers struggle to have appropriate training and resources to care for GBV survivors or provide clinical management of rape, potentially putting survivors at even more risk. Facilities often lack confidential spaces in which to examine and counsel survivors, and referral services, including mental health and psychosocial support, are often difficult to access, especially from rural areas.

Living standards

The wellbeing of non-displaced Somalis is related to the challenges they face in meeting their basic needs and the coping strategies that are used to sustain living standards. Despite not being as proportionally impacted by shocks as IDPs, significant segments of the non-IDP population are struggling in poverty without sufficient access to essential goods and services like healthcare, food, education, shelter, water facilities and sustainable livelihoods. According to the World Bank, almost nine out of 10 Somali households are deprived of at least one fundamental dimension: access to income, electricity, education or water and sanitation[111].

Half of all non-IDP households reported limited access to primary or secondary healthcare facilities and services[112]. This is attributed to the high cost of services and medicines, the lack of qualified health staff at health facilities, and the distance to treatment centres[113]. About 36 per cent of non-IDP households must travel more than 30 minutes to reach a hospital, with 12 per cent travelling over 1 hour to access health services[114]. The vast majority of non-IDPs access medical care by foot[115]. Women in particular face formidable hurdles in accessing healthcare during pregnancy and child delivery, with 73 percent reporting at least one major obstacle to accessing healthcare[116]. Exacerbating the limited access to healthcare, 3.4 million non-IDPs face insufficient access to potable water and sanitation services. An estimated 17.5 per cent of non-IDP households face critical or catastrophic gaps in accessing enough water to cover their basic needs for both drinking and domestic use[117]. Meanwhile,

common access issues related to sanitation facilities are that toilet facilities are too crowded (27 per cent), not functioning (25 per cent) or unclean (18 per cent)[118]. A lack of access to hygiene items also remains prevalent among non-IDPs, with over one third of non-IDP households using substitutes to soap (like sand) or diapers (like clothes)[119]. In 2021, these concerns might be intensified by La Niña, which has the potential to trigger further water scarcity. Linked to the overall health and food security context, non-displaced Somalis also face a range of barriers when attempting to access preventive nutrition services or treatment. This is predominantly due to a lack of awareness of available supplementary nutrition products and services, distance to services and difficulty in enrolling children in existing programs[120].

Somalia suffers from significant barriers to education and school enrolment. Only 30 per cent of children aged between 6 and 13 years are enrolled in primary education, and only 26 per cent of children aged 14-17 years in secondary education. An estimated 1.1 million non-displaced school-aged children and youth remain out of school. The low enrolment rates are disproportionate across the districts in the country. Districts with the lowest attendance rates are scattered in south and central Somalia, including Bakool, Mudug, Middle Shabelle and Middle Juba[121]. Children with disabilities particularly struggle to access education due to inadequate resources, transport services and learning materials.

According to the 2020 JMCNA, shelter is a top priority need for more than half of the non-IDP population. The Shelter Cluster estimates that 1.3 million non-IDPs require shelter and non-food item (NFI) assistance, mainly due to inadequate conditions and related living standards like overcrowding and economic hardship. Shelter repairs and NFIs remain unaffordable to most people, with a sub-set of 94 per cent of non-IDP households with damages to their shelters reporting that they did not have the funds to conduct household repairs, and 53 per cent of those with damaged shelter reporting that they lacked construction tools. Among non-IDPs, some of the most vulnerable who face challenges in accessing shelter and NFI assistance include women-headed households, child-headed households, and households with older persons and persons with disabilities. A particular risk of GBV exists for those who live in open, makeshift and unfinished shelters, with both men and boys, and women and girls reporting not feeling safe in these structures.

More broadly, protection concerns continue to affect the ability of households to access basic humanitarian assistance, with 57 per cent of non-IDP households stating they faced a protection-related barrier when trying to access basic services like markets, water, sanitation, hygiene, or nutrition[122]. Access to GBV services by survivors also remains limited compared to the large population in need. Further, existing services are under threat due to violent targeting of service providers and the limited capacity of security personnel to apply a survivor-centred approach and guide the prosecution process to ensure access to justice. The COVID-19 pandemic further shrunk availability of service provision and access for survivors as a result of movement restrictions and closure of services[123].

While COVID-19 started as a health crisis, it has also triggered multiple adverse consequences on the protection of communities that were already vulnerable due to armed conflict and natural disasters. The risks and consequences on protection of communities are diverse and affect groups and individuals differently according to their age, gender and other factors affecting their vulnerability, such as disability or clan affiliation.

Coping mechanisms

Due to an absence of formal insurance, most Somali households are forced to rely on self-insurance to cope with shocks like floods, drought, Desert Locust infestations and COVID-19. These strategies include selling, pledging or mortgaging physical and productive assets, and borrowing from friends, relatives and money lenders[124]. External remittances provide a crucial lifeline to many non-displaced households. Those that do not receive remittances show an 18 per cent higher rate of poverty than households who do receive remittances[125]. However, while remittances provide unemployed families with the resources to cushion poverty and hunger, they cannot ensure sustainable and effective coping strategies in the long run, as evidenced during

COVID-19 when external remittances reduced.

According to the Food Security Cluster, a broad range of non-displaced Somalis engage in moderately severe food and livelihoods coping strategies when they do not have enough food or enough money to buy food. This includes borrowing or buying food on credit, restricting adult meals and reducing overall meals. Poor households with limited coping capacity and high vulnerability are expected to continue to struggle to meet their minimum food and non-food needs in 2021. With little or no carryover stocks from 2020 Gu production and inadequate income from agricultural labour during the Deyr season, rural households in particular will likely increase their reliance on stressed or crisis coping strategies, such as the use of loans[126].

Of the 3.4 million non-IDPs needing water, sanitation and hygiene assistance, roughly 22 per cent are in extreme need and 24 per cent in catastrophic need[127]. Given the potential for drought conditions in 2021 and growing pressures on livelihoods, an increased risk of negative coping mechanisms is anticipated. Vulnerable populations are likely to reduce water consumption and rely on seasonal or unsafe water sources as water becomes scarcer[128]. Meanwhile, among those reporting issues with their sanitation facilities, prevalent coping strategies include relying on less preferred sanitation facilities, communal latrines or defecating in the open[129]. This impacts peoples' health and nutrition status.

Shelter and NFI needs remain high among IDPs due to prolonged flooding, the challenging economic environment, continued displacement, and low level of shelter and NFI response due to lack of funding. Scavenging for required items, borrowing cash, living with others and moving from one location to another are the predominant coping strategies when faced with limited access to shelter, especially for those who cannot afford living costs, including rent[130]. This results in a higher likelihood of individuals moving into close quarters, usually informal and overcrowded settlements, for shelter, putting them at higher risk of COVID-19.

The Somalia Protection Monitoring System (SPMS)[131] reported that communities reach out to NGOs, local authorities and traditional leaders for support as a coping strategy to protection concerns around exclusion of assistance, extortion, or abuse of assistance and SGBV concerns. Communities often use alternative dispute resolution mechanisms to cope with the lack of access to formal justice.

Physical and mental wellbeing

Excess mortality in Somalia continues to be driven by malnutrition, disease outbreaks like COVID-19, AWD, cholera, measles and malaria, non-communicable and chronic diseases, complications of pregnancy and violence. These drivers are compounded by widespread poverty, marginalization of vulnerable groups, and lack of adequate healthcare, including preventive services such as vaccination. Particularly vulnerable groups among non-IDPs include pregnant and lactating women, young children, unvaccinated children, single-headed households, elderly persons, persons with disabilities and those with mental health disorders. Catastrophic healthcare conditions are most prevalent (over 30 per cent of the population) in the districts of Baidoa, Cabudwaaq, Doolow, Galdogob, Laas Caanood and Xudun[132].

High child and maternal mortality rates are of particular concern. Four in 100 Somali children die during the first month of life, 8 in 100 before their first birthday, and 1 in 8 before they turn 5[133]. More than 80 per cent of newborn deaths are due to prematurity, asphyxia, complications during birth or infections such as pneumonia, diarrhoea, measles and neonatal disorders[134]. COVID-19 interrupted vaccination campaigns across Somalia, which is expected to result in nearly 190,000 children under 1 missing their vaccinations in 2020. Without targeted accelerated campaigns, and extra efforts to reach all children, at least 140,000 children will miss their vaccinations in 2021.

High levels of acute malnutrition persist, driven by high morbidity, immunization and vitamin A supplementation below Sphere standards, poor childcare practices and acute food insecurity. Inadequate water and sanitation services exacerbate malnutrition rates and related health issues. They constitute the main cause of spread of acute diarrheal diseases, leading to malnutrition and contributing to increasing the existing stunting

rate of 25.3 per cent in children below 5 years of age. Notwithstanding improvements made over the past decade, nearly 1 in 5 children show signs of chronic malnutrition, and 1 in 10 are acutely malnourished[135]. Malnutrition levels among non-IDPs are above emergency thresholds in most parts of the country. The Nutrition Cluster estimates that 1,766,390 non-IDPs will require nutrition assistance in 2021, with pregnant and lactating women and children under 5 particularly in need. South West State is of greatest concern, ranking very low in all assessed nutritional indicators, including being among the states with the highest rates of anaemia and iron and vitamin A deficiency. Huge food and nutrition gaps remain, largely among poor non-IDP agropastoral, marginalized and urban communities, where many vulnerable persons can be classified as, or are in danger of being pushed into, the most severe phases of food and nutrition insecurity. For HNO planning, the Food Security Cluster is using an average projection of 3.5 million Somalis facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) food security conditions through 2021, of which 67 per cent are non-IDPs, the majority of whom are urban poor.

The socio-economic impact of COVID-19 containment measures have particularly impacted the non-IDP urban poor. The poverty rate among the non-IDP urban poor is 64 per cent, with an additional 10 per cent of the population at high risk of falling into poverty with any sort of climate, economic or health-related shock. Among the population of non-IDPs under the poverty line, particularly vulnerable groups in urban areas such as women-headed households, girls, persons with disability, the elderly and minority communities are likely to experience a deterioration of their physical and mental wellbeing as they possess limited economic resources and means to fend for themselves.

The health system is ill-equipped to manage an increasing burden of mental disorders and non-communicable diseases. Mental health services and psychotropic drugs, essential for treatment in more severe cases, are insufficient for addressing the needs. Mental health and psychosocial support capacity of primary health care staff is limited, with specialized staff available in very few locations.

BARDHERE, SOMALIA
Photo: OCHA

Refugees, Asylum Seekers and Returnees

TOTAL POPULATION	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
138K	0	72K	63K	3K	0

Intersectoral severity of needs and immediate drivers

Refugees and asylum seekers

UNHCR projects that there will be 28,002 refugees and asylum seekers in 2021, the majority of which will be hosted in Somaliland (55 per cent), followed by Puntland (37 per cent) and South and Central regions (9 per cent). According to UNHCR data, out of the total refugee and asylum seeker population, 55 per cent are children (with 28 per cent girls and 27 per cent boys), 23 per cent are men and 22 per cent are women. Four per cent have a serious medical condition, and 2 per cent have a disability requiring specialized medical care. In terms of country of origin, 71 per cent are from Ethiopia, 26 per cent from Yemen and the remaining refugees and asylum seekers are from more than a dozen countries. While the protection environment for Yemenis in Somalia remains relatively favourable due to religious, cultural and historical ties with the host community, Eritrean and Ethiopian persons of concern face greater challenges in terms of access to work, freedom of movement and socio-economic integration. The underlying complexities of insecurity, conflict and climate shocks (such as drought and floods) have an adverse impact on the protection environment of refugees and asylum seekers. The existing needs and vulnerabilities have been exacerbated by COVID-19, especially for women and children, who represent 77 per cent of the total refugee and asylum seeker population. In addition to challenges related to safety, security and development, specific issues such as the unavailability of land/title deeds, dearth of basic services and limited livelihood opportunities create significant obstacles to achieving durable solutions for refugees and asylum seekers.

Refugee returnees

UNHCR projects that there will be 109,989 assisted refugee returnees in the country in 2021, including the 18,050 that are expected to be assisted with return in the course of 2021. According to UNHCR data, out of the total refugee returnee population, 57 per cent are children (27 per cent are girls and 30 per cent are boys), 22 per cent are women, 21 per cent are men and 1.2 per cent have a disability requiring specialized medical care. As a newly arrived demographic in Somalia, refugee returnees are particularly vulnerable to the consequences of insecurity, conflict, climate shocks and COVID-19. According to data from the UNHCR Post (Refugee) Return Monitoring (PRM), the vast majority of returnees are satisfied overall with their decision to return (89 per cent) and have not experienced violence since their return (95 per cent). However, returnees encounter significant challenges, including limited livelihoods and access to land, with no possession of title deeds upon return in most cases. A reported 18 per cent of returnees currently live in IDP sites, a term used to describe settlements comprised of vulnerable IDPs, returnees and host community members, mainly in the Banadir region and Kismayo, Jubaland. Many returnees choose not to return to their areas of origin, preferring to settle in urban areas. As a result, returnees suffer from limited access to basic services because the system is already overburdened due to a lack of funding to cover the needs of a rapidly growing urban population.

Living standards

As per UNHCR's assessment, all refugee and asylum seekers in Somalia are in need of a variety of protection services and assistance. The priority needs include access to education, vocational training, healthcare, and livelihoods. The needs are due to lack of income

to make ends meet, coupled with a high cost of living, and overstretched public service systems. Without adequate access to quality public primary and secondary education and healthcare, an increased number of children and youth will depend on UNHCR and partners for assistance. Individuals lacking access to basic services and/or a social safety nets are vulnerable to negative coping mechanisms that in turn make them more susceptible to violence, including GBV, eviction and cyclical displacement.

Opening of borders and easing of COVID-19-related travel restrictions can lead to increased refugee returns in 2021 as compared to 2020. A substantial number of returnees have limited access to basic services, and are exposed to a myriad of protection risks, including but not limited to SGBV, lack of access to shelter, risk of evictions, insufficient access to WASH, as well as limited livelihoods opportunities.

Coping mechanisms

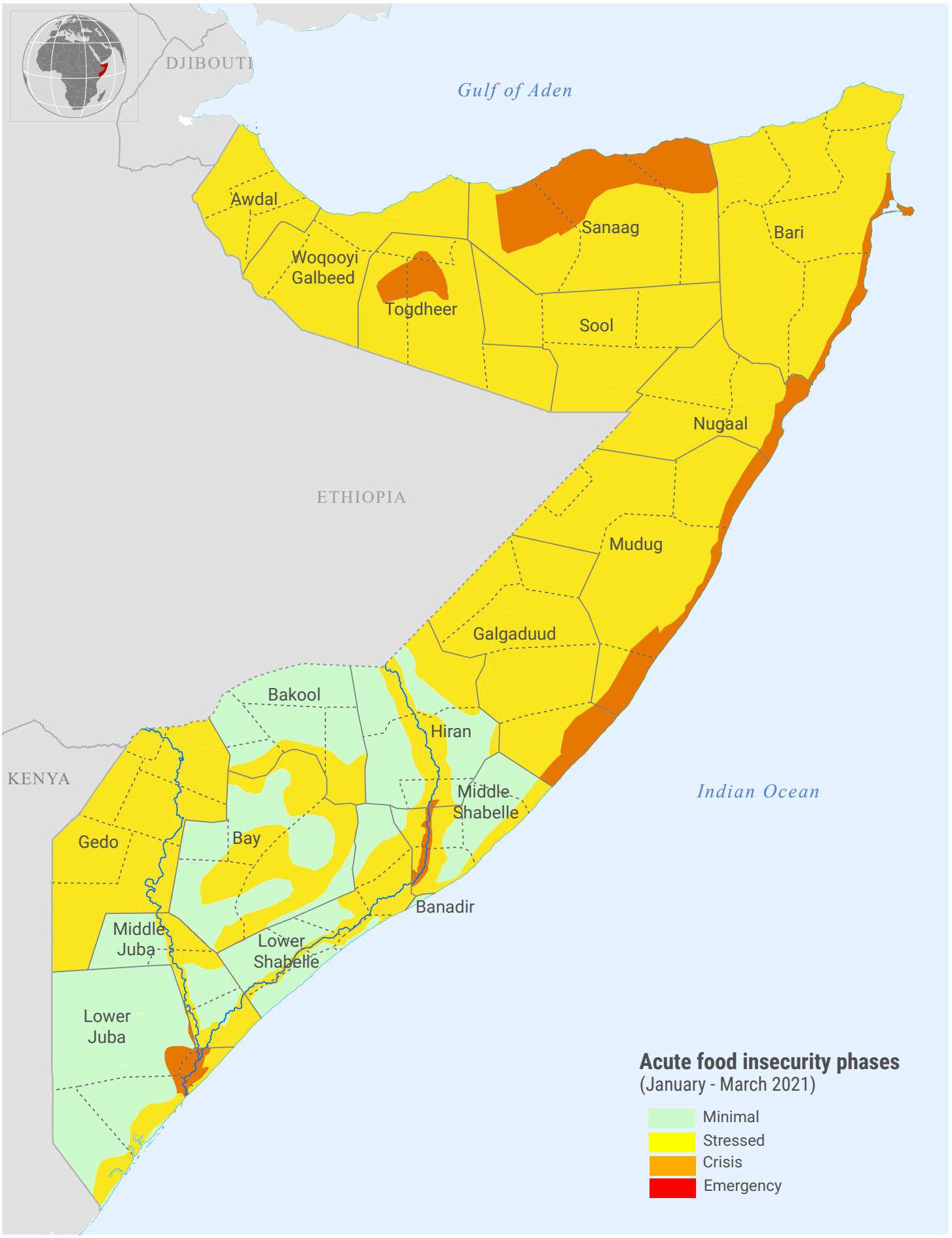
There are very limited livelihood opportunities available for refugees and asylum seekers, mainly due to a lack of employment and wage-earning opportunities in places of residence. Without regular and predictable incomes, refugees and asylum seekers often cannot afford to purchase even basic items. Similar to refugees and asylum seekers, there are also limited coping mechanisms and livelihoods opportunities available to refugee returnees. According to UNHCR's PRM snapshot in 2020, 65 per cent of returnee households reported that their sources of income are insufficient to meet their household needs. The effect of Government measures against COVID-19 in 2020 had a drastic effect on livelihood opportunities for returnees (who mainly work as daily laborers) as well as other displacement-affected communities in Somalia. Vulnerabilities have been exacerbated by reductions in international remittances for some and a decline in purchasing power.

Physical and Mental Well-Being

Access to healthcare services, especially at secondary and tertiary levels, remains limited in Somalia. This particularly affects persons with specific needs, including those with chronic illness and physical disabilities. According to UNHCR data, 3.6 per cent of the total refugee and asylum seeker population have a serious medical condition and 1.8 per cent live with disabilities that require specialized medical care. Additionally, there are victims of torture, women at risk, older persons at-risk as well as SGBV survivors who need specialized MHPSS services. The wellbeing of refugees and asylum seekers is further exacerbated by COVID-19-related challenges. At the same time, the capacity of local primary healthcare facilities is inadequate, while the high cost of healthcare makes it even more challenging for already vulnerable refugees and asylum seekers to access the limited services available.

For the physical and health sector, refugee returnees, who often find themselves in IDP-like settings, face challenges that are similar to those of IDPs, such as insufficient healthcare services and high costs associated with accessing the existing limited services. The situation of refugee returnees is further compounded by security-related access constraints in southern/central regions.

