

HUMANITARIAN **NEEDS** **AND RESPONSE PLAN** SOMALIA 2025

HUMANITARIAN
PROGRAMME CYCLE
2025
ISSUED JANUARY 2025



At a Glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
5.98M	4.57M	\$1.42B	374

Strategic Objective 1

Prevent loss of life by reducing the prevalence of hunger and acute malnutrition and mitigating the impact of disease, epidemics, armed conflict, and climate- induced disasters on the most vulnerable communities

US\$965.9M required

3.8M people targeted

Strategic Objective 2

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

US\$419.4M required

1.9M people targeted

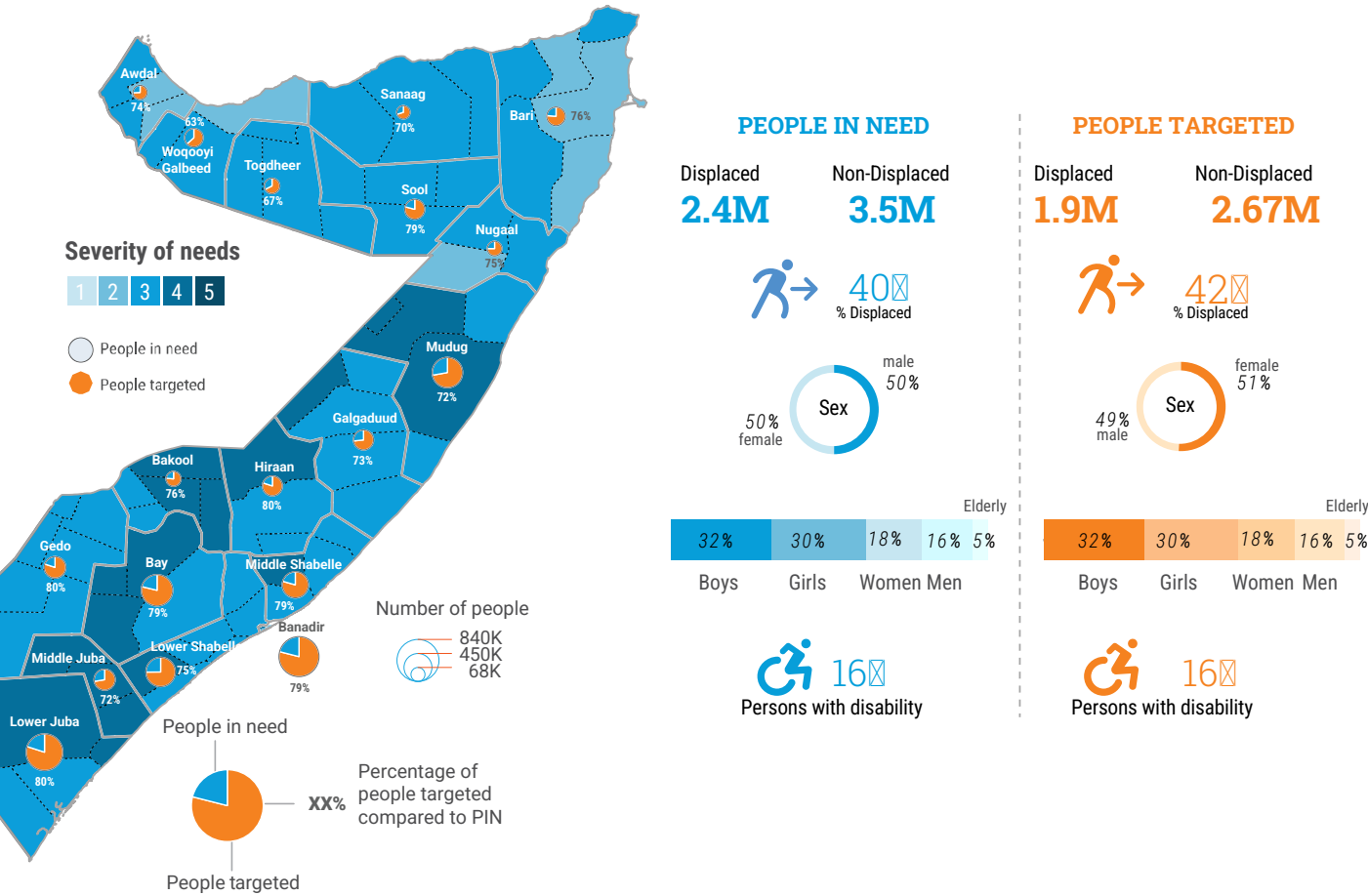
Strategic Objective 3

Mitigate critical protection risks arising from exclusion and denial of access to assistance, displacement, and indiscriminate attacks on civilians and civilian objects.