Acute food insecurity situation overview



Source: FSNAU

1.5 Number of People in Need

People in Need (2020)

PEOPLE IN NEED	TREND (2015-2020)	WOMEN	CHILDREN	WITH DISABILITY
5.2M		16%	63%	15%

People in Need (2021)

PEOPLE IN NEED	TREND (2016-2021)	WOMEN	CHILDREN	WITH DISABILITY
5.9M		15%	66%	15%

BELET WEYNE, SOMALIA
Photo: UNSOM

PiN by severity phase and location

DISTRICT	TOTAL POPULATION	SEVERITY	PEOPLE IN NEED	IDPS PIN	NON-IDPS PIN	REFUGEES PIN
Adan Yabaal	37,781	3	**9,447**	0	9,447	0
Afgooye	238,655	3	**57,568**	23,172	34,395	66
Afmadow	172,485	2	**24,176**	11,574	12,601	0
Baardheere	177,384	3	**29,588**	3,463	26,125	0
Badhaadhe	56,178	2	**9,394**	1,152	8,242	0
Baidoa	315,679	3	**250,828**	149,006	101,823	0
Baki	96,885	3	**29,321**	2,419	26,902	0
Balcad	212,261	2	**40,162**	10,277	29,885	0
Banadir	1,650,228	3	**1,578,664**	407,674	1,170,990	2,476
Bandarbayla	15,481	3	**4,685**	1,536	3,148	1
Baraawe	74,072	2	**12,522**	3,643	8,880	0
Belet Weyne	235,214	3	**65,310**	27,617	37,693	0
Belet Xaawo	83,116	3	**25,689**	15,282	10,407	0
Berbera	176,008	2	**13,878**	1,732	12,146	233
Borama	398,609	3	**222,208**	3,263	218,945	211
Bossaso	469,566	3	**359,664**	132,566	227,097	6,700
Bu'aale	108,986	2	**10,582**	1,532	9,051	0
Bulo Burto	138,283	3	**29,626**	2,186	27,440	0
Burco	460,354	3	**207,429**	33,685	173,744	309
Burtinle	64,963	3	**25,050**	3,617	21,433	14
Buuhoodle	83,747	3	**38,011**	17,383	20,628	0
Buur Hakaba	197,198	3	**101,461**	0	101,461	0
Cabudwaaq	101,959	3	**42,600**	27,294	15,306	0
Cadaado	129,588	3	**30,349**	5,124	25,225	0
Cadale	86,896	3	**16,174**	0	16,174	0
Caluula	48,986	3	**38,725**	10,416	28,309	0
Caynabo	59,080	3	**23,909**	13,237	10,672	0
Ceel Afweyn	99,950	3	**55,874**	19,268	36,606	10
Ceel Barde	59,129	3	**26,746**	8,222	18,523	0
Ceel Buur	83,610	3	**17,720**	8,446	9,275	0
Ceel Dheer	109,870	2	**18,122**	6,142	11,980	0
Ceel Waaq	60,046	2	**9,700**	4,355	5,346	0
Ceerigaabo	205,318	3	**54,734**	7,619	47,115	176
Dhuusamarreeb	144,407	2	**21,341**	9,621	11,720	0
Diinsoor	174,932	3	**55,846**	15,425	40,422	0
Doolow	41,245	3	**23,060**	22,478	582	0

RETURNEES PIN	BY GENDER WOMEN / MEN (%)	BY AGE GROUP CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY
0	57/43	66/30/4	1,417
20	57/43	66/30/4	8,635
689	57/43	66/30/4	3,626
61	57/43	66/30/4	4,438
233	57/43	66/30/4	1,409
1,875	57/43	66/30/4	37,624
0	57/43	66/30/4	4,398
153	57/43	66/30/4	6,024
4,010	57/43	66/30/4	236,800
0	57/43	66/30/4	703
2	57/43	66/30/4	1,878
13	57/43	66/30/4	9,797
155	57/43	66/30/4	3,853
1	57/43	66/30/4	2,082
19	57/43	66/30/4	33,331
59	57/43	66/30/4	53,950
73	57/43	66/30/4	1,587
0	57/43	66/30/4	4,444
18	57/43	66/30/4	31,114
0	57/43	66/30/4	3,757
0	57/43	66/30/4	5,702
0	57/43	66/30/4	15,219
0	57/43	66/30/4	6,390
0	57/43	66/30/4	4,552
0	57/43	66/30/4	2,426
1	57/43	66/30/4	5,809
0	57/43	66/30/4	3,586
0	57/43	66/30/4	8,381
0	57/43	66/30/4	4,012
0	57/43	66/30/4	2,658
0	57/43	66/30/4	2,718
9	57/43	66/30/4	1,455
4	57/43	66/30/4	8,210
2	57/43	66/30/4	3,201
42	57/43	66/30/4	8,377
7	57/43	66/30/4	3,459

DISTRICT	TOTAL POPULATION	SEVERITY	PEOPLE IN NEED	IDPS PIN	NON-IDPS PIN	REFUGEES PIN
Eyl	81,032	3	**23,441**	10,980	12,461	1
Gaalkacyo	389,194	3	**98,222**	65,609	32,614	934
Galdogob	79,595	3	**27,878**	17,153	10,725	8
Garbahaarey	76,952	3	**58,124**	53,061	5,063	0
Garoowe	246,702	2	**52,375**	15,349	37,026	1,443
Gebiley	106,914	3	**25,800**	947	24,853	75
Hargeysa	959,081	3	**685,335**	84,553	600,782	14,745
Hobyo	115,222	2	**12,521**	0	12,521	0
Iskushuban	58,415	3	**34,140**	13,257	20,883	0
Jalalaqsi	147,189	3	**37,390**	3,352	34,037	0
Jamaame	97,911	3	**39,262**	4,608	34,654	0
Jariiban	81,890	3	**24,782**	4,906	19,876	0
Jilib	174,819	2	**20,151**	2,894	17,257	0
Jowhar	179,097	3	**60,432**	14,366	46,066	1
Kismaayo	162,733	3	**316,833**	77,713	239,119	0
Kurtunwaarey	262,317	2	**38,660**	1,401	37,259	0
Laas Caanood	156,438	3	**118,752**	97,455	21,297	24
Laasqoray	238,855	2	**60,149**	18,228	41,921	18
Lughaye	100,819	3	**33,215**	2,585	30,630	0
Luuq	69,660	3	**11,959**	1,489	10,470	0
Marka	198,301	3	**64,809**	17,379	47,429	3
Owdweyne	101,358	2	**20,708**	5,433	15,276	0
Qandala	52,111	3	**38,741**	8,522	30,219	3
Qansax Dheere	104,373	3	**21,769**	0	21,769	0
Qardho	85,588	3	**31,737**	16,132	15,605	547
Qoryooley	292,392	3	**177,826**	4,171	173,655	0
Rab Dhuure	37,652	3	**12,780**	1,270	11,510	0
Saakow	79,116	2	**12,219**	2,665	9,554	0
Sablaale	23,447	2	**2,768**	511	2,257	0
Sheikh	75,904	2	**16,454**	426	16,029	3
Taleex	73,529	3	**21,662**	10,540	11,122	0
Tayeeglow	73,675	3	**17,602**	574	17,028	0
Waajid	87,869	3	**30,056**	8,960	21,096	0
Wanla Weyn	113,035	3	**31,961**	4,359	27,602	0
Xarardheere	51,961	2	**5,842**	0	5,842	0
Xudun	38,380	3	**13,931**	9,257	4,673	0
Xudur	108,902	3	**33,678**	13,078	20,600	1
Zeylac	76,951	3	**18,594**	616	17,979	0
TOTAL	**12.3 M**		**5.9M**	**1.6M**	**4.3M**	**28K**

RETURNEES PIN	BY GENDER WOMEN / MEN (%)	BY AGE GROUP CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY
0	57/43	66/30/4	3,516
11	57/43	66/30/4	14,733
0	57/43	66/30/4	4,182
19	57/43	66/30/4	8,719
11	57/43	66/30/4	7,856
1	57/43	66/30/4	3,870
145	57/43	66/30/4	102,800
0	57/43	66/30/4	1,878
0	57/43	66/30/4	5,121
0	57/43	66/30/4	5,608
61	57/43	66/30/4	5,889
0	57/43	66/30/4	3,717
76	57/43	66/30/4	3,023
19	57/43	66/30/4	9,065
9,753	57/43	66/30/4	47,525
0	57/43	66/30/4	5,799
3	57/43	66/30/4	17,813
0	57/43	66/30/4	9,022
0	57/43	66/30/4	4,982
329	57/43	66/30/4	1,794
12	57/43	66/30/4	9,721
0	57/43	66/30/4	3,106
0	57/43	66/30/4	5,811
0	57/43	66/30/4	3,265
6	57/43	66/30/4	4,760
2	57/43	66/30/4	26,674
0	57/43	66/30/4	1,917
156	57/43	66/30/4	1,833
0	57/43	66/30/4	415
0	57/43	66/30/4	2,468
0	57/43	66/30/4	3,249
0	57/43	66/30/4	2,640
0	57/43	66/30/4	4,508
0	57/43	66/30/4	4,794
0	57/43	66/30/4	876
0	57/43	66/30/4	2,090
0	57/43	66/30/4	5,052
0	57/43	66/30/4	2,789

18K

Part 2

Risk Analysis and Monitoring of Situation and Needs

SOMALIA
Photo: UNSOM

2.1 Risk Analysis

Conflict and Insecurity

Conflict remains a predominant driver of humanitarian needs and displacement. It is expected that up to 190,000 additional civilians will be displaced due to conflict in 2021. An estimated 320,000 civilians fled their homes due to conflict and insecurity in 2018, which decreased by 59 per cent to 190,000 in 2019. In 2020, 242,000 people were displaced due to insecurity. The displacement of civilians continues to be related to direct exposure to violence or the threat of violence, in particular in Lower Shabelle, Lower Juba, Middle Shabelle, Bay, Gedo, Hiraan, Mudug and Banadir. This dynamic will most likely remain the same in 2021.

Floods

Flooding seasons have consistently grown more severe in recent years, displacing hundreds of thousands and devastating crops, and this trend is likely to continue in 2021. Based on a trend analysis of recent years, it is considered likely that between 76,000 and 250,000 individuals will be displaced due to flooding in 2021. In 2020, flash and riverine flooding in Somalia affected 1.6 million people, of whom 919,000 were displaced and 35 killed. Hirshabelle, South West and Jubaland States, as well as Banadir region were the areas most affected by floods[136]. More than 144,000 hectares of farmland were inundated during the Gu season, and as a result the July harvest decreased significantly. In addition, unusual Hagaa rains (July and August) led to river flooding which inundated more than 100,000 hectares of farmland along the Shabelle River for more than six months in the lower parts of the river, before receding slowly in November 2020. The rains washed away crops, exacerbating food insecurity and contributed to the ongoing outbreak of AWD and cholera.

COVID-19

Somalia will remain at risk of being particularly impacted by the COVID-19 pandemic in 2021 due to its fragile healthcare systems, the number of IDPs and ongoing conflict and insecurity. As of 21 November 2020, 4,445 cases with 113 deaths had been confirmed. Current modelling by UN OCHA teams and John Hopkins University indicates that a 1-2 per cent projected increase in total cases and up to a 3 per cent projected increase in total deaths per month can be expected, assuming all current non-pharmaceutical interventions (NPIs) are maintained. Despite the lower relative predicted increase, there is still a possibility of surges in the number of severe cases as seen in the first quarter of 2021.

In addition to health concerns, in 2021 the country will also have to handle the coronavirus-related impact on the Somali economy, putting further constraints on the most vulnerable people. Potential socio-economic risks in 2021 continue to include an anticipated decline in livestock exports, lower labour demand a decline in external remittance flows into Somalia, and above-average imported staple food prices. This is likely to exacerbate and cause further vulnerabilities, particularly in urban areas. For example, the World Bank estimates that on average in recent years, $1.4 billion in remittances flow into Somalia annually, accounting for a quarter of GDP[137].

Desert Locust

Desert Locust infestations pose a major risk to agriculture-based livelihoods and food security in an already fragile region. In 2020, the Desert Locust upsurge was mostly confined to northern and central Somalia, causing damage to crops, fruit trees and pasture, and spreading to the south late in the year. Despite the ongoing effort to control the spread of Desert Locust yielding positive results, there are still significant risks

in 2021 for Somalia, particularly as a result of Cyclone Gati, that will encourage the development of a new generation. As of September 2020, Government-led control operations have reduced Desert Locust numbers in Somaliland and Puntland but the residual population still poses a great risk. In Galmudug, control operations have not been to the same level due to accessibility constrains; this will lead to a higher number of swarms developing from the current hopper population. In addition, a more robust presence of locusts in Ethiopia's Ogaden region will pose additional risks for Somalia – especially considering access constraints. Finally, exceptionally heavy rains along the Red Sea and Gulf of Aden coast will cause substantial increases in locust numbers by autumn or winter 2020 and spring of 2021.

Damage from Desert Locust swarms could exacerbate the impact of a below-average 2020 Deyr season and pose a serious risk to both pasture and crops across Somalia beyond 2020. As such, the situation requires intensified monitoring and scaling up of control measures. Countrywide there are risks for food security and market issues, however, livelihood issues are predominantly focused on those whose crops have been devastated by locusts. Further, food security issues will affect urban poor, marginalized and vulnerable groups, the elderly and sick.

La Niña

La Niña has developed and is expected to last into 2021, affecting temperatures, precipitation and storm patterns in many parts of the world, according to the World Meteorological Organization (WMO)[138]. This La Niña is expected to be moderate to strong. The last time there was a strong event was in 2010-2011, followed by a moderate event in 2011-2012. It is important to note that El Niño and La Niña are not the only factors that drive global and regional climate patterns and that no two La Niña or El Niño events are the same; their effects on regional climates can vary depending on the time of year and other factors. Therefore, decision makers should always monitor the latest seasonal forecasts for the most up to date information.

In East Africa, La Niña tends to trigger or exacerbate droughts, with El Niño typically triggering floods. According to the Climate Prediction Center (CPC) and the International Research Institute for Climate and Society (IRI) El Niño Southern Oscillation (ENSO), La Niña is likely to continue through March 2021 (~95 per cent chance) and further through March to May 2021 (~65 per cent chance), coinciding with the dry 2021 Jilaal (January-March) and Gu (April-June) seasons in Somalia. As a result, drought conditions are expected to develop and worsen during the first half of 2021. The most recent drought period that was associated with La Niña in Somalia was the severe drought of 2016/2017, while the catastrophic 2010/11 famine in Somalia was also a result of La Niña.

The below normal 2020 Deyr rains this year are expected to have negative impacts on agriculture, livestock and water availability. These impacts are likely to be exacerbated by possible delays or poor performance of the 2021 Gu season rainfall. The identification of geographical areas likely to be affected by La Niña are difficult to predict. Southern pastoral areas experienced below average rainfall during the Deyr season in line with overall La Niña predictions. Heavy rainfall and flooding triggered by Cyclone Gati from 22 to 24 November 2020 caused significant damage to fishing communities and caused livestock deaths in coastal parts of Puntland and Somaliland.

Most likely scenario

Based on the risk analysis outlined above, there is a high likelihood that multiple, recurring shocks will continue to affect Somalia's most vulnerable people in 2021.

Drought conditions will most likely occur in early to mid-2021, due to decreased rainfall in the 2020 Deyr season as well as potentially the 2021 Gu season, potentially affecting crop production of both seasons.

It is expected that localized flooding will continue during the Gu season (April-June 2021), however, this may not be as severe as in 2020. Nevertheless, recent climate events show that even during drought conditions, heavy and localized rains are likely to cause damage and displacement. The number of people displaced by flooding has increased significantly in recent years, with 919,000 displaced by floods in 2020 compared to

416,000 displaced in 2019, and 281,000 individuals in 2018. However, it is highly probable that La Niña will lead to general decreased rainfall in 2021. Consequently, floods are estimated to displace between 70,000 (in the best-case scenario) and 250,000 people (in the worst-case scenario), based on historical trends. In addition, an estimated 190,000 people are expected to be displaced in 2021 by potential political instability due to elections[139], combined with ongoing Al Shabaab activity.

Higher than usual rainfall in northern Somalia will continue to cause favourable conditions for locusts to breed, thus increasing the numbers of swarms even with control measures being undertaken. In this scenario around 75,000 pastoralist and agro-pastoralist will be affected by swarms of Desert Locusts in 2021, an estimation that is already included in the IPC projected data and reflects the same amount of people affected in 2020. This figure takes into consideration the ongoing Government-led control operation which is significantly reducing Desert Locust swarms in Somaliland and Puntland. Given the fragile levels of food security in the country, climatic shocks including drought and floods are very likely to have a devastating impact well beyond the beginning of 2021.

COVID-19 is estimated to have a direct or indirect impact on 20 per cent (3.1 million) of the total population in Somalia according to WHO global guidance. This projection has been already included in the actual HNO analysis and PiN calculation as part of the Health Cluster needs analysis.

Finally, it is projected that by the end of 2020, over 400 Somali refugees will have been assisted with their return to Somalia. This is a relatively low figure of returns as 2020 saw a temporary suspension of the Assisted Spontaneous Return (ASR) programme from Yemen and Voluntary Repatriation (VolRep) from Kenya due to COVID-19 and associated travel restrictions. In 2021, an increase in refugee returns is expected in line with the anticipated recovery from the COVID-19 pandemic. Overall, it is projected that 18,050 refugees will be assisted with their return to Somalia in the course of 2021. An increase in returns will necessitate the scale up of area-based projects that should among others cover education, WASH, health as well as livelihoods, specifically in areas of high return. These projects are to be pursued in addition to individual and family level support, including through the use of cash-based interventions.

Due to the security situation in Yemen and Ethiopia, it is expected that Somalia will continue to receive refugees and asylum seekers, with 28,002 refugees and asylum seekers projected to need of assistance and support in 2021.

SHOCK, STRESS, OPPORTUNITY	TEMPORAL SCOPE (WHEN, FOR HOW LONG?)	GEOGRAPHICAL SCOPE (WHAT ARE THE REGIONS THAT WILL BE AFFECTED?)	MAIN VULNERABLE GROUPS
Shock 1 (Conflict/Insecurity)	Not time bound - year-round (2021)	Lower Shabelle, Lower Juba, Middle Shabelle, Bay, Gedo, Hiraan and Mudug regions, Banadir	IDPs, women, children, disabled, Older Persons, Minorities, Refugees, Asylum Seekers, Returnees
Shock 2 (Flood)	April - June 2021	The Juba and Shabelle River valleys, Hargeisa, Somaliland are prone to seasonal flooding due to topography and precipitation patterns	Pastoralists, IDPs, women and children, Minorities, Urban and Rural Poor, Refugees, Asylum Seekers, Returnees
Shock 3 (COVID)	Not time bound - year-round (2021)	Countrywide	Directly: Older Persons and those with pre-existing conditions. Indirectly: Urban poor, IDP households, Refugees, Asylum Seekers, Returnees
Shock 4 (Locusts)	The effects of the locusts predominantly follow periods of heavy rainfall and flooding. Consequently, following the 2020 Deyr rain and Gu season it is expected that locust numbers could potentially increase.	Puntland, Galmudug and Somaliland regions	Pastoralists, agro-pastoralist, farmers
Shock 5 (La Niña -Drought)	Each La Niña event is different in intensity and duration, consequently it is difficult to estimate its length. However, effects are already being noticed with the current Deyr season and are likely to continue at least until March 2021.	While it is difficult to predict, as each La Niña affects differing regions. central and southern pastoral areas are currently experiencing below average rainfall during the Deyr season. Drier than usual conditions are expected over southern and north western parts of Somalia	Pastoralists, IDPs, women and children, Minorities, Urban and Rural Poor, Refugees, Asylum Seekers, Returnees. While la Niña may affect pastoralists and farmers directly, the repercussions of below average rainfall can be devastating to the entire country. As recent flood-drought fluctuations have been common, this adds further strain, which may cause market disturbances, livelihoods issues and decrease access to water.

MAIN IMPACT DESCRIPTION	IMPACT (SCALE 1-5)	LIKELIHOOD (SCALE 1-5)	PIN PROJECTED
Impact 1 (displacement from conflict) Impact 2 (destruction of key food crops) Impact 3 (destruction of property)	Moderate (3/5)	Very Likely (5/5)	190,000 new displacements are expected due to conflict and violence (including repeated displacement). This scenario is based on the extrapolation of trends observed between 2014 and 2019.
Impact 1 (displacement from flooding) Impact 2 (destruction of main food crops) Impact 3 (destruction of property) Impact 4 (outbreak of disease-Acute Watery Diarrhoea (AWD) and cholera cases)	Moderate (3/5)	Likely (4/5)	Between 76,000 – 250,000 people are likely to be either affected or displaced by floods in 2021.
Impact 1 (increased morbidity and mortality) Impact 2 (anticipated decline in annual livestock exports, and decline in annual external remittances Impact 3 (NPI in place and hospitalizations)	Moderate (3/5)	Likely (4/5)	20 per cent (3,180,000) of Somalia's population will be affected directly and indirectly.
Impact 1 (Crop destruction) Impact 2 (Food insecurity and market disruption) Impact 3 (loss of livelihoods/disposable income (decrease)	Moderate (3/5)	Likely (4/5)	75,500 people
Impact 1 (decreased drinking water) Impact 2 (food insecurity) Impact 3 (drought-based displacement) Impact 4 (livelihoods issues)	High (4/5)	Moderately likely (3/5)	3M people in IPC3, 0.4M people in IPC4 as well as 74 per cent of districts in IPC 3 and 4. It is estimated that 11% of this caseload could face displacement due to drought in 2021.

SOMALIA
Photo: UNSOM

2.2
Monitoring of Situation and Needs

The most likely scenario identifies the main risks that are expected to impact humanitarian needs in Somalia over the course of next year. It is therefore critical to monitor the evolution of the needs as the shocks materialize. Currently in Somalia there are well established and efficient monitoring tools to measure changes in the humanitarian context, including cluster level monitoring systems that inform the wider humanitarian community on the trends and alerts levels. These mechanisms monitor the evolution of the humanitarian situation in Somalia, assessing broadly how needs evolve among the two main categories of people in need, namely IDPs and non-IDP rural and urban vulnerable populations. They provide an overall indication of the trends and are useful in triggering further detailed assessments to look at specific population subgroups who are likely to be most affected.

The key indicators selected to monitor the evolution of the needs are linked to the impact that various shocks such as La Niña, disease outbreak and conflict will have on people in terms of food insecurity outcome, excess morbidity and mortality, and displacement.

The Inter-cluster Coordination Group has agreed to periodically monitor these indicators, recognizing that the frequency of the data collection needs to consider the specificity of each indicator data collection timeframe (i.e., seasonality).

Monitoring Indicators

#	THEMATIC RISK AREAS	INDICATORS	SECTORS	TOOLS AND TIMELINES
01	Climate shocks (incl. Floods, Locusts, Drought)	IPC Seasonal Assessment Results Monthly number of indicators in Alarm Phase from the FSNAU Early Warning-Early Action Dashboard	Food Security	IPC FSNAU Early Warning-Early Action Dashboard
02	Conflict/Insecurity	% of population in sites (DSA) % of security incidents and fatalities (ACLED) % of KI reporting occurrence of death or injury as a result of conflict in the last month in their settlement (SPMS) % of KI reporting occurrence of conflict or violence as a result of distribution of humanitarian assistance in the last month in their settlement (SPMS) # of displacements due to conflict/ insecurity monitored through protection and return monitoring (PRMN)	CCCM Protection	Protection & Return Monitoring Network (PRMN) [Monthly] Detailed Site Assessment [Annual] ACLED Somalia Protection Monitoring System (SPMS) [Monthly]
03	Health Outbreaks (including Covid-19)	Case Fatality Ratio (CFR) for cholera and COVID-19 (EWAR) Number of cases or incidence rates for: (cholera, measles, polio, COVID-19) (EWAR) Percentage of children under 1-year old who have received measles vaccination (WHO VPI)	Health	EWAR [weekly] WHO VPI [monthly] HeRAMS [every 3-6 months, and ad hoc for sudden onset incidents]

Part 3

Sectoral Analysis

SOMALIA
Photo: UNICEF

3.1 Camp management and Camp Coordination

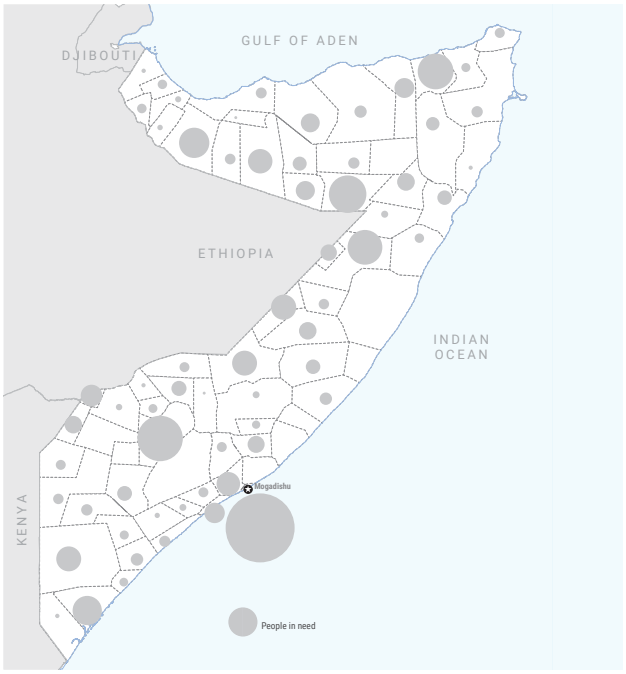
PEOPLE IN NEED

2.3M

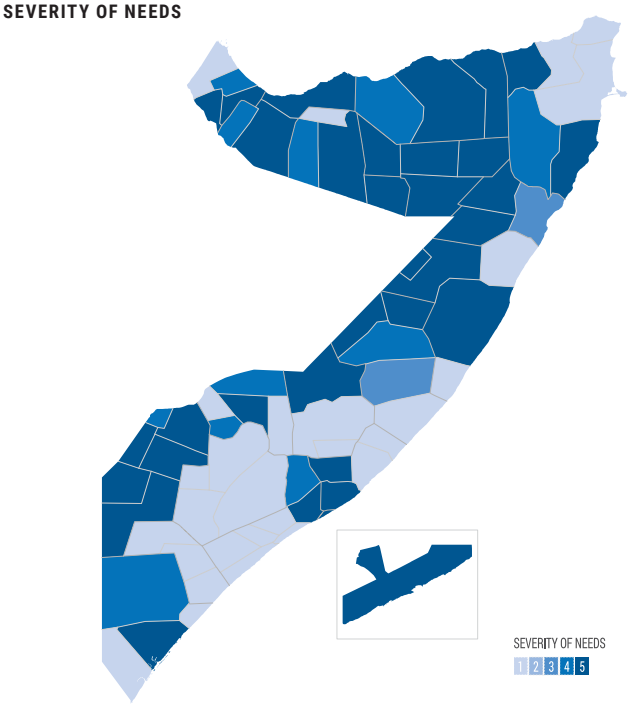
SEVERITY OF NEEDS

37%	24%	39%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.2 Education

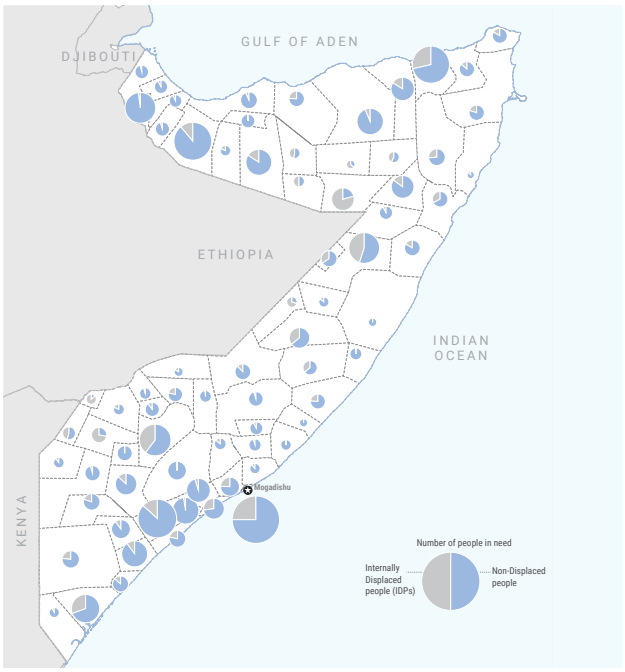
PEOPLE IN NEED

1.9M

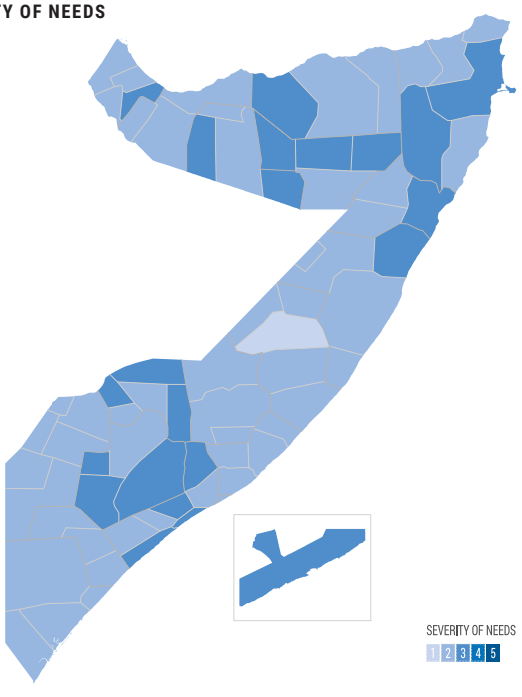
SEVERITY OF NEEDS

76%	22%	2%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.3 Food Security

PEOPLE IN NEED

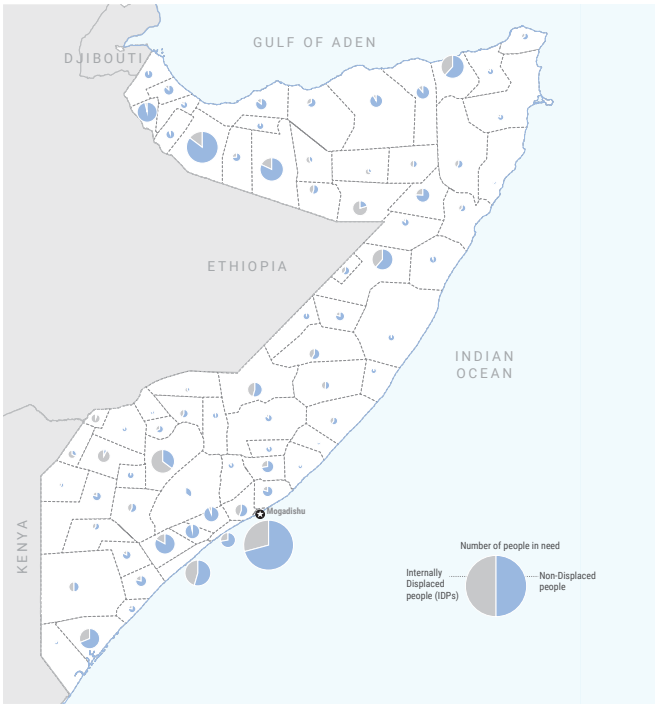
3.5M

SEVERITY OF NEEDS

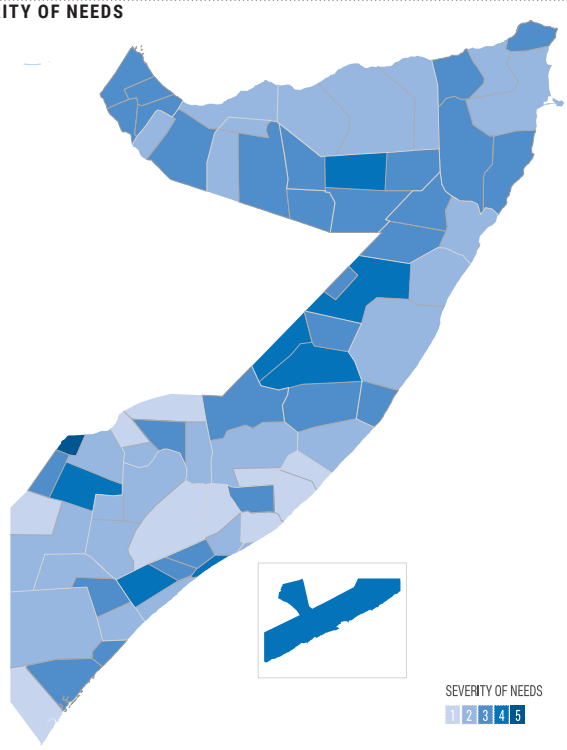
11% Severe

89% Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 Health

PEOPLE IN NEED

3.9M

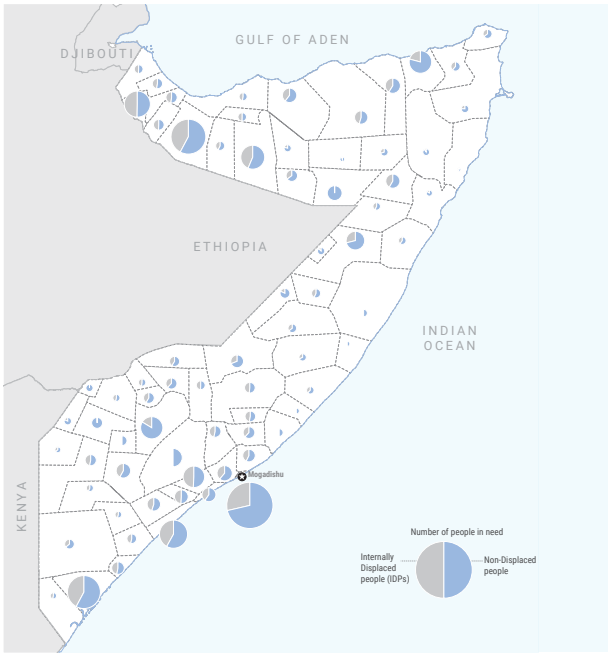
SEVERITY OF NEEDS

75% Severe

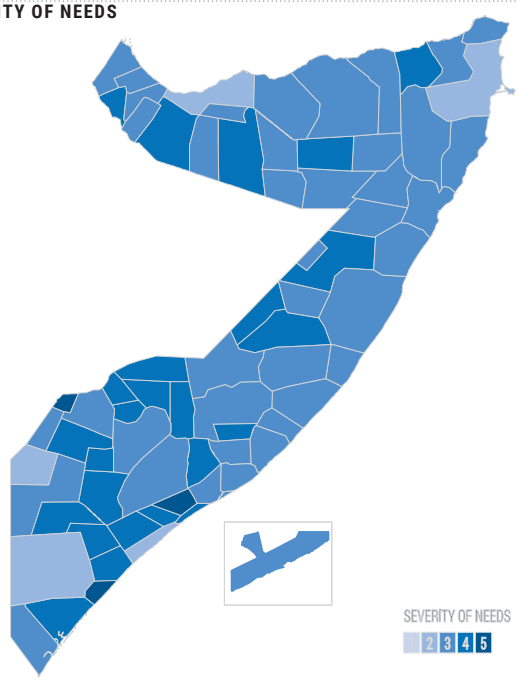
19% Extreme

6% Catastrophic

PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 Nutrition

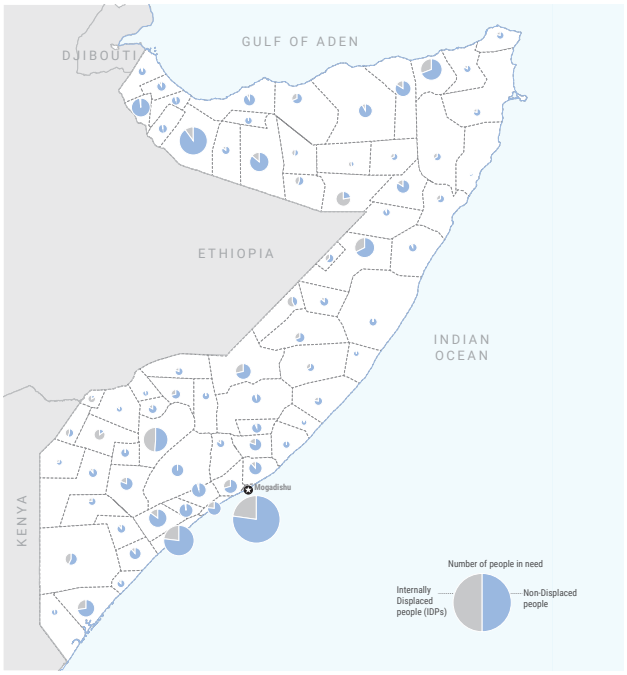
PEOPLE IN NEED

2.3M

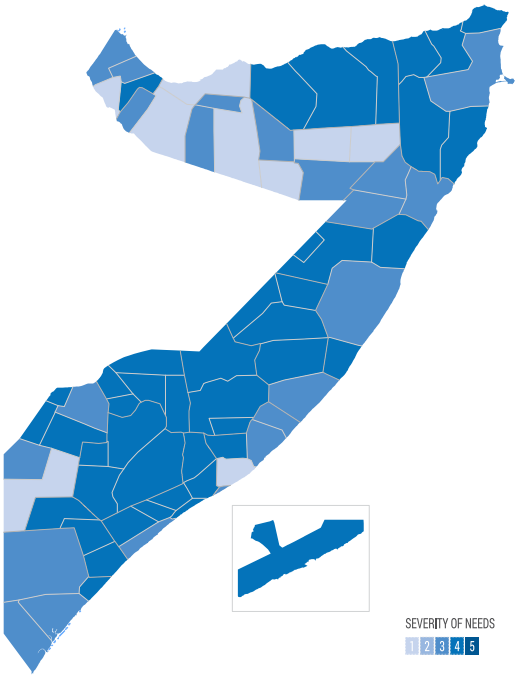
SEVERITY OF NEEDS

12%	15%	73%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.6 Protection

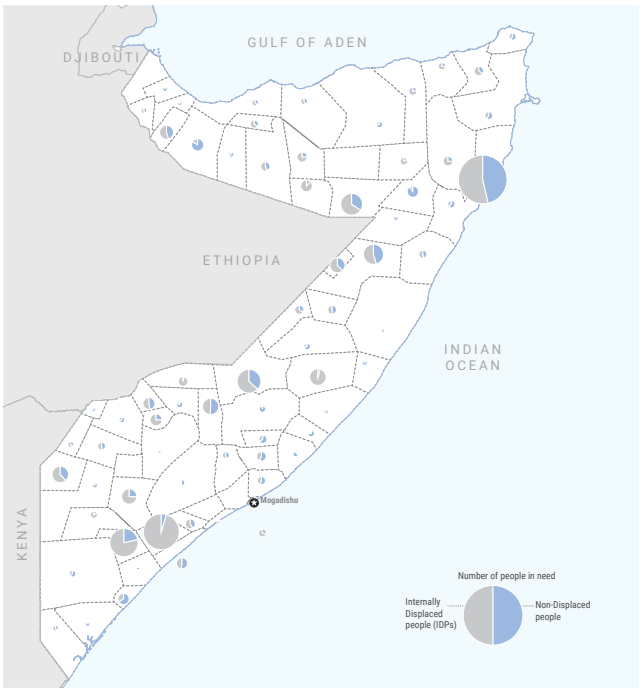
PEOPLE IN NEED

3.2M

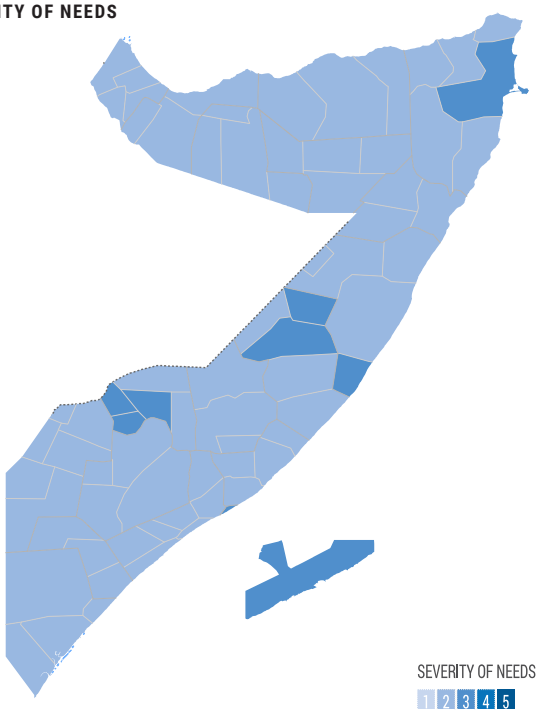
SEVERITY OF NEEDS

83%	15%	2%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.7 Shelter

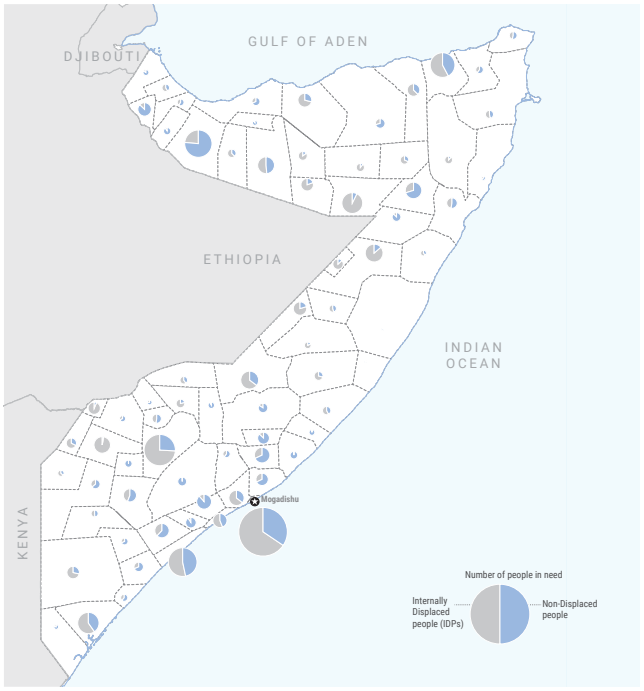
PEOPLE IN NEED

3.1M

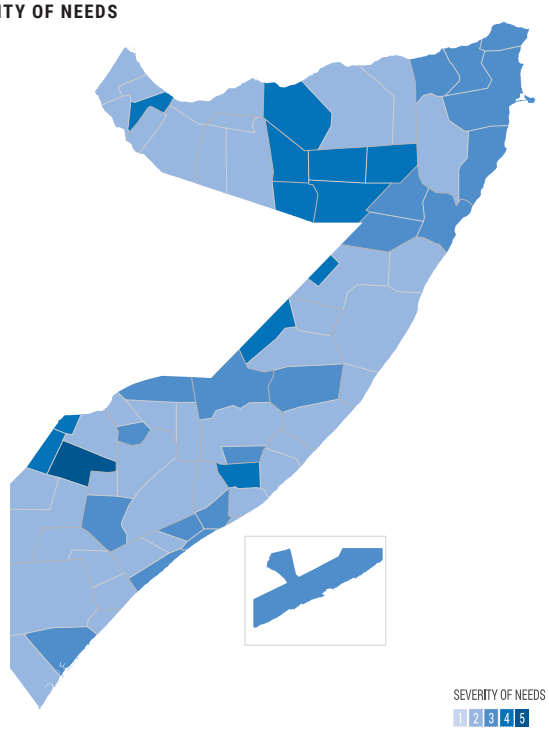
SEVERITY OF NEEDS

32%	46%	22%
Stress	Severe	Extreme

PEOPLE IN NEED



SEVERITY OF NEEDS



3.8 WASH

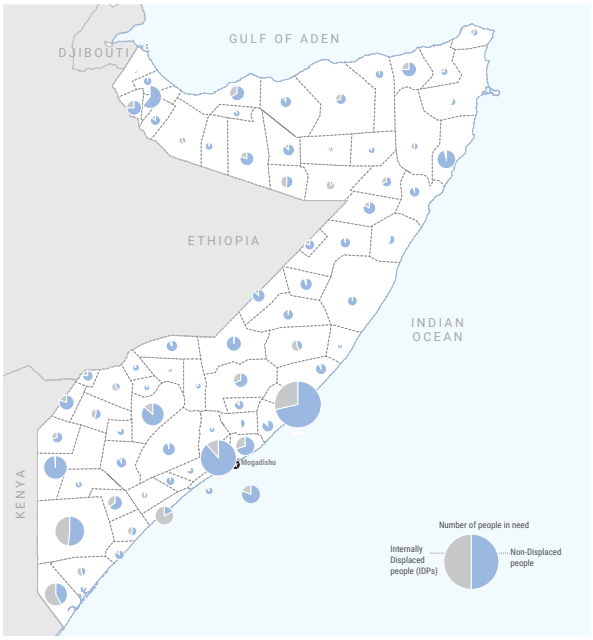
PEOPLE IN NEED

4.6M

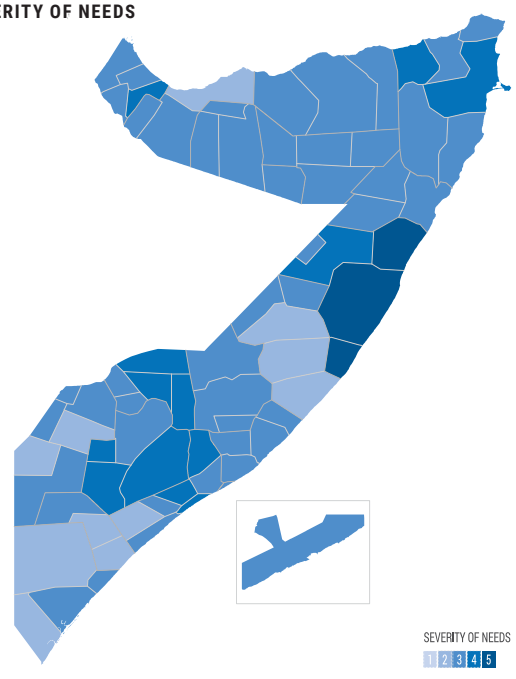
SEVERITY OF NEEDS

63%	18%	9%	9%
Stress	Severe	Extreme	Catastr

PEOPLE IN NEED



SEVERITY OF NEEDS



3.1 Camp Coordination and Camp Management

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
2.3m	0	2.3m	0	0

Cluster Key Vulnerable Groups

CHILDREN <5	DISABILITY	SCHOOL AGE CHILDREN	ELDERLY
559k	351k	971k	96k

Overview of the affected population

Decades of conflict, insecurity and political instability have left Somalia acutely vulnerable, making its population highly susceptible to recurrent shocks. Displaced Somalis remain some of the most vulnerable people in the country with displaced women (making up 47 per cent of the total IDP population in 2020) and persons with disabilities experiencing such effects more profoundly. In Somalia, there are over 2,400 IDP sites across the country varying in size and physical layout. Somalia's IDP sites are characterized by a lack of adequate living conditions, limited access to secure land tenure and infrequent availability of basic services. Due to the informal nature of how such sites have been established, site planning and standard assurance is absent, leading to pervasive overcrowding and perilously situated communal infrastructure. This results in dense living conditions that elevate risks of fire outbreak, acute flooding and the spread of communicable diseases such as COVID-19. IDP site density is particularly troubling as 43 per cent of all IDP sites would not be able to accommodate slight increases in settlement population (DSA, 2020). This lack of spacing undermines the privacy of IDPs and leads to heightened GBV and protection incidents. Women and girls fear accessing basic services in IDP sites due to the lack of planned solar lighting in sites, or suitable access roads that are perceived as safe. Moreover, the absence of site planning compromises the ability for persons with disabilities to access site-level services such as WASH infrastructure, communal centres and, at times, their own shelters. Unable to access essential humanitarian resources or basic services erodes the dignity and wellbeing of some of the most vulnerable people living in IDP sites.

Informal displacement sites are distinguished by site leaders who possess a relationship with IDP communities that is rooted in power imbalances and diverging interests. Settlement management structures within informal IDP sites tend to be tenuous, with many sites being managed by a landowner or gatekeeper who has a transactional relationship with the broader community. This presents an obstacle for humanitarian aid to be delivered in an equitable manner while creating difficulties for humanitarian partners in creating effective two-way communication bereft of manipulation. The establishment of Accountability to Affected Populations (AAP) mechanisms are threatened by such stakeholders, discouraging communities using such systems or intimidating beneficiaries in suppressing raised complaints about such individuals. Inclusive community governance structures that interface with local authorities, and actively work to improve living conditions in IDP communities, are essential in assuring that equitable participation of women, the elderly and persons with disabilities are established.

Evictions are prevalent within Somalia's IDP sites and further undermine the ability for displaced people to

establish community networks and viable livelihoods in respective locations. Within Somalia, 85 per cent of IDP sites are informally settled on privately owned land where there is a reliance on verbal agreements or short-term accords. As a result, evictions are frequent, with 105,755 individuals evicted between January and October of 2020 (HLP Dashboard, 2020). Of this figure, 63 per cent of evictions have occurred in settlements in Banadir. The consequences of eviction are substantial, causing abject economic burdens while putting further stress on displaced communities. Moreover, displaced populations often are absorbed in neighbouring IDP settlements, putting further resource strains on other established IDP communities. Without increased viable housing solutions being offered to IDPs, frequent forceful eviction will continue to erode the dignity and vitality of IDP communities.

Analysis of humanitarian needs

IDPs remain one of the most vulnerable population groups in Somali society. Among this caseload, children, elderly people, women and persons with disabilities have additional barriers in accessing essential services in a safe, equitable and dignified manner. Moreover, as the number of IDP sites continues to escalate throughout the country, the requirement for CCCM site management and corresponding equitable service delivery becomes of paramount importance. Only 36 per cent of the documented 2,400 IDP sites in Somalia are currently being managed by CCCM partners, presenting key gaps in humanitarian information and standard monitoring which has adverse effects on cross-sector service provision. The ability to provide safe, equitable and dignified living conditions in IDP sites is directly predicated on obtaining and showcasing key IDP site-level gaps, while enabling IDP communities to assist in the overall humanitarian response. Moreover, the chronic lack of data on persons with disabilities at the IDP site level presents a challenge when it comes to promoting their inclusion into programming. The requirement for age/gender disaggregated data on persons with disabilities remains a pivotal necessity which will allow for more targeted support and tailored measures promoting inclusion of such populations into the site-level community governance structures.

IDP sites in Somalia face routine threats such as forced eviction and overcrowding which undermines living conditions in sites. Overcrowding of IDP sites exacerbates risks of fire, flooding, GBV and child rights violations, and disease outbreaks/COVID19 transmission. Such conditions have unequal ramifications on some of the vulnerable IDP populations as essential services may be located in inaccessible locations or areas perceived dangerous for some population groups. There is a need to engage with humanitarian stakeholders on activities that can rectify these threats to IDP wellbeing, and to facilitate decongestion and site re-planning exercises that ultimately create safer and more dignified living conditions.

Humanitarian needs for women and girls are exacerbated in the context of Somalia's IDP sites. On average, only 14 per cent of IDP sites host latrines with access to lighting, creating safety constraints that are acutely felt by women and girls (DSA, 2020). The issue of accessing communal infrastructure for women and girls is exacerbated by the fact that only 19 per cent of latrines in IDP sites possess locks for security. CCCM safety audit reports conducted in 2020 detailed the obligatory need for functioning solar lights located in areas that would benefit women and girls accessing site-level communal infrastructure. Moreover, safety audit findings highlight that based on the overcrowded and precariously expanding built environment of IDP sites, sections of an IDP site are viewed as dangerous spots that women and girls actively avoid. This point underlines the disparity of experiences that IDP populations have within typical IDP sites. On average, women, girls, and persons with disabilities are constrained in when and how basic services can be accessed. The unplanned nature of Somalia IDP sites presents immense barriers for women, girls and persons with disabilities to access essential services within the site. Consequently, site improvement measures should be upheld with the primary focus of enhancing safe and secure access to critical services available within IDP sites.

Access to accountability measures such as Complaint Feedback Mechanisms (CFMs) in IDP sites continues to be a challenge, with 61 per cent of all IDP sites in Somalia citing that CFMs are not available at the site level (DSA, 2020). This trend leads to community

information regarding service provision largely occurring through community meetings or word of mouth. Indeed, although nearly half of IDPs (49 per cent) reported turning to aid providers with questions around the aid they receive, a significant minority (38 per cent) reported primarily consulting with community leaders and committees. This reliance on location-based information-sharing undermines the ability for women, girls and persons with disabilities to access critical information, further marginalizing these populations from accessing humanitarian services. Therefore, there is an imperative need for CCCM service providers to install inclusive and accessible CFMs that consider preferences that women and persons with disabilities may have in accessing such services.

In tandem, and possibly because of the COVID-19 pandemic, 48 per cent of aid recipients across Somalia report changes in the amount of information available from aid providers in 2020. Of those reporting changes, the majority say they receive less information, most often because of a decrease in aid and a reduction in the presence of aid providers[140]. Meaningful participation in information-sharing preferences and directly interfacing with humanitarian service providers is critical in enabling more dignified and informed communities.

Community participation and the creation of inclusive governance structures at the IDP site-level remains a challenge in Somalia. Currently, 24 per cent of all IDP sites are managed by a gatekeeper or an individual who has an exploitative relationship with the IDP community (DSA, 2020). Members of the IDP community continue to lack an opportunity to participate in humanitarian services programming, site leadership dynamics and general cooperation with host communities/local authorities. As a result, 49 per cent of IDPs across Somalia report the perception that aid providers do not take their opinion into account, compared to 34 per cent of non-displaced communities[141]. Supporting the formation of inclusive community governance structures can enable broader community participation and access to vital information for all members of the IDP population.

The ability for IDPs to sufficiently settle outside of informal displacement sites is hindered by a lack of durable solution options. On average, there were 42 per cent more arrivals to IDP sites than there were departures in 2020, underlining the growing size of IDP settlements and the difficulty that IDPs have in finding viable living solutions outside of displacement sites. The persistent prevalence of evictions combined with the limited availability of land for local integration or resettlement has presented a substantial challenge for IDPs. As returns to areas of origin remain precarious due to ongoing conflict and loss of livelihood due to environmental shocks, IDPs continue to be reliant on humanitarian aid and unable to re-establish their lives outside of displacement sites. There is a need for enhanced multi-stakeholder efforts to hold consultations with affected IDP communities and determine how the humanitarian community can best assist in creating a strong foundation for durable solutions partners to work from.

3.2 Education

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
1.4m	1.1m	300k	11k	46k

Cluster Key Vulnerable Groups

CHILDREN LIVING WITH DISABILITIES	IDP SCHOOL AGED CHILDREN
144k	1m

Overview of the affected population

Somalia has one of the world's lowest school enrolment rates. Somalia has an estimated 4.9 million school-aged children, more than 3 million of whom are estimated to be out of school[142]. Only 30 per cent of children aged 6 to 13 years are enrolled in primary education and only 26 per cent of children aged 14-17 years are enrolled in secondary education. It is estimated that 1.4 million school aged children (45 per cent girls) will be in need of humanitarian assistance in 2021 to retain children in schools or enroll in schools. Of these, 1,139,632 are children from non-displaced families and 300,398 are children from displaced families[143].

According to the Joint Multi-Cluster Needs Assessment (JMCNA 2020), low enrolment rates are disproportionate across the districts in the country[144]. Districts with the lowest attendance rates are scattered in south and central Somalia, in regions such as Bakool, Mudug, Middle Shabelle and Middle Juba. The regions with the highest proportion of school-aged children in need of humanitarian assistance are in places like Bari, Qardo, Qandala, Calula, Middle Juba and Lower Shabelle region; while in Galguduud region, 61 per cent of Xarardheere and Dhuusamareeb of school-aged children need humanitarian assistance[145]. Many of these regions are experiencing high levels of instability with continued conflict leading to displacement as well as access constraints exacerbating existing vulnerabilities.

Enrolment rates are lowest for the most vulnerable children such as children with disabilities, girls, rural, refugees and internally displaced children. Of the people displaced this year, an estimated 357,200 (40 per cent) are school-aged children who either were in school or never attended any form of education before displacement. Children living in the IDP camps are vulnerable to significant protection risks due to limited provision of services and poor living conditions. According to the DSA[146], 16 per cent of 2,344 IDP sites assessed have no access to any learning facilities. In addition, available learning facilities in the IDP sites are overcrowded, while the average walking time to reach the nearest learning facility is 18 minutes, which exposes IDP children – in particular adolescent girls - to protection risks[147].

Girls consistently face greater challenges to accessing education. While the gender parity for enrollment at primary school level is 0.91 (1 is equal enrolment) it drops to 0.83 at the secondary level[148]. The Education Cluster Children's Voices survey showed that in schools where partners are responding, 46 per cent of the girls do not receive sanitary materials, 15 per cent of the children reported that their schools do not have gender segregated latrines, and 67 per cent of the children reported that their schools do not have a girl friendly space[149].

It is estimated that 144,003 of these school aged children have a disability. Barriers to access for children with disabilities are considerable and include negative attitudes towards them, unfavourable learning environments without necessary assistive devices, and teachers lacking training on inclusive education. Girls with disabilities face additional barriers in accessing education due to gender stereotypes based on discriminatory and cultural norms such as marginalisation, stigma, and the preference for boys to access education.

Children from poorer households and disadvantaged communities such as nomads and rural children are significantly affected. Only 15 per cent of nomads and 34 per cent of rural children are enrolled in school. The migration of the nomadic population also hampers the attendance rates of nomad children[150]. Finally, according to UNHCR Somalia, 11,118 refugees and asylum seekers and 46,034 school-aged children that are refugee returnees need education support. UNHCR post return monitoring data suggests that most of the refugee returnee children face difficulties in attending school regularly[151], and that access to education is one of the key obstacles for effective reintegration.

The consequences of COVID-19 exacerbated the negative impacts on school age children who missed learning opportunities. School closures - even when temporary – carry a high social and economic cost. An assessment conducted by Save the Children Somalia on the impact of COVID-19 on women and children across the country in July 2020[152] indicated that 20 per cent of the children were stressed as a result of school closures, while 70 per cent of parents stated they were not able to support children's learning at home, hindering the continuing learning of children. Similarly, half of both girls and boys aged between 12-17 years said they had no time to study at home due to home chores, and that home based study was ineffective. Girls are particularly impacted by the COVID-19 outbreak, as they are tasked with additional household chores as well as potentially being exposed to domestic violence, sexual exploitation, and early marriage. These issues increase the likelihood of enrolled girls dropping out of, or not attending, school.

Analysis of humanitarian needs

The education system in Somalia was already fragile before the COVID-19 pandemic due to multiple crises, including long standing political instability, environmental stress and weak governance structures. Despite political progress and ongoing efforts to strengthen government institutions, the Ministry of Education (MoE) has limited outreach to deliver basic education services for IDPs, children living in areas with ongoing conflict, and other groups living under the most challenging circumstances. COVID-19 school closure further exacerbated these issues – the closures are estimated to have affected 1.1 million children enrolled in the schools across the country from March to August 2020[153], impacting not only their learning but also their wellbeing.

According to the JMCNA findings[154], the main barriers to accessing quality education in a protective learning environment are posed by socio-economic and cultural differences. As public schools lack basic resources and enough space to accommodate new enrolments, privately-owned schools are on the rise to address the gaps. However, school fees are not affordable to vulnerable households who typically rely on daily wages or work in the informal sector to survive. At present they are faced with widespread job losses compounded by the devastating consequences of ongoing conflict and double disadvantage of the pandemic and natural disasters. More than a third of IDPs and the non-displaced populations reported that education costs, broadly understood to include school materials, tuition, lunch, and other associated costs, are significant barriers to education[155]. When families cannot afford to pay tuition or other expenses associated with education, children simply do not go to school. These repercussions can lead to child labor, child marriage and other negative outcomes. Cash and voucher assistance (CVA) for Education in Emergency (EIE) can remove the economic barriers to education, both on the demand and supply side, which prevent crisis-affected children from accessing education. Cash for EIE is a modality that is urgently needed, alongside other service strengthening interventions to support families to purchase necessary supplies for school; cover school fees, transportation cost and other expenses for the

re-enrolment of children who have been out of school[156] as a result of the triple threat. The JMCNA 2020 data indicates that cash for school fees, learning materials, transportation, and food for school-going children are the most preferred modalities of support for both displaced and non-displaced households[157].

While it is the out of school children who are most exposed to protection risks, there is also a need to ensure that schools offer a protective and safe learning environment to their learners. In 2019, 64 attacks on education facilities were reported, with incidents including killings, abduction and threats against teachers, destruction, and looting[158]. From January to June 2020, the Country Task Force on Monitoring and Reporting verified and documented 29 attacks on schools. While Somalia has signed the Safe Schools Declaration[159], there is still a need to ensure proper implementation of preventive and mitigating measures to keep schools safe across the country. Schools serve as a unique entry point for other lifesaving services, including access to health, safe drinking water, food, AWD/cholera prevention, and protection mechanisms reaching one of the most vulnerable groups – children. Safe learning environments and access to education are critical to ensure that children displaced or affected by natural disasters and pandemics such as COVID-19 are better able to cope, survive and recover from the negative impacts of the crisis.

There is also a need to explore approaches and cross-border mechanisms to expand re-integration of refugee returnees into schools, while advocacy for equitable and sustainable inclusion of refugees, asylum seekers and refugee returnees in national education systems should continue. These approaches are in line with Global Compact on Refugees, Comprehensive Refugee Response Framework, as well as Sustainable Development Goal 4.

SOMALIA
Photo: OCHA

3.3 Food Security

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
3.5m	2.4m	1m	53k	39k

Cluster Key Vulnerable Groups

PERSONS WITH DISABILITIES	RURAL
530k	1m

Overview of the affected population

FSNAU and FEWS NET projected in May 2020 that around 3.5 million Somalis would be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) through at least September 2020. An additional 3 million Somalis were anticipated to be Stressed (IPC Phase 2) and engaging in negative coping strategies to meet their food and non-food needs. Analysis of household food security survey data collected in the July/August 2020 post-Gu assessment resulted in reduced estimates through October-December 2020.

However, anticipated La Niña conditions are associated with an elevated likelihood of consecutive below-average rainfall seasons, and Somalia faces a high risk of drought conditions developing in early 2021. Desert Locusts could also further exacerbate crop and pasture losses. Past trends show when two consecutive rainy seasons in Somalia perform poorly or fail, rapid and large-scale deterioration in acute food insecurity can occur, for example in 2010/2011 and more recently 2016/2017. As a result, a high proportion of the population that is projected to be Stressed in terms of food insecurity (IPC Phase 2) in October-December 2020 could deteriorate to Crisis levels (IPC Phase 3) in early 2021. For the HNO planning, the Food Security Cluster is therefore using an average projection of 3.5 million Somalis to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) throughout 2021.

The current food security People in Need figure is

Summary of population groups affected by acute food insecurity, by IPC 3/4

POPULATION GROUP	SEVERITY 3 IPC 3 CRISIS		SEVERITY 4 IPC 4 EMERGENCY		PIN	% OF PIN
Non-displaced (Rural)	720,612	24%	123,837	31%	844,449	24%
Non-displaced (Urban)	1,539,710	51%	30,678	8%	1,570,388	44%
IDP (Rural/Urban)	787,758	26%	246,621	61%	1,034,379	29%
Refugees/ Returnees					91,879	3%
Total	3,048,080		401,136		3,541,095	100%

comparable with 2019 and lower than 2020 (by 25 per cent). The below table summarizes the disaggregated figure by displacement status and livelihoods group. IDPs, urban poor and rural non-displaced populations are at particular risk of food insecurity, the needs of which are further addressed in the next section. In addition, all refugees and asylum seekers in Somalia (28,002) are vulnerable and rely on food assistance, while 52,984 refugee returnees are estimated to be in need of food assistance in 2021.

Analysis of humanitarian needs

Somalia is currently grappling with multiple shocks that exacerbate existing acute food insecurity and acute malnutrition. Desert Locusts have affected rural livelihoods in northern and central regions and present a growing risk to the south of the country. In addition, the 2020 Gu seasonal river flooding contributed to loss and damage to property, housing, farmland and infrastructure. The riverine areas of Hiraan, Middle Shabelle, Lower Shabelle, Gedo, Middle Juba and Lower Juba were some of the worst-affected areas. In addition, the COVID-19 pandemic and associated socio-economic impacts, as well as conflict and insecurity, led to further population displacement and disruption in the 2020 Gu season, in particular in Lower Shabelle and Middle Juba.

Cyclical climate shocks and ongoing conflict are challenging traditional rural livelihoods and contributing to growing numbers of urban poor and internally displaced people in Somalia. An estimated 2.6 million women, men, girls and boys are currently displaced, with IDPs constituting 30 per cent of all Somalis in IPC 3 and 4 requiring lifesaving assistance in 2021. In addition, many urban poor continue to face moderate and large food consumption gaps.

The socio-economic impact of COVID-19 containment measures has particularly impacted the urban poor, and is likely to exacerbate food consumption gaps, poverty levels and protection concerns, particularly among vulnerable groups like IDPs, women-headed households, girls, the elderly, minority communities and persons with disabilities. The Food Security Cluster will endeavour to work with its partners to support these vulnerable groups.

Non-displaced rural people are also at risk of increased food insecurity. Anticipated drought conditions will particularly affect pastoralist and agro-pastoralist communities, which are considered the most vulnerable groups within the non-IDP category, with about 60 percent of Somalia's population being pastoralists whose livelihoods depend on rainfall. Their vulnerability to environmental shocks was evidenced in 2020, when agricultural and livestock production in riverine, rain-fed, agro-pastoral and pastoral areas in Somalia was heavily affected by flooding in the south and Desert Locusts in the northwest. In addition, rural populations face conflict and insecurity, particularly in Lower Shabelle and Middle Juba, which continue to disrupt productive activities.

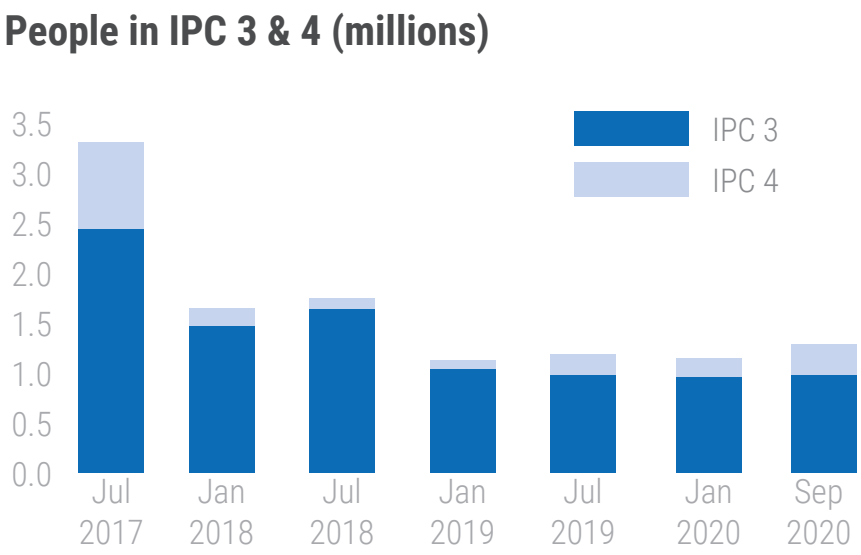
Over the years, livestock herd size among pastoral and agro-pastoral populations in northern and central Somalia declined significantly due to the effects of frequent and protracted droughts, leading to increased destitution and displacement in rural areas. In particular, agro-pastoral communities in Woqooyi Galbeed and Togdheer suffered from Desert Locust infestation, while agro-pastoral areas in Bay and Bakool were affected by flash flooding. However, consecutive seasons of above-average rainfall (2019 Deyr and 2020 Gu) have supported pasture regeneration and – combined with the positive impact of Desert Locust control measures – mitigated some of the projected negative impacts of Desert Locusts in pastoral areas. As a result, in these areas there is an improving trend in livestock holdings and milk availability.

AAP and the centrality of protection remain key focus areas of food security programming. The Food Security Cluster issued community-based targeting guidance to ensure it is inclusive of marginalized groups. Cluster partners will design and implement activities that contribute to the safety, dignity and integrity of at-risk individuals/groups that do not increase the protection risks faced by crisis-affected populations. Sex, age and disability disaggregated data, whenever possible, will be collected to inform context-specific food security responses. For example, risk and protection analyses will be included in needs analyses to uncover the linkages between food insecurity and protection risks,

and identify protection issues that might affect the impact of food security interventions.

The Food Security Cluster will focus on the following specific target groups: children, girls, women, youth, elderly persons, persons with disabilities and IDPs. Food security activities will also support households with at-risk members, including persons with disability and elderly persons, through livelihoods and employment interventions (e.g. cash-based programmes) which are safe, appropriate, accessible and minimize risk. Complaint and feedback mechanisms will be linked to inter-agency CFMs, referral systems, coordinated information provision and consultations. Working with relevant clusters, the Food Security Cluster will disseminate among its partners referral pathways for protection, GBV and child protection.

DISPLACEMENT STATUS	LIVELIHOODS SYSTEM	PIN	% OF PIN
Internally Displaced People		0.8M	14%
Non-Internally Displaced People	**IDP (Urban and Rural)**	1,034,380	29%
	Agro-Pastoral	215,957	6%
	Pastoral	369,049	10%
	Riverine	259,443	7%
	Urban	1,570,388	44%
Refugees/ Returnees		91,879	3%
TOTAL		**3,541,095**	



3.4 Health

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
3.9m	2.3m	1.6m	28k	42k

Cluster Key Vulnerable Groups

CHILDREN <5	PREGNANT AND LACTATING WOMEN	PEOPLE LIVING WITH DISABILITIES	OLDER PERSONS	COVID-19 AT RISK AND AFFECTED
540k	220k	590k	81k	2.5m

Overview of the affected population

The Somali population continues to experience some of the worst health outcomes in Africa, being highly vulnerable to acute shocks – like floods or COVID-19 – steeped onto the protracted crisis and repeated environmental disasters. Over 3.9 million Somalis require lifesaving essential healthcare and health protection services. Excess mortality in Somalia is driven primarily by malnutrition, disease outbreaks (e.g. COVID-19, AWD/cholera, measles, malaria) and violence; as well as non-communicable diseases, including complications of pregnancy and chronic disease. These drivers are compounded by displacement due to conflict and natural disasters, marginalization of vulnerable groups and lack of healthcare, including preventive services such as vaccination. Somalia reported its first case of COVID-19 in March 2020. Since then, 4,445 cases with 113 deaths had been confirmed as of 21 November 2020. Four per cent (198 cases) of the cases were reported among health workers, negatively impacting response efforts amid already limited healthcare services in the country. With a medium attack rate for COVID-19 over the course of 2021, an estimated 20 per cent of the Somali population (2.5 million) will need to be reached with some form of COVID-19 response action (awareness prevention, testing and treatment services).

Those most vulnerable to health risks are displaced people, pregnant and lactating women, young children, unvaccinated children, single-headed households, elderly persons, persons with disabilities and those with mental health disorders. These individuals become more vulnerable when healthcare is inaccessible and of poor quality. In particular, IDPs displaced by conflict and members of minority groups have lower access to healthcare and social services. Similarly, refugees, asylum seekers (28,000) and refugee returnees (41,956) often struggle to access healthcare and assistance at the primary or secondary level.

Women and children are particularly exposed to elevated health risks. Access to birth spacing services is limited, and up to 99 per cent of women experience FGM or female genital cutting (SHDS, 2020). Survivors of GBV, reported as 77 per cent of IDPs and 20 per cent from the host community, face fear of reprisals, stigmatization and difficulties accessing safe and appropriate services[160]. Negative coping practices as a result of poverty, displacement and isolation due to the crisis, that have also been exacerbated by COVID-19, place the affected at increased risk of violence, abuse and marginalization, as well as negatively affecting their healthcare choices and access.

Somalia has one of the world's highest rates of under-five mortality at 177/1000 live births (IGME, 2020). Over a Somali woman's lifetime, she will face a one in 14 chance of dying from complications related to pregnancy

or childbirth – the sixth highest lifetime maternal death risk (692 deaths per 100,000 live births) in the world (SHDS, 2020), despite most maternal deaths being preventable. The risk of childhood mortality is highest in the neonatal period, accounting for over 60 per cent of deaths among children under age 5 (IGME, 2020). Less than half of healthcare facilities do not provide 'Expanded Program on Immunization' services, driving coverage below 50 per cent (SARA, 2016), leading to a rapid accumulation of children susceptible to vaccine-preventable illness and exposing communities to large outbreaks.

One in three people are or have been affected by mental health disorders in Somalia (WHO, 2016), a rate higher than other low-income and war-torn countries. People with mental health disorders are stigmatized, discriminated against and socially isolated, and consequently, the burden of care is left to the family and local communities. Persons living with disabilities have the same healthcare needs as any other affected person, but most often face more difficulty in accessing those services; those with special needs face profound vulnerability due to a lack of specific services and support.

Not only is COVID-19 a significant direct risk to health, but it has added to the mental suffering of the population, causing anxiety, fear and driving stigmatization. The nature of the pandemic and some of the measures used to control it have increased vulnerability especially to gender-based and interpersonal violence, and for elderly persons and persons living with disabilities in their access to care.

Analysis of humanitarian needs

The Somali health system is not equipped to provide a minimum amount of coverage for equitable access to healthcare, resulting in increased morbidity and mortality. Somalia continues to experience outbreaks of measles, diarrheal disease (AWD/cholera) and vaccine-derived polio, as well as malaria. The COVID-19 pandemic has further exacerbated vulnerabilities and disrupted health system gains. Poor environmental conditions, limited access to water and insufficient sanitation facilities further worsen the impact of food insecurity, driving increased levels of malnutrition and outbreaks across the country. Harsh conditions, violence and displacement subject the population, especially IDPs, to psychological distress resulting in social and mental health problems.

The affected population has the right to dignified and equitable healthcare on a non-discriminatory basis that adheres to minimum standards of quality. More than half (56 per cent) of aid recipients who feel unable to cover their basic needs identify health services as an unmet need[161]. Needs are especially high amongst IDPs (JMCNA, 2019), in areas controlled by non-state armed actors and among underserved rural areas. The affected population should receive needed health services, treatment and medications without facing additional financial hardship, or social or physical barriers to accessing services. The majority of IDPs primarily depend upon NGO-operated healthcare facilities (JMCNA, 2018). Social marginalization and stigma for persons living with disabilities, survivors of GBV and interpersonal violence and people with mental health problems, coupled with the stigma associated with COVID-19, worsen health inequalities. In the provision of healthcare, patient rights and safety must predominate. The affected population and most vulnerable people must be engaged when planning and implementing health services. Partners need to establish monitoring and patient feedback mechanisms to measure patient satisfaction, and design ways to address deterrents and barriers to health care. It is essential to break down social and physical barriers to healthcare, including those driven by stigma.

Humanitarian partners need to ramp-up and target critical gaps in healthcare services to serve the most vulnerable in Somalia in a setting of insecurity, system fragmentation and poor information and surveillance. The sustained availability of financial and human resources, essential drugs and medical supplies, and improved skills of health providers is required to improve outcomes. Integrated services and outreach (mobile) delivery have the advantage of being more convenient and accessible to affected people, while also being more efficient and cost-effective. Emergency and essential services must be tied to secondary and specialized referral services. Care for expectant mothers throughout their pregnancy remains particularly poor,

with only 32 per cent of births attended by skilled health personnel (SHDS, 2020); these gaps in reproductive health services along with appropriate referral care is essential to prevent the high incidence of maternal and infant death. Gaps in service availability should be identified and urgent needs addressed though rapid humanitarian action, linked to follow-on sustainable service delivery models supported by development strategies. Minimal service delivery packages such as co-located maternal, child-health and nutrition services, tied to infection protection and control improvements, can help to ease burdens on families and caregivers, ultimately improving the very low utilization rates and improve safety and privacy for families during their care.

For those with traumatic injury, including injury due to conflict, life- and limb-saving services are sparse, without adequate transportation, stabilization, surgical or rehabilitative care. Physical rehabilitative services are also lacking, placing those with injury at more risk of loss of livelihood and permanent disabilities. Despite the health sector typically requiring more technically complex programming, requiring skilled personnel and sustained presence, it continues to see a lower relative proportion of social-sector and humanitarian funding.

To effectively control outbreaks, public health authorities must strengthen surveillance to assess risk and target disease control efforts. In 2020, concerning numbers of measles cases (3,507 as of 13 September) and of vaccine-derived polio cases are indicative of conditions that necessitate restarting and expanding supplemental vaccination efforts for marginalized groups, in conjunction with sustainable improvements to routine vaccination. No child should miss their vaccination despite the challenges of insecurity, frequent population movements and difficult-to-access areas. Further interruptions in vaccination due to COVID-19 are expected to result in nearly 190,000 children under 1 missing their vaccinations in 2020. Without targeted accelerated campaigns, and extra efforts to reach all children, a minimum of more than 140,000 children will miss vaccinations in 2021. Flooding in 2020 continues to drive cholera and AWD incidence in many locations; this is expected to continue and possibly worsen with La Niña weather impacting WASH conditions. Planned oral cholera vaccine efforts were delayed due to COVID-19 and are a cost-effective way to stem the disease as other control strategies are employed, along with safe water initiatives. With the high risk of disease outbreak, the public health system must take anticipatory action to strengthen prevention and case management, including pre-positioning of medications and supplies. COVID-19 also highlights the need to significantly scale-up infection prevention and control practices both in the community and in the healthcare setting. Effective infection prevention and control in healthcare facilities decreases nosocomial infection, keeping patients and healthcare providers safer, and contributes to better outcomes, for example in maternal and newborn health.

The COVID-19 pandemic necessitates an integrated and cross-sectoral approach to reach communities, advocating for individual action and good healthcare-seeking behaviours, accompanied by community-based surveillance to provide data that drives response actions. Risk communication and testing efforts are particularly important in IDP settlements and overcrowded settings. Somalia has 16 isolation facilities with 300 functional beds, and while utilization rate has been low, individual centres may experience spikes in cases that overwhelm their capacity. Supporting healthcare workers to remain safe and mentally well and resilient is a particular challenge, requiring new stress and coping resources and timely logistics to maintain sufficient levels of personal protective equipment. Maintaining acute and primary health services in a safe manner (e.g. proper triage and service planning) is key to limiting the impact of COVID-19 on other causes of mortality and morbidity. Overall safety must be the first priority for delivering health services during COVID-19.

Women and girls who are survivors of SGBV face significant challenges in accessing competent health services that respond to their needs in a dignified manner. Health providers struggle to have appropriate training and resources to care for GBV survivors or provide clinical management of rape, potentially putting survivors at even more risk. Facilities often lack confidential spaces in which to examine and counsel survivors, and referral services, including MHPPS, are often difficult to access, especially from rural areas.

The health system is ill-equipped to manage

an increasing burden of mental disorders and non-communicable diseases. Mental health services and psychotropic drugs, essential for treatment in more severe cases, are insufficient for addressing the needs. Mental health and psychosocial support capacity of primary healthcare staff is limited, with specialized staff available in very few locations. Outreach services and non-healthcare provider-delivered psychosocial services, especially those establishing referral links to providers with mental healthcare skills, will help to overt high incidence and long-term effects of mental stress and shocks, including as is being seen from COVID-19.

Finally, attacks against healthcare of any type are unacceptable; this includes any act of violence, intentional or that unintentionally affects health personnel, patients or health facilities. Such violence disrupts the healthcare system, denying those in need life-saving services and potentially impacting the system in the long term. COVID-19 has itself led to hostile environments for healthcare providers who may experience discrimination and harassment, themselves being stigmatized as vectors of disease. Attacks on healthcare not only have a direct impact on the ability of health systems to deliver services to those most in need, but also take a heavy toll on the psychosocial health of patients, healthcare providers on the frontline and their families (WHO, 2020).

SOMALIA
Photo: OCHA

3.5 Logistics*

Overview of the affected population

Based on feedback from Logistics Cluster partners and cluster members, the Logistics Cluster continues to factor in the overall impact of logistics challenges to response operations and adapt and/or scale up its support accordingly. As cluster-coordinated services are based on demand, the level of support needed can be unpredictable, which can in turn affect long-term planning. Additional challenges include physical access constraints, with the lack of available commercial air and sea transport options thereby hampering the overall cost and accessibility of logistics services.

Analysis of humanitarian needs

Conflict, insecurity and deteriorating infrastructure, exacerbated by seasonal flooding, continue to hamper the logistics capability of the humanitarian community to deliver assistance to vulnerable people. Somalia's road network requires significant rehabilitation - about 90 percent of the primary roads require extensive rehabilitation: only 2,860 kilometers (13 percent) of the total 11,434 kilometers of roads are paved and those remaining are earthen or gravel, impeding road access to 42 districts. Inter-state transport via road is limited due to insecurity and conflict and, in some cases, transport is only possible by sea or by air. Overland transport from Kenya to border regions in Somalia has not been possible since April 2019 due to the closure of Mandera border which has resulted in the requirement to airlift all commodities to the border areas which could traditionally be delivered by road.

Based on the 'triple threat' emergency of floods, COVID-19 and this year's locust outbreak, and a demand from partners for Logistics Cluster services to support the response to these emergencies, a Concept of Operations was developed in April 2020. This outlined the need to support humanitarian partners in areas where physical access is a continued challenge - either due to the closure of roads or airstrips operational capacity further indicating the need for augmented common transport services to facilitate the support of the humanitarian community to affected populations in Somalia.

Access by sea is the most viable option for prepositioning high volumes of humanitarian supplies, however, only four ports - Mogadishu, Bossaso, Berbera and Kismayo - remain operational. Due to insecurity and piracy threats, there are limited reliable commercial shipping options across the Horn. However, the lengthy transit time can make this option unpredictable, and thus the uncertainty of demand and forward planning poses challenges to maximising this potential transport option. In addition, the areas with highest needs in terms of logistics support do not have direct access to ports due to the inter-district transport challenges as detailed above.

Due the lack of stable road infrastructure and continued insecurity, and/or restrictions on border crossings, air transport remains the most viable option to deliver assistance to some locations across Somalia. Yet although Somalia is reasonably accessible by air, the cost of air operations is extremely high – and often is a deterring factor for several organizations and partners (e.g., cargo delivered by fixed-wing aircraft would cost on average 15-20 times more per metric tonne than by road).

**The Logistics Cluster's end user is the humanitarian community; as such, it does not assess the level of needs based on affected populations, but on the demand for logistics, coordination and information management support by humanitarian partners responding to those in need.*

Additionally, the COVID-19 pandemic has further impeded the ability of humanitarian partners to access affected populations in Somalia. Commercial and humanitarian supply chains are under strain due to limited accessibility, a significant decrease in supply options and restrictions on the transportation of passengers and vital cargo.

Due to the continued lack of commercial carriers, WFP's Humanitarian Air Service (UNHAS) has been supporting the humanitarian community with flights from Mogadishu to Nairobi and to locations within Somalia – not only transporting passengers, but crucial COVID-19-related equipment and materials, as well as blood samples on behalf of key health partners and the Government of Somalia. To ensure timely security and medical evacuation services to the humanitarian community, UNHAS aircraft is kept on stand-by to address possible security and medical evacuation requirements.

The Logistics Cluster was activated in Somalia on 26 April 2020 due to the demand for coordination, information management and common logistics services for the escalating needs resulting fromCOVID-19, Desert Locust and floods. To cater to the increasing needs of the humanitarian community, a coordination cell was rapidly established, led by a Cluster Coordinator. Through this coordination cell, the Logistics Cluster aims to streamline and optimize resources, reduce duplication of efforts and scale up the capacity available to support humanitarian operations for the response in Somalia. Through its Information Management services, the Logistics Cluster is also providing timely information on available logistics resources and access, ensuring the logistics gaps are captured in intersectoral discussions and access is mapped to support transport planning.

The central role of the Logistics Cluster is to act as a liaison between humanitarian actors where logistics operations are concerned. For common services, the Logistics Cluster continues to assess the operational context for humanitarian partners and augment logistics capacity whenever it is required, together with increasing efforts for making best use of available resources and explore pooled/cost-sharing alternatives whenever they are available.

Partners have also demonstrated the need for storage facilities – temperature-controlled in particular – as part of one of the challenges of the wider health response, especially relevant in the context of COVID-19.

The use of common logistics services will be monitored through the WFP Service Provision platform and the Relief Item Tracking Application (RITA) for monitoring of cargo movements.

3.6 Nutrition

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS* CHILDREN AND PLWS	REFUGEE RETURNEES* CHILDREN AND PLWS
2.3m	1.8m	511k	6k	21k

Cluster Key Vulnerable Groups

CHILDREN <5	MAM CHILDREN	SAM CHILDREN	PLWS TREATMENT	U5 PREVENTION	PLW PREVENTION
962k	800k	162k	182k	771k	389k

Overview of the affected population

Despite recent gains made through collective humanitarian and Government efforts, malnutrition remains a challenge for the children and women of Somalia. The projections of recent FSNAU assessments reveal that there is a dire need to address the risk of malnutrition, further confirming earlier projections which showed that malnutrition levels were above the emergency threshold level in most parts of the country. It is estimated that in 2021 around 2.3 million people (1.14 million for treatment services and 1.16 million for preventive services) in Somalia will require both lifesaving curative and preventive nutrition support. This number includes children under 5, pregnant and lactating women, as well as girls. Out of the total in need, around 511,706 are IDPs, who are particularly vulnerable to malnutrition.

The national median GAM prevalence in children under 5 was reported to be around 13.1 per cent (11.3 MAM & 1.8 SAM) (FSNAU Post Deyr report 2019) translating to 962,000 boys and girls. Of these children, 162,000 are affected by life threatening severely acute malnutrition while around 800,000 are moderately acute malnourished; of the total admissions, 54 per cent are girls. An estimated 181,954 pregnant and lactating women are acutely malnourished.

An estimated 771,802 under-five children and 389,205 pregnant and lactating women are estimated to be in need of either preventive nutrition assistance. The Somalia 2020 Micronutrient Survey launched in August 2020 reported that pregnant women and children are particularly susceptible to malnutrition. It indicates that around 47 per cent of pregnant women are anaemic, compared to 40.2 per cent of non-pregnant women, and similarly around 43 per cent children below 5 years are anaemic, both of which are serious public health challenges[162].

Persons with disabilities, children in IDP sites, refugees and asylum seekers are more prone, and therefore vulnerable, to the consequences and impacts of the lack of access to basic livelihood and other social sector facilities such as primary healthcare services, access to safe drinking water and sanitation services. The 2019 post-Deyr assessment showed that out of 24 IDP sites, GAM levels were critical in five sites and severe in 13 sites in children under 5, indicating that children in IDP sites are disproportionately affected and more often require lifesaving nutrition interventions. In addition, the total figure of those in need of nutrition services should include an estimated 28,000 refugees and asylum seekers in Somalia and 38,276 refugee returnees.

In addition, cumulative vulnerabilities, including those

related to gender, disability and age, underscore the need for an equitable humanitarian response. Women and girls, especially those with disabilities, face additional challenges as well as heightened risks of gender-based violence in Somalia. Research commissioned by the Ministry of Women and Human Rights Development found that children with disabilities face challenges in terms of access to nutrition sites1. The Nutrition Cluster hence commits to work with other sectors towards improving nutrition services for vulnerable groups like persons with disabilities, as well as ensuring gender-sensitivity in all nutrition interventions.

Vulnerable population groups are further exposed to the risks of malnutrition due to the prevailing triple threat of COVID 19, floods and Desert Locusts. The triple threat aggravated existing shocks and further exposed vulnerable groups to causes of malnutrition such as food insecurity, decreasing purchasing power, and morbidity due to water borne diseases and low immunization services. For example, flooding triggered reported displacements that further exposed the population to poor livelihood conditions. These shocks exacerbated the existing high number of children infected by AWD, malaria and the low coverage of measles vaccination and vitamin A supplementation (FSNAU), and contributed to an increase in the vulnerability of children to acute malnutrition due to low immunity and morbidity.

Analysis of humanitarian needs

Targeting households with infants and young children for up to two years has proven to support the crucial period of the child's development2. However, the Somalia 2020 Micronutrient Survey shows that the situation of Infant & Young Child Feeding practices is far below acceptable standards[163]. The nation-wide prevalence of exclusive breast feeding is below 20 per cent, as is the minimum dietary diversity which in turn contributes to acute malnutrition. These trends are associated with recurring infections among malnourished children and household food insecurity, thereby resulting in poor or non-response to treatment and mortality if left untreated.

The Nutrition Cluster also considers the nutritional needs of persons with disabilities, and accordingly in planning the response will use the 15 per cent global disability estimate to cater to the needs of the population.

Given the prevalence of natural disasters in Somalia, combined with the impact of the global pandemic, many households will continue to lose their purchasing power, which will impact the rates of malnutrition. CVA plays an integral part in supporting access to basic needs as well as lifesaving curative and preventive nutrition support. The cluster intends to maximize the use of the modality in 2021, primarily to complement nutrition assistance, such as SAM and MAM interventions linking with social protection/safety net programmes. CVA can be used to cover transportation costs, stabilize household food security following discharge and prevent relapse into SAM. Whenever fruits and vegetables are available in markets across the country, the Nutrition Cluster will encourage partners to use interim cash top-ups as discussed in the 'Nutrition Sensitive Diet in Somalia4' to support households in areas of concern.

3.2 Protection

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
3.2m	1.8m	1.2m	28k	110k

Cluster Key Vulnerable Groups

WOMEN	MEN	CHILDREN	OLDER PERSONS	PERSONS WITH DISABILITIES
1.6m	1.6m	800k	800k	480k

OVERVIEW OF THE AFFECTED POPULATION

General Protection

Drivers of the highly complex protection crisis in Somalia are multi-faceted and protracted. Conflict is compounded by natural disasters, while weak protective institutions and systems are overburdened by large-scale displacement and urbanization. Widespread economic insecurity has led to eroded resilience and over reliance on negative coping mechanisms.

Somalia's societal landscape is diverse and dynamic, with numerous social groups, clans and ethnic groups. The divisions between social groups, coupled with competition over scarce resources, fuel conflict as well as systemic discrimination and marginalization of groups across the country. Varied livelihood strategies and widespread dispossession of land and resources compounded by lack of employment result in marginalized communities and social groups having fewer economic resources and increased reliance on negative coping mechanisms.

Marginalized groups are groups of individuals that experience inequality or barriers to accessing rights, opportunities, protection and services fundamental to participation in social, economic and political life on an equal level with other members of society. Marginalization may develop as a result of current conditions, such as internal displacement, age or ability, or be the result of historic processes. In Somalia, marginalized groups may include persons from minority clans, female-headed households, persons with disabilities, or other groups that are perpetually disadvantaged in Somali society. The numbers of persons with increased vulnerability due to the intersectionality of social stratification and institutional, structural and political marginalization is significant in Somalia. However, the needs of marginalized groups are not homogenous as they face different levels of protection risk and occurrence of exclusion based on their specific capacities and vulnerabilities as a result of age, gender and diversity. Overall, the occurrence of multiple vulnerabilities reduces the coping capacity of the household, and when compounded by the comparatively weak social and community-based protection systems available in Somalia, protection risks and needs continue to increase.

The total figure of those in need of protection services in 2021 includes an estimated 28,002 refugees and asylum seekers in Somalia and 109,986 refugee returnees. People who are lacking or unable to access services are vulnerable to various forms of violence, including SGBV, human rights violations, displacement and erosion of coping mechanisms and social cohesion.

Housing, Land and Property (HLP)

Most of the 2.6 million IDPs in Somalia live in informal and unplanned settlements where living conditions are poor and forced eviction is a common threat. Safety and security concerns remain a high priority for all affected populations, with displacement contributing to immediate and heightened exposure to violence, exploitation and other forms of abuse. Individuals identified to be the most at-risk, that usually require specialized life-saving assistance, as well as interventions to mitigate further exposure, include: persons with physical, sensory, intellectual and mental disabilities, adolescent girls and boys, pregnant and lactating women and girls, female and child-headed households, unaccompanied and separated children, persons from minority and marginalized communities, older persons without caregivers, persons facing eviction, persons missing documentation, and persons living in areas with armed conflict and violence, or in areas affected by natural disasters.

Forced evictions remain among the most severe and prevalent protection threats in Somalia, representing both a cause and a multiplier of the displacement crises. Congested cities with weak urban systems are struggling to cope as the complex interplay between natural hazards, climatic shocks, conflict and insecurity continues to drive mass displacements across the country. In 2020, the PRMN reported 1.3 million new displacements in Somalia, a number surpassing the 770,000 new displacements recorded in 2019[164] and a contributing factor in Somalia's highly accelerated rate of urbanization[165].

Based on eviction vulnerability criteria, post-eviction assistance has been put in place for the eligible households if evicted.

Access to HLP is one of the key challenges for both refugee returnees and refugees and asylum seekers that further hinders reintegration and local integration prospects for both groups.

Explosive Hazards:

Conflict in Somalia has resulted in contamination from explosives remnants of war (ERW), landmines, and IEDs, which has a detrimental impact on the physical security of civilians, especially for mobile pastoral communities. In the period January-August 2020, 23 individuals (21 children) were killed and maimed by mines and ERW, while IEDs, including pressure plate operated, caused 313 civilian casualties. Further, ERW, landmine and IED contaminations limit freedom of movement and access to basic services, disrupt livelihoods, and impede stability and recovery.

Child protection

Up to 66 per cent of the population in need of protection services in Somalia are children who continue to be exposed to protection threats of recruitment, abuse, neglect, abduction, exploitation and violence. Hence, 1.88 million children, including 10 per cent of children with disabilities[166], are in need of immediate child protection services. In comparison to the 2019 analysis, the estimated number of people in need increased by 12.5 per cent in 2020.

Girls and boys of all ages still face violence in all areas of their lives: at home, at school and in the community. Children from displaced communities and those from conflict-affected areas, refugees and returnees are particularly vulnerable as they are exposed to multiple protection risks enumerated above; children account for nearly 40 per cent of the total of refugees, asylum seekers and refugee returnee population. Many out-of-school children can be found in these groups as a result of multiple intersecting exclusionary factors, including early marriage, disabilities and forced recruitment by armed groups. There are over 6,900 children associated with armed forces and groups who require highly specialized protection and rehabilitation services as well as reintegration support. This situation is compounded by the lack of critical child protection services, reduced community capacity to protect children and protracted violence.

Adolescents (10-19 years) account for 27 per cent of the total Somali population, and 81 per cent of the total

population of Somalia are below 35 years old[167]. Not only do adolescents face the worst forms of abuse such as rape and murder, but they are also often coerced into difficult circumstances which are detrimental to their own physical and mental wellbeing or forced to adopt maladaptive coping mechanisms to overcome structural deprivations. Somewhere between 50 and 700 children and young people initiate outward migration per month from Somaliland. The average age of children recruited and used by armed forces and groups is 13.5 years, more than one-third of girls marry before age 18, and 76 per cent of girls undergo FGM between the ages of 10-14 years[168].

Gender-Based Violence

GBV continues to be an issue of great concern across Somalia, worsened by multiple displacements and forced evictions due to flooding and armed conflicts. Women and adolescent girls from 18 – 50 years old (including those living with disabilities) are subjected to intimate partner violence, rape, sexual exploitation, sexual harassment and abuse, which have been reported significantly in Middle Shabelle, Lower Shabelle, Jubaland, Hiraan, South West State, Puntland, Banadir and Somaliland. A CCCM assessment in Dinsor, Bay region and a joint Humanitarian Gap Analysis (July 2020)[169] in Middle Shabelle region (Balcad and Jowhar) of IDP camps, found that distant water points, markets, health facilities/schools, poor lighting, lack of doors on toilets and lack of disaggregation of sanitary facilities are some of major factors that increase GBV exposure.

A July 2020 GBV/FGM COVID-19 assessment indicated that 38 per cent of respondents affirm an increase in GBV incidents, while 35 per cent reported that GBV incidents remain at the same level as previously assessed. The number of GBV survivor calls to GBV hotlines increased by 283 per cent in Federal Members States and 767 per cent in Somaliland. The increase was attributed to rising incidence in GBV and an improved knowledge and utilization of hotlines for reporting GBV. Similarly, GBV Information Management System 2020 data showed an increase in intimate partner violence (55 per cent), physical assault (61 per cent) and rape (12 per cent), compared to the 2019 figures: physical assault (45 per cent) and rape (8 per cent). Also, a draft MARA report [170] January – August 2020 shows increasing incidence of GBV among adolescent girls.

Out of a total of 189 GBV incidents involving 214 survivors, 196 were girls with 16 women and 2 boys. Low reporting of GBV cases persist due to stigmatization, victim blaming, shame and interference by clan and religious leaders, slow access to justice and weak or lack of legal frameworks for the protection of women and girls from GBV.

Increasing targeting of boys for rape, forceful recruitment and kidnapping of men and boys are also major forms of GBV affecting men and boys. Loss of livelihoods and food insecurity due to COVID-19 and displacements have forced young boys to step into the roles of provider thereby increasing levels of dropouts among boys and young girls to serve as additional help for care burden at home.

Food insecurity and school disruptions contributed to the increase of FGM and GBV incidence in the period of COVID-19 in some regions in Somalia. Major reasons adduced for an increase in FGM include closure of schools (39 per cent) and a source of income for Traditional Birth Attendants (28 per cent). Families undertake FGM for their girl children to ensure marriageability, reduce mouths to feed and provide some form of social and financial security. Coping strategies for women and girls include restriction of movement and early/forced marriages. Parents in fear of harassment and abuse of their daughters prompt them to restrict their movements as much as possible to ensure safety. Women and girls living with disabilities are the most impacted during COVID-19 because of their increased risks of exclusion and marginalization.

ANALYSIS OF HUMANITARIAN NEEDS:

General protection

OVERALL PIN	NON-IDPS	IDPS	REFUGEES/ ASYLUM SEEKERS	REFUGEE RETURNEES
2.2m	0.5m	1.7m	28k	110k

The PRMN findings from January-September 2020 recorded 7,596 protection incidents across the country. Most incidents include targeted and indiscriminate physical attacks on civilians and on property, widespread SGBV, child recruitment, arbitrary arrest, forced displacement, land-grabbing, and extortion of assets and supplies from vulnerable groups. The SPMS findings show concerning trends of extortion and abuse of assistance as well as exclusion from assistance for certain groups including: IDPs, women, girls, persons with disabilities and marginalized/minority groups. In locations with occurrences of exclusion, key informants identified marginalized/minority groups as the second highest group, after IDPs, excluded from assistance due to social background, being affected in 38 per cent of instances reported. Partner assessments find that in addition to the failure to deliver assistance to marginalized/minority groups in need, occurrences of exclusion lead to other negative consequences, including children leaving school to beg or work for food, secondary displacement, intra-communal conflicts, and/or erosion of trust in the humanitarian system.

Marginalized/minority communities are extremely vulnerable to discrimination and persecution by the myriad of armed actors in Somalia and have reduced capacity to provide meaningful protection to members. They lack redress for grave violations of human rights due to limited state protection. Women from marginalized communities are particularly vulnerable to forms of SGBV. There is need for targeted interventions aimed at reducing the vulnerability, risk and exposure of marginalized/minority communities. Another concerning trend from the SPMS highlights that equal access to formal justice for GBV survivors, victims of evictions or people facing disputes is extremely limited, while traditional justice mechanisms are discriminatory against marginalized groups and women.

Moreover, persons with disabilities face additional risks of exploitation, abuse and discrimination by other IDPs, such as having their assistance stolen. The DSA[171] data indicates that in over one-third of sites where services were provided in the last three months, persons with disabilities faced some form of impediment to accessing services. Further efforts to improve communication with communities and feedback mechanisms are needed that consider the impact of intermediaries and impediments to access. DSA data indicates that of the 26 per cent of sites that have feedback mechanisms, over half reported impediments to access for women, children, older person, persons with disability and/ or minorities[172].

Mental health services in Somalia are insufficient in terms of availability, quality and geographical coverage. It is estimated that the prevalence of mental health conditions in Somalia is higher than in other low-income and war-torn countries. There are many determinants that explain the high rate: overall insecurity caused by factors such as displacement, exposure to violence and conflict, poverty, unemployment and substance abuse[173]. Mental distress is exacerbated in the COVID-19 pandemic as vulnerable individuals, including older persons and persons with disabilities, may be separated from their caregivers due to quarantine and isolation requirements. Additionally, stigmatization of communities or individuals perceived as contributing to the spread of the virus has been reported, leading to violence and discriminatory limitations of rights, including the freedom of movement of particular groups or individuals. The restrictions on movement and public gatherings have limited access to basic services as well as reduced access to information and participation in community-level decision-making.

Child protection

OVERALL PIN	NON-IDPS	IDPS	REFUGEES/ ASYLUM SEEKERS	REFUGEE RETURNEES
1.9m	648k	1.2k	15k	46k

Cluster Key Vulnerable Groups

CHILDREN	ADOLESCENT	CHILDREN LIVING WITH DISABILITIES	UASC	CAAFAC
1.3m	500k	187k	76k	7k

Boys and girls of all ages in Somalia continue to endure multiple protection risks and violations of their rights including family separation, sexual and physical violence, killing and maiming, psychosocial distress, and worst forms of child labour. Other risks include forced and protracted displacements, limited access to humanitarian assistance due to insecurity and/ or discriminatory practices and exploitation, as well as recruitment by armed forces and groups. Despite important measures taken by the Government to reduce recruitment of children, Somalia is still among the top six countries with the highest total number of grave violations against children in the world [174], and the recruitment and use of children as well as abduction and sexual violence are particularly alarming. Between 1 August 2016 to 30 June 2020, the Country Task Force verified 17,156 violations against 14,637 children (2,533 girls, 12,104 boys) of which the majority were attributed to Al-Shabaab, followed by the Somali National Army regional forces and clan militias[175].

The impacts of COVID-19, and measures taken to control it, the ongoing armed conflict and insecurity as well as well as climatic shocks continue to have a devastating impact on the protection of girls and boys, exposing them profound mental health and psychosocial risks. According to a perception survey[176], 71 per cent of child protection partners reported that children were experiencing psychological distress. Child protection partners have also witnessed increased fear and anxiety amongst children due to disruption of their daily routines. While significant progress has been made in delivering stabilizing and generalized psychosocial support to significant numbers of children in need, the need to scale up more structured psychosocial support for those most severely affected is urgently required.

Adolescent girls are particularly at risk of early marriage and other forms of GBV. According to the SHDS, about 1 in 10 girls marry before the age of 15, and about 5 in 10 girls before the age of 18[177] . This is despite an amendment to the Somali Constitution in 2012 that stipulates a person under the age of majority (18 years) cannot be married. Rates of child marriage tend to be high where poverty, birth and death rates are also high, civil conflict is commonplace, and where there are lower overall levels of development, including schooling, healthcare and employment.

Separation from caregivers is reported in 48 per cent of IDP families and 44 per cent in host communities. Death of caregivers/parents, child marriage (mostly adolescent girls) and child recruitment (mostly adolescent boys) were the main cause of family separation.[13] As at September 2020, 14,263[178] unaccompanied and separated children have been registered, most of whom report experiencing emotional distress. These groups of children are at further heightened risk of child trafficking, abuse and exploitation in the camps and communities. There is an urgent need to improve the quality of child protection services for girls and boys at risk and increase the case management capacity to provide one-on-one support for children based on their specific needs. Child protection cases are under-reported due to the absence of a unified reporting mechanism, societal norms and lack of training personnel, especially the police, on how to gather evidence for such cases[179]. Even still, Somali caseworkers handle caseloads three or four times higher than minimum standards. Additional caseworkers are required to ensure the provision of quality case management services for 38,923 [180] children across Somalia identified as at risk of abuse, neglect and violence.

Somali children and adolescents are under pressure to become economically productive at an early age. It is estimated that half of all children between ages 5 and 14 from central and southern Somalia are employed. Even in the more stable regions of Puntland and Somaliland, a quarter of the child population is employed[181], which negatively affects their right to health and education. Child labour is reported at 55.5 per cent of settlement and urban communities, with child recruitment by armed forces and groups, children being made to beg in extreme heat, shine shoes and sell goods in the market being the most common forms [182].

Children with disabilities are especially vulnerable and report a very high level of unmet needs. They are the most vulnerable, marginalized and at-risk group within Somalian society as a result of the numerous attitudinal, environmental and institutional barriers they face [183]. A recent rapid assessment[184] found that 62 per cent of caregivers reported that communities still view children with disabilities as people who cannot contribute to the family welfare, while 33.7 percent reported that communities view children with disabilities as a sign of bad luck, with community members believing that children with disabilities bring drought and poverty not only to the family but the whole community. Their families regularly chain them, and in the assessment 28 per cent of caregivers stated that the practice is necessary to protect the children from harm such as car accidents, falling into pits or trenches, discrimination, physical and sexual abuse, hurting other people or being hurt. The lack of supervision means they are unable to play and interact freely with other children. Children with disabilities often struggle to access education in Somalia. There are inadequate resources for the schools and child protection facilities to install ramps for wheelchairs, transport services for those who struggle with mobility, and 'disability-friendly' learning resources and study spaces. There are also very few teachers and child protection staff who have had adequate training in how to incorporate children with disabilities into classroom learning and social services. Inability to access education for children with disabilities is a protection concern as they are unable to benefit from the protective elements of access to schools.

BELET WEYNE, SOMALIA
Photo: UNSOM

Gender-Based Violence

OVERALL PIN	NON-IDPS	IDPS	REFUGEES/ ASYLUM SEEKERS	REFUGEE RETURNEES
1.7m	854k	681k	14k	55k

Cluster Key Vulnerable Groups

FEMALE HEADED HOUSEHOLDS	SINGLE AND MARRIED ADOLESCENTS GIRLS	WOMEN AND GIRLS LIVING WITH DISABILITIES	WIDOWS
80k	100k	70k	50k

GBV service provision remains low as compared to the needs and geographical landscape response. Recently threats were made to service providers due to the heightened political atmosphere. Limited specialized services such as rape treatment for rape survivors, psychosocial support and higher levels of mental healthcare for traumatized women and girls are major hindrances to expanding provision of timely, confidential and quality GBV services. Also, a lack of actors to provide specialized services undermines efforts invested to assure access to GBV services by survivors. At present, the GBV AoR in Somalia has 58 partners that report on the 5Ws. This is a very limited number compared to the huge population in need. In addition, recent targeting of service providers has contributed to heightened fears in regards to maintaining operations.[185] The situation is compounded by limited capacity of security personnel to apply a survivor-centred approach to manage GBV survivors and guide the prosecution process to ensure access to justice for the survivor.

Findings from 2020 joint assessments[186] indicate that with increasing multiple displacements, forced evictions and loss of livelihoods due to droughts, conflicts and COVID-19 restriction measures, an increasing population of women and girls continue to express the need for dignity protection and material support (such as dignity and hygiene kits, solar lanterns, torches, mats and mattresses) to meet both basic and protection needs. Vulnerable women and girls fleeing conflict or seeking livelihoods are constantly in danger of sexual violence, abuse and physical attack. Inadequate specific targeting of women for food aid and direct cash/voucher assistance contributed to sustaining food insecurity in families, heightened tensions and intimate partner violence. Increasing needs for livelihood options among GBV survivors to promote resilience and reintegration and reduce utilization of negative coping mechanisms (such as child marriage or sex in exchange for food and social protection) is a persistent need. Furthermore, the majority of women and girls in need of temporary shelter are forced to continue to stay in threatening environments due to limited shelter provision. Specifically, women and girls living with disabilities face exclusion and marginalization across the continuum of care which further constrains their ability to access GBV services

The COVID-19 pandemic has further shrunk service provision and access for survivors. The GBV/FGM COVID-19 rapid assessment reveals that accessibility of GBV services in the community was below average. Only 47 per cent of the respondents indicated they had access to GBV services. Reasons for the lack of access included limited movement of staff, limited movement of GBV survivors, closure of GBV services, increased cost of service provision, fear of COVID-19 infection, lack of protective equipment and remote methodology for service provision. Services most affected by COVID-19 include legal support (with the closure of courts), community awareness campaigns (due to the need for social distancing), psychosocial support services, GBV shelters and child-friendly spaces. The anecdotal reporting of de-prioritization of clinical management of rape services is a major concern for GBV service provision.

Limited/weak capacity for coordination in the prevention of GBV continues to be a major gap to improving GBV service provision. The persistent lack of capacity for coordination limits the ability of the GBV AoR to act proactively to improve quality and scope of services. The Joint Humanitarian Gap Analysis (July 2020) in Middle Shabelle found that GBV services implemented by one humanitarian partner are ongoing in the IDP settlements of Jowhar town, but there are no protection services in the entire Middle Shabelle region. Coordination is also hampered by inadequate availability of valid sex, age, gender and disability disaggregated data to inform targeting and focus. The Gender Based Violence Information Management System (GBVIMS) currently in operation is limited in scope and is inadequate to provide the breath of data needed to inform GBV prevention, response and mitigation. Rapid assessments that include disaggregation based on age and sex are also very limited.

Service mobilization is low and worsened by the lack of primary sites to mobilize women and girls to access services. Limited avenues for service mobilization and dissemination all contribute as major obstacles to GBV service provision. Spaces where women meet are limited, and sometimes meetings take place in temporary spaces such as under trees and in community spaces in IDP camps. Limited spaces for service mobilization, recreation and learning of life skills impede on service provision and women and girls' ability to recover and develop new friendships and skills needed to accelerate recovery from traumatic experiences.

Reporting of GBV cases and prosecution remains critically low among IDPs and host communities. Stigmatization, victim blaming, shame, interference by clan and religious leaders and a need for GBV survivors to preserve community cohesion by accepting options for mediation are obstacles to reporting for GBV. The continued lack of a strong legal framework for the protection of women and girls in the Federal Member States of Somalia – Galmudug, Hirshabelle, South West State and Jubaland – and the lack of political will to implement the approved legislation in the Federal Member State of Puntland, has weakened the ability of Government to ensure protection of women and girls. It has also depleted the capacity of women and girls' survivors of GBV to implement action to protect themselves and eroded their confidence to seek justice. The closure of the courts due to COVID-19 slowed down access to justice for rape and other GBV survivors, and has contributed to worsening access to justice for women and girls overall.

2020 witnessed significant efforts to update, develop and operationalize inter-cluster referral pathways. However, this has had minimal results in relation to the huge landscape of needs worsened by multiple displacements and forced evictions, limited GBV services and actors in remote areas and lack of access to locations that are considered Al-Shabaab territories. These factors continue to impede GBV survivors' access to confidential, quality, timely and safe services.

Housing, Land and Property

OVERALL PIN	NON-IDPS	IDPS	REFUGEES/ ASYLUM SEEKERS	REFUGEE RETURNEES
2.5m	1.9m	0.6m	14k	55k

Cluster Key Vulnerable Groups

EVICTED IDPS
200k

Forced evictions in Somalia often violate the right to housing and property. This often leads to the violation of a broad range of fundamental rights and freedoms. Apart from the right to housing, other fundamental rights are frequently violated, largely with impunity, in cases of forced evictions. These include the right to life, dignity, equality, freedom and security of the person, as well as privacy. In addition, evictees are exposed to other risks related to SGBV and child protection, with vulnerable persons, especially women, older persons, persons with disabilities and persons with medical conditions, often adversely affected.

Massive, forced evictions are mainly reported in urban areas of Somalia, with the most affected cities being Mogadishu, Kismayo, Baidoa and Galkayo, affecting approximately 200,000 women and men annually. In Somalia, forced evictions are not gender neutral. It is important to note that for women, forced evictions may take place at a smaller scale within the household or from their marital homes but may still have devastating consequences. Gender-based violence is a common occurrence within the context of forced eviction in Somalia and not only are women and girls more likely to suffer violence during forced evictions, but they are also exposed to increased levels of violence within their own homes and communities once a forced eviction takes place. In addition to this, persons with disabilities have no access to suitable accommodation in Somalia; this makes them extremely vulnerable when faced with the risk of a forced eviction. Persons with disabilities in Somalia lack options and yet private sector housing is often limited by cost and discriminatory practices of landlords and agents.

with disabilities in Somalia lack options and yet private sector housing is often limited by cost and discriminatory practices of landlords and agents.

Explosive Hazards

OVERALL PIN	NON-IDPS	IDPS	REFUGEES/ ASYLUM SEEKERS	REFUGEE RETURNEES
859k	376k	483k	0	110k

Cluster Key Vulnerable Groups

CHILDREN	EXPLOSIVE ORDNANCES VICTIMS	FAMILIES OF VICTIMS OF EXPLOSIVE ORDNANCES
429k	3k	15k

Explosive Ordnances (EO), mainly IEDs, ERW and landmines, pose a significant threat to the safety of the civilian population in Somalia. Years of armed conflict in Somali has resulted in the widespread contamination of explosive hazards which are generally located in and around productive livelihood areas such as grazing land, roads, farming land and residential areas. The hazardous areas contain unexploded ordnance, mines and IEDs in urban and rural areas in the country. To date, the Explosive Hazard AoR has recorded 127 confirmed minefields, mainly concentrated along the Somali-Ethiopian border, 239 active ERW sites and 75 suspected hazardous areas.

The increasing use of IEDs in Somalia is an additional concern to the safety of civilians and communities living across the roads and urban centres. The EO accidents, in particular IEDs, result in extremity injuries that lead to life-long movement impairments and disabilities for survivors. Explosive ordnance accidents are believed to be one of the major causes of disability in Somalia.

Explosive hazards continue to kill and maim the civilian populations in Somalia, especially children due to their curiosity and risk-taking behaviours. In 2019 alone, about 158 children were affected by IEDs while 54 were affected by ERW[187] . Major causes of ERW accidents are children tampering with dangerous objects due to a lack of knowledge about identification of such devices. IEDs threaten the civilian population in Somalia and are increasing along supply routes and in urban areas. This impacts the potential loss of life and injury of people within affected communities, but also the safe return of displaced people, economic recovery and the deployment of humanitarian actors. The legacy landmine contamination across the Somali-Ethiopian border continues to block lands for productive use and endangesr the safety and freedom of movement of border communities.

3.2 Shelter

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
3.2m	1.3m	1.7m	28k	66k

Cluster Key Vulnerable Groups

IDPS LIVING IN HIGH-RISK SITES	NEWLY DISPLACED POPULATION	EVICTEES
593k	800k	200k

Overview of the affected population

According to the JMCNA 2020, shelter is the top priority need of more than half of the entire population. An estimated 3.15 million people are in need of shelter and NFI assistance: mainly due to inadequate shelter conditions, overcrowding, economic hardship and lack of security of tenure. Those in particular need of shelter and NFI assistance include IDPs, poor host communities, refugees and asylum seekers and refugee returnees. Among these population groups, some of the most vulnerable that face challenges in accessing shelter and NFI assistance include women-headed households, child-headed households, households with older persons and persons with disabilities.

Conflict, drought, flooding, evictions and cyclones are key drivers of displacement, which in turn exacerbates humanitarian shelter and NFI needs. A total of 593,058 IDPs are estimated to reside in high-risk IDP sites. Informal and largely unplanned IDP settlements tend to involve particularly hazardous living conditions, a lack of tenure agreements and host IDPs from minority and marginalized groups that do not have alternative residence options. Over 60 per cent of IDP households are women-headed. Overall, women and girls living in sub-standard and overcrowded shelters are particularly vulnerable. They tend not to feel safe in makeshift shelters which do not offer privacy and protection from weather elements and increase the risk of gender-based violence.

There are over 2,400 IDP sites in Somalia, of which 75 per cent are built on private land. Only an estimated one-third of IDP sites reported an existing land tenure agreement between residents and landowner, with IDPs either paying rent or a portion of their humanitarian assistance to the private landowner[188]. The general lack of land tenure agreements makes IDPs vulnerable to eviction. According to the Protection Cluster, in 2020 (from January to August), an estimated 102,311 people have been evicted, mostly in Banadir and Bay regions, where about 85 per cent of all evictions occur. Eviction not only means the loss of a home or a shelter but also involves the loss of livelihood assets, disruption of social support networks and coping strategies, and potential physical violence during the eviction process. Evictions predominantly affect poor and marginalized people such as women-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.

IDPs living in these protracted situations are in need of durable solutions as many aim to settle in their area of displacement with no intent to return to their areas of origin, predominantly due to insecurity or a lack of employment opportunities. That said, the provision

of durable shelters with long-term security of tenure remains a challenge, mainly due to lack of funding and the unavailability of suitable land. However, without a sustainable shelter response, continued secondary displacement and evictions will occur, requiring repeated shelter and NFI assistance whenever a family is displaced.

In addition, host communities, persons with disabilities and refugees, asylum seekers and refugee returnees are at risk. Host communities are at particular risk of flooding, conflict and cyclones, which can cause major damage to shelters and lead to the loss of NFIs. Whenever this occurs, host community households are at risk of becoming homeless and being displaced towards IDP sites. Persons with disabilities face several barriers to shelter and NFI assistance, including access to information. Key physical constraints are also faced in relation to access to distribution points and markets, and the actual construction of shelters. The Shelter Cluster will advocate for partners who construct shelters or distribute shelter and non-food items to take into account the barriers that persons with disabilities face.

Finally, there is a need to ensure that refugees, asylum seekers and refugee returnees have sufficient access to basic and domestic items and provision of shelter kits, dignity kits and core relief item kits, either in kind or through cash-based interventions. Overall, 28,000 refugees and asylum seekers and 65,859 refugee returnees will be in need of shelter and NFI support in 2021. There are very limited coping mechanisms or livelihood opportunities available for refugees, asylum seekers and refugee returnees. UNHCR post return monitoring data suggests that a high proportion of refugee returnees live in housing they do not own, are squatting or have no documentation; this leads to protection concerns, including housing insecurity and risk of eviction.

Analysis of humanitarian needs

The scale of shelter and NFI needs in 2021 is expected to increase in comparison to the needs in 2020, mainly driven by extensive flooding that damaged shelters and caused the loss of NFIs, displacement due to conflict, drought and forced eviction, and the inability of households to repair and construct shelters or buy basic non-food items due to limited financial resources. Indeed, among aid recipients that report being unable to cover their most important needs, 45 per cent cite shelter needs as remaining unmet[189]. The main reasons why damaged shelters are not repaired are a lack of money (58 per cent of those reporting damage to their shelters) and lack of materials (36 per cent) across all population groups. Similarly, shelter and NFI items remain unaffordable to many, leaving people to resort to coping mechanisms such as scavenging for NFIs, borrowing cash, living with others and moving from one location to another[190].

The JMCNA reports that over 26 per cent of all households lack basic non-food items[191]. The priority NFI needs reported by the population are sleeping mats (55 per cent), blankets (38 per cent) and kitchen utensils (31 per cent)[192]. The main reported shelter issues were leakage during rains (43 per cent), lack of access to cooking facilities (31 per cent) and lighting inside shelters (31 per cent) by both IDPs and host communities[193].

The shelter, infrastructure and NFI needs of the overall population mainly depend on the status, cause, duration and location of the displacement, as well as the nature of the tenure of the land where they reside. Host communities and IDPs that are displaced due to flooding or cyclones generally move to a higher location in the near vicinity, and once the water level recedes, return to their homes. In these cases, those that are displaced need emergency shelter and basic NFI assistance, while people that returned to their home require shelter and infrastructure repair or reconstruction assistance depending on the level of damage sustained. In contrast, displaced populations affected by clan conflict normally stay with the host communities of their own clan and return to their home once the security situation stabilizes. During these violent conflicts, shelters are often destroyed, and household items looted, in which case varying levels of shelter repair, construction and/or NFI assistance could be needed once people return.

The shelter and NFI needs of IDPs tend to be higher than that of host communities mainly due to their displacement status, lack of long-term security of tenure

and limited employment opportunities. Those who move to an IDP site often require immediate emergency shelter and non-food items. Overall, according to the JMCNA, 55 per cent of IDPs in IDP sites live in makeshift shelters (buuls) which offer limited privacy and protection from weather conditions. The buul is the main shelter type in 82 per cent of all IDP sites, and often made from used cardboard, clothes, plastic sheets and wooden sticks that do not provide privacy or protection against weather elements. In particular, women and girls report not feeling safe in these shelters.

IDPs often reside for protracted periods in these sites due to a lack of financial resources. Even if they have the means, IDPs normally do not build more durable shelters, mainly due to lack of long-term land tenure and the threat of eviction. As such, many shelters need to be repaired, especially the roof and wall materials, while non-food items such as blankets, sleeping mats, mosquito nets and jerrycans need to be replaced periodically.

Most IDPs live in IDP sites that are overcrowded and not planned, leading to an increased risk of fire outbreak, spread of diseases including COVID-19, GBV incidences and flooding due to poor drainage systems. A total of 237 IDP sites, hosting 593,058 individuals, have been identified as high-risk sites for transmission of COVID-19, based on analysis of the shelter types, distance between shelters and availability of potable water and health facilities

Overcrowding is a major concern in IDP sites. An analysis conducted of 144 IDP sites in Kismayo district reveals that the average usable surface area per person is only 8m2. Beyond overcrowding, a low available surface area indicates that the space for essential services, roads and firebreak are limited. Persons with disabilities face additional challenges due to narrow and irregular streets and difficulties in accessing services. About 46 per cent of IDP households live in shelters that host more people than their capacity, with 16 per cent of households living in shelters that host people more than double their capacity. In addition, most of the IDP sites are overcrowded both at shelter and settlement level. Decongestion is often required to expand the site using available adjacent land and basic site planning.

In some instances, IDPs have purchased small land plots of 20m2 to 100m2, while local authorities in some locations – such as Galkayo, Garowe, Baidoa, Dhobley, Afmadow, Bossaso and Kismayo – have allocated public land for IDPs and poor host communities. In these cases, transitional or durable shelter assistance with infrastructure will be required.

For one third of the population, it takes between 15 and 30 minutes to reach the nearest market, while for another third of the population it takes between 30 and 60 minutes[194]. The Joint Market Monitoring Initiative (JMMI) was conducted in twelve urban locations across the country and found that most of the required construction materials and non-food items were available in these locations. The findings of the market monitoring help partners make an informed decision on what response modality to employ and provide an estimate of the cost of the kits for planning purposes. The most reported barriers by vendors assessed in the JMMI included poor quality roads, low purchasing power, roads affected by flooding and the risk of conflict during transportation.

3.2 Water, Sanitation & Hygiene

PEOPLE IN NEED	NON-IDPS	IDPS	REFUGEES/ASYLUM SEEKERS	REFUGEE RETURNEES
4.6m	3.4m	1.2m	28k	54k

Cluster Key Vulnerable Groups

CHILDREN	WOMEN	PEOPLE WITH DISABILITIES	ELDERLY
2.9m	722k	680k	174k

Overview of the affected population

The protracted crisis in Somalia, compounded by COVID-19, floods and droughts, has resulted in massive challenges in meeting the WASH needs of the Somali population. According to the JMCNA, approximately 8.9 million people are affected by poor WASH conditions. For 2021, it is estimated that 4.6 million people are in catastrophic (10 per cent), severe (9 per cent) or extreme (18 per cent) need of humanitarian WASH assistance. The 10 per cent of households in catastrophic need mainly face a lack of access to water both in terms of quality and quantity, accompanied by a lack of access to functional sanitation. It is also a cause of relapse for acute diarrheal diseases when treated patients and children return to their communities with limited safe water and sanitation coverage, resulting in limited sustainability of health programs.

The population in need of adequate WASH services in 2021 includes approximately 1.16 million IDPs, 3.36 million host communities, 53,906 returnees and 28,002 refugees and asylum seekers. Among the people in need, 2.9 million are children, 0.7 million are women and 0.7 million are men. In addition, it is anticipated that over 1 million people could be in acute life-saving WASH needs along the Shabelle and Juba river basins in case of above normal rainfall performance during the Gu and Deyr 2021 rainy seasons.

Among those groups, the cluster also recognises that 15 per cent are persons with disabilities and 4 per cent are elderly persons who will require specific attention. Persons with disabilities face both social and physical challenges to access WASH services like WASH facilities, for example physical barriers or discrimination within communities. Physical barriers are often due to the design and distance to water and sanitation facilities, which makes it difficult for persons with disabilities to have equal access. It is therefore essential to consult and engage with persons with disabilities when designing WASH facilities and services, in order to avoid further marginalization. Overall, issues related to access to WASH facilities for vulnerable groups including persons with disabilities, elderly persons, women, boys and girls are an ongoing challenge. It requires availability of reliable data, extensive consultations and community engagement on planning and design, while considering the unique needs of each group.

Analysis of humanitarian needs

In historically drought-affected districts, a lack of access to water for humans and for livestock remains one of the leading causes of displacement, conflict and diseases. According to the JMCNA 2020, over half of all

IDPs reportedly face challenges in terms of access to WASH services like soap and handwashing facilities[195]. With the potential of drought conditions brought by La Niña, the country might be further affected by water scarcity, which calls for a stronger collaboration between humanitarian and development partners to work on collective outcomes that address WASH needs.

According to the JMCNA 2020, 41 per cent of Somalis do not have access to a regular and stable improved water source for drinking, while over 30 per cent walk more than 15 minutes to reach their main drinking water source[196]. Due to these constraints, one in five Somalis do not have enough water per day to cover their basic needs for both for drinking and domestic use. Challenges to access a minimum quantity of safe water per day are reflected at national level (locations with darker shades reflect higher severity). Availability of water containers is also limited, with 92 per cent and 8 per cent of household respectively reporting their non-availability for transporting and household storage, further impacting their regular access to water[197].

When water is scarce, people tend to rely on less preferred sources (27 per cent), on surface water for drinking (21 per cent) or improvised sources for domestic use (17 per cent); as well as reduce domestic water consumption (12 per cent) and drinking water consumption (9 per cent) as key negative coping mechanisms[198]. A concerning 5 per cent of households request their children, especially girls, to walk long distances and/or fetch water more frequently than when water is more available[199], leading to a high risk of protection and GBV issues.

Some Somalis have access to their own household latrines (48 per cent) or share with one or two other households (13 per cent)[200]. Other people either share their latrine with three households or more (5 per cent) or do not have access at all (14 per cent)[201]. Among toilets/latrines, 48 per cent are improved and 52 per cent are un-improved and pose a risk to public health. About half of the households (45 per cent) report problems with domestic waste near their household[202]. Negative coping mechanisms for sanitation include sharing a latrine with more households than in normal conditions (35 per cent), open defecation (22 per cent) and using unhygienic facilities (52 per cent)[203].

Only 2 per cent of households across Somalia report availability of water and soap at latrines, while half of all households report its availability at home. In case of non-availability of soap, people wash their hands with soap substitutes (40 per cent), borrow cash or hygiene materials (12 per cent) or rely on humanitarian assistance[204]. Only 45 per cent of households have access to menstrual hygiene management material at home or can access it through their local market.

Considering the figures above, there are correlations between districts that have limited access to water and sanitation and those that account for a high proportion of total incidence of acute diarrheal diseases across Somalia. Lack of access to water and adequate sanitation in schools is also a factor contributing to poor school attendance.

The WASH safety index shows that protection issues when accessing or using WASH services are a concern for 2 per cent of boys or girls at household level. This composite index captures and aggregates twelve sub-indicators related to safety, protection and accountability pertaining to various vulnerable groups including women, boys, girls, elderly persons and persons with disabilities. It also highlights that only 38 per cent of households reported access to latrines with walls and locks on doors, while only 17 per cent reported having access to latrines with internal sources of light. Lack of locks and less solid structures do not allow privacy and increase risks of GBV, especially for women and girls[205].

According to the JMMI[206], the impact of the triple threat[207] is affecting the supply and quantity of WASH commodities sold in markets. In rural areas, replenishment of stocks is slow, compounded by the quality of the poor roads. In comparison, locations with immediate access to ports, such as Bossaso, Mogadishu and Kismaayo markets were found to experience only minimum supply issues of WASH items as they do not require goods to be moved across long distances. Critical WASH goods at risk of stock depletion in the areas surveyed were chlorine tablets, soap bars, drinking water and menstrual hygiene management.

It is expected that economic pressures, compounded by the COVID-19 pandemic, will continue to impact the access to emergency WASH goods and services as households that rely on daily wages and the informal sector to survive are faced with widespread job losses. On the demand side, CVA for WASH programming in emergencies should therefore be scaled to the forefront of the sectoral response. In contrast, on the supply side, market-based programming is urgently needed to assist the market environment recovery. For example, indirect assistance to markets through market-based programming targeting WASH infrastructure can support the water market by facilitating the logistics and transportation of safe drinking water to affected populations.

SOMALIA
Photo: UNSOM

Part 4

Annexes

BURAO, SOMALIA
Photo: WHO

4.1 Data Sources

Number of assessments

NO. OF ASSESSMENTS
367

PARTNERS
278

	CCCM	Education	Food security	Health	Nutrition	Protection
Awdal	1	1	2	8	1	3
Bakool	3	1	2	8	1	2
Banadir	4	1	2	9	2	5
Bari	1	1	2	10	1	3
Bay	6	1	2	8	1	3
Galgaduud	2	1	2	8	1	3
Gedo	4	1	2	10	1	3
Hiraan	3	1	2	11	1	3
Lower Juba	5	1	2	10	1	3
Lower Shabelle	1	1	2	11	1	5
Middle Juba	0	0	0	0	0	4
Middle Shabelle	1	1	2	9	1	4
Mudug	1	1	2	8	1	3
Nugaal	1	1	2	8	2	5
Sanaag	1	1	2	8	2	3
Sool	1	1	2	8	1	3
Togdheer	1	1	2	8	1	3
Woqooyi Galbeed	2	1	2	8	2	3

SOMALIA
Photo: FAO

4.2 Methodology

Indicator and severity threshold selection

The final list of indicators selected for the Humanitarian Needs Overview (HNO) PiN are:

1. IDP
2. Global Acute Malnutrition (GAM)
3. Per cent of households having access to water sources of sufficient quality and availability.
4. Per cent of households having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use.
5. Per cent of households having sufficient access to a functional and improved sanitation facility.
6. Number of functioning healthcare facilities per population (1HCF/10,000 persons).
7. Per cent of households that can access primary healthcare within one hour's walk from dwellings.

8. Per cent of households (with school-aged children) having children drop out of school in the last school year (2019-2020) prior to the COVID-19 outbreak.
9. Per cent of household s having inadequate living space.
10. Per cent of households living in inadequate shelter conditions.
11. Per cent of households having security of tenure issues.
12. Per cent of households with at least 1 girl / boy separated from their parents or other typical adult caregivers.
13. Per cent of households reporting protection incidents in the last 1 month
14. Per cent of households reporting knowledge of GBV incidents in their community in the last 30 days.
15. Per cent of households reporting protection-related barriers to access basic services (markets, water, sanitation, hygiene, nutrition centres, healthcare facilities, education facilities).

Indicators were selected through an iterative consultative process with all the clusters via the Information Management and Assessment Working Group (IMAWG)/Inter-Cluster Coordination Group (ICCG) coordination platforms.

Most of the selected indicators were taken from the Joint Intersectoral Analysis Framework (JIAF) Indicator Reference Table[208]. The JIAF indicators were developed at the global level with review and endorsement by all global cluster coordinators.

As much as possible, indicators selected as core indicators for Cluster PiN estimates were also used for the HNO PiN estimate (to better align the indicators selected for the HNO and Cluster PiN, and to try and ensure that no Cluster PiN was higher than the inter-sectoral HNO PiN).

Severity thresholds for each indicator were set according to the scoring criteria contained in the JIAF severity class table. The IPC indicator was selected as a critical indicator.

Household- and area-based indicator reconciliation

In order to estimate the PiN, all household-level and area-level indicators were appended into one consolidated dataset[209]. All household-level indicators were drawn from the same assessment (JMCNA), while area-level indicators, like the IPC, were able to then be incorporated at the same administrative level as households. This means that all households in the same admin area received the same area-level score for the area-level indicator (IPC, GAM, HCF/10K persons).

Aggregation of indicators into humanitarian condition severity scores

As per this data scenario, each household was assigned a severity score for each of the afore-listed indicators. The severity scores for each household were then listed in descending order. Subsequently, for each household, the average of half of the highest severity scores were calculated. For example, if 15 indicators were used, the average of the highest scoring seven indicators was calculated to develop an aggregated severity score for that household, ranging between 1-5.

Critical indicator score vs humanitarian conditions score

The resulting average score was compared against the severity score of the critical indicator (IPC) for a given household. A household was attributed the severity score of the critical indicator – the IPC – only if it was higher than the average severity score. In case the resulting value sat between two severity classes, the household severity score was rounded upwards.

Severity scores for districts with no or limited data coverage

For districts which had no or limited data coverage, the severity scores for all households in adjacent districts within each severity class were aggregated and divided by the total population of the adjacent districts to arrive at an estimation. The weighted average of the adjacent districts was taken to account for differences in the district populations and proportions of households within each severity class.

Development of PiN figures

To estimate the PiN for each district, the proportion of households for each severity class was applied to the baseline population group (IDP/Non-IDP). The number of individuals in severity classes 3-5 were considered in need.

To estimate the PiN for higher levels of aggregation (regional, state, and national levels, or combined for both population groups), the resulting absolute numbers were added.

Development of PiN severity score per district

To estimate the severity phase of the district, the proportion of the population within each severity class was added – moving backwards from severity phase 5 to 1 – until 25 per cent of the district population was reached. The corresponding severity class which covered at least 25 per cent of the district population was attributed as the severity phase for the district.

N.B: The JMCNA household-level survey did not use probability sampling methods due to the restrictions posed by COVID-19, and therefore it is not possible to interpret the results as statistically representative, nor is it possible to precisely quantify the levels of uncertainty (margins of error or confidence intervals).

Differences between the 2021 HNO PiN and 2020 HNO PiN estimation methods

There are important differences between the estimation method used for the current PiN (HNO 2021) and the method used for the preceding year (HNO 2020).

The HNO 2020 PiN method used two indicators for each of the humanitarian consequences (physical and mental wellbeing, and living standards). For the physical and mental wellbeing consequence, the indicators used were the burden of mental health issues, the GAM rate and IPC[210].

For the living standard consequence, a multi-sector composite index was used which re-grouped 36 indicators from the JMCNA into nine sub-indices. The multi-sector composite index was determined by first scoring each sub-index using the median value. This was agreed upon instead of an average score in order to counter the possibility of outlier high or low scores offsetting the final household score[211]. If the median value was between two severity classes, the result was rounded down and not up.

Finally, for each consequence in the HNO 2020 PiN, the maximum value between the two indicators was selected as the final household severity score. To estimate the severity phase for each district the same procedure followed this year was used, with the minor exception of assigning the severity class which covered at least 20 per cent of the district population and not 25 per cent.

The aforementioned differences between the methodological approaches used for the HNO 2020 and HNO 2021 PiN – which were agreed to globally – are largely responsible for the relatively higher estimate of the PiN in the HNO 2021 results.

One final difference of importance between the HNO 2020 and HNO 2021 methods concerns the caseload of the population covered by the IPC. For the HNO 2020, certain proportions of IPC 2 (Stress) caseloads were included in PiN calculations depending on the percentage of IPC 2 in a district[212]. For the HNO 2021, IPC 2 caseloads were not included in the PiN at all, having instead been incorporated into the UN Cooperation Framework. The entire population in Crisis (IPC 3) and Emergency (IPC 4), based on the projections from June 2020, was however included, as was also the case last year.

UNHCR populations of concern

1. Refugees and asylum-seekers (RAS) total 28,002

People in Need: 28,002.

Protection: 100% of caseload (registered in UNHCR registration system ProGres).

Education: 100% of all school-age children registered: 11,118.

CCCM: Zero.

All other sectors: Shelter/NFIs, WASH, Food Security, Nutrition, Health: 100% of 28,002.

REFUGEES & ASYLUM-SEEKERS PEOPLE IN NEED

	TOTAL
PIN OVERALL	**28,002**
Protection	**28,002**
Shelter/NFI	**28,002**
WASH	**28,002**
Health	**28,002**
Food Security	**28,002**
Nutrition	**28,002**
CCCM	**0**
Education	**11,118**

2. Returnees (new caseload projected in 2021: 18,050, historic (2015-2020 including projected for 4 months to Dec 2020): 91,939, total 109,989)

Based on Post Return Monitoring (sample of 1473 HH level interviews of returnees who have returned with UNHCR assistance) UNHCR has identified key indicators for most sectors in line with PiN severity in the overall HNO analysis (where severity is 3 or above) except for Food Security (average PIN percentages with severity 3 or above [Source: 2019 JMCNA]), Nutrition (average PIN percentages with severity 3 or above [Source: 2019 JMCNA]) and CCCM is zero.

PIN OVERALL		COMMENT/INDICATOR
Protection	**100**	
Shelter/NFI	**52**	% of HHs in non-permanent shelter
WASH	**39**	% of HHs without adequate drinking water (delivered water, rainwater, packaged water, plot, yard)
Health	**26**	% of HHs more than 1-hour way from health facilities
Food Security	**38**	38% PIN (of total population [Source: 2019 JMCNA])
Nutrition	**22**	22% PIN (of total population [Source: 2019 JMCNA])
CCCM	**0**	Zero
Education	**71**	% of HHs with >= 1 child not in school

Based on PRM, some 18% of households surveyed indicate they reside in an IDP site. This percentage has been reflected in the district level tables.

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure

People living in the affected area

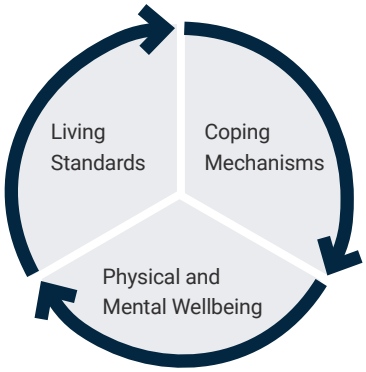
Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

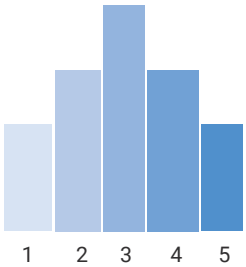
Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns
By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE		KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1	**None/Minimal**	Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/ depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2	**Stress**	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3	**Severe**	Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/ emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	**Extreme**	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
5	**Catastrophic**	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

4.3 Information Gaps and Limitations

The principal limitations faced by the JMCNA related to restrictions and adaptations caused by COVID-19. Restrictions on movement and gatherings, as well as concerns for public health, precluded the possibility of in-person, statistically representative data collection and prompted REACH to shift to a remote methodology with purposive sampling. Further, as the sampling framework was built through existing contact lists from the two previous JMCNAs, as opposed to RDD, this added further bias. As a result, the current findings can be considered indicative only, and certain statistical tests cannot be conducted, findings, in turn, are not representative with a known level of confidence. However, an identical sampling framework from the 2019 JMCNA was used to approach some degree of representativeness. Adopting a telephone-driven data collection approach further limited the sub-set of potential households to those that still owned a cell phone and were in an area with sufficient service. Instances where numbers had been deactivated or no longer belonged to the intended participant created additional challenges. Further, in other instances, respondents who were living in one district in 2018 or 2019 were found to be living in different districts in 2020, requiring enumerators to call additional potential participants or, if interviews were incorrectly conducted, discard the survey in data cleaning. To account for these challenges, adequate buffers were built into the final sampling framework.

The sampling frame relied on sites that were designated as IDP or non-IDP sites, as opposed to the self-reported displacement status of households. As a result, the succeeding sections of the report evaluates and compares needs and vulnerabilities of population groups across sites, not displacement character. This reflects the understanding that households living together in certain sites are likely to have similar needs and vulnerabilities, irrespective of their displacement status. Finally, the sampling framework did not account for refugee or returnee populations, though households from these groups were included in the data collection.

Consistent with previous assessments, the current JMCNA did not include questions considered excessively sensitive, such as clan affiliation. Questions on protection were also limited to closed-ended responses, which did not allow for further discussion on topics recognized to have a high potential for under-reporting. That surveys were conducted over the phone, as opposed to in-person, also limited the ability of enumerators to develop as strong a rapport with respondents and allay the concerns that might produce guarded responses or those that were not fully truthful. Enumerators were trained on best practices to establish trust as a means of mitigating possible occurrences. Related to this, in many instances, interviews with female respondents were conducted by male enumerators, which may have created an atmosphere of unease and underreporting, especially when assessing certain indicators, such as the existence of gender-based violence (GBV) in communities.

4.4 Acronyms

AWD	Acute Watery Diarrhea
AWG	Assessment Working Group
CCCM	Camp Coordination Camp Management
DINA	Drought Impact Needs Assessment
DOCC	Drought Operations Coordination Centre
ERW	Explosive Remnants of War
EU	European Union
FAO	Food and Agriculture Organization
FGS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
IDP	Internally Displaced Person
IED	Improvised Explosive Devices
IHL	International Humanitarian Law
IPC	Integrated Food Security Phase Classification
JMCNA	Joint Multi-Cluster Needs Assessment
Mo-HADM	Ministry for Humanitarian Affairs and Disaster Management
NRC	Norwegian Refugee Council
NFI	Non-Food Item
UNO-CHA	United Nations Office for the Coordinati of Humanitarian Affairs
PiN	People in Need of Humanitarian Assistance
PESS	Population Estmation Seurvey of Somalia
RRF	Recovery and Resilience Framework
SAM	Severe Acute Malnutrition
SDRF	Somalia Development and Reconstruction Facility
SGBV	Sexual and Gender-Based Violence
UNHCR	The United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WMO	World Meteorological Organization
DDG	Danish Demining Group

4.5 End Notes

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3 World Bank, From data to development: Poverty and policy in Somalia, December 2019.

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5 United Nations Somalia, Country Common Analysis 2020, https://somalia.un.org/sites/default/files/2020-09/UN%20Somalia%20Common%20Country%20Analysis%202020_3.pdf.

6 Ibid.

7 World Bank 2019

8 World Bank, Somalia Overview, 23 March 2020 https://www.worldbank.org/en/country/somalia/overview.

9 United Nations Somalia Country Common Analysis 2020, https://somalia.un.org/sites/default/files/2020-09/UN%20Somalia%20Common%20Country%20Analysis%202020_3.pdf

10 IMF Key questions on Somalia, 2020 https://www.imf.org/en/Countries/SOM/key-questions-on-somalia

11 CCCM Cluster, Detailed Site Assessment 2020

12 World Bank, Urban Population Growth Somalia (Annual %) https://data.worldbank.org/indicator/SP.URB.GROW?locations=SO

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211 This year, the issue has been tackled by calculating the average of only half of the highest scoring indicators.

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HUMANITARIAN NEEDS OVERVIEW

SOMALIA

ISSUED JANUARY 2021