US\$38.6M required

4.6M people targeted

INTERCLUSTER PIN, SEVERITY AND TARGET



PEOPLE IN NEED

Displaced 2.4M

Non-Displaced 3.5M

40% Displaced

Sex

50% female

50% male

Elderly

32% Boys

30% Girls

18% Women

16% Men

5%

16% Persons with disability

PEOPLE TARGETED

Displaced 1.9M

Non-Displaced 2.67M

42% Displaced

Sex

49% male

51% female

Elderly

32% Boys

30% Girls

18% Women

16% Men

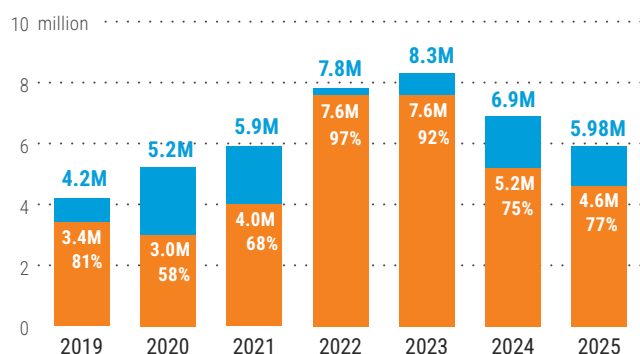
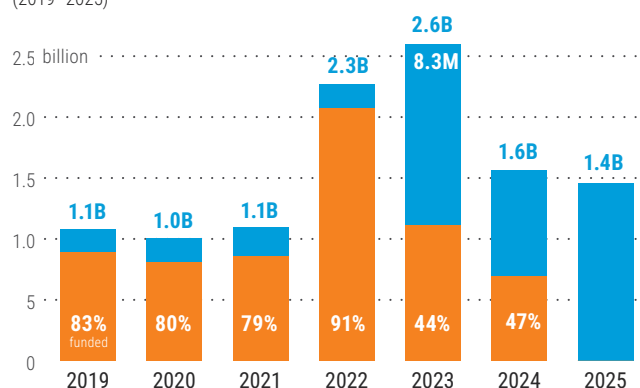
5%

16% Persons with disability

Key Planning Figures

SECTOR / CLUSTER	REQUIREMENTS (US\$)		PEOPLE IN NEED		PEOPLE TARGETED		% OF PIN TARGETED	
	2025	% change since 2024	2025	% change since 2024	2025	% change since 2024	2025	% PIN Targeted 2024
 Health	\$123M	+1%	5.4M	-18%	3.8M	+1%	70%	57%
 WASH	\$129M	-12%	5.2M	-21%	3.8M	-9%	73%	64%
 Food Security and Livelihoods	\$515M	-8%	4.5M	+5%	2.5M	-8%	56%	63%
 Shelter	\$60.8M	-24%	4.1M	-11%	1.3M	-9%	31%	30%
 Nutrition	\$117M	-29%	3.4M	-30%	2.3M	-21%	70%	62%
 Overarching Protection	\$166M	-4%	3.3M	-13%	2.4M	+11	72%	73%
 Gender-Based Violence	\$75.9M	+4%	3.0M	+7%	2.1M	+10%	69%	59%
 Child Protection	\$48.1M	-23%	3.0M	-1%	1.2M	-42%	40%	70%
 Explosive Hazards	\$9M	+1%	1.8M	+41%	297K	-26%	17%	32%
 Housing, Land and Property	\$11M	+121%	1.6M	-9%	919K	+2%	59%	36%
 Protection	\$21.8M	-10%	805K	-6%	631K	-2%	72%	75%
 Education	\$68.6M	+2%	2.6M	+10%	858K	-4%	33%	39%
 Camp Coordination and Camp Management	\$44.6M	-27%	2.4M	-38%	1.9M	-29%	80%	80%
 Multi-Purpose Cash	\$60.6M	-13%	-	-	1.1M	-61%		N/A
 Refugee Response	\$76.0M	+5%	48K	+19%	48K	+19%		100%
 Enabling Programmes	\$34.4M	+5%	-	-	-	-	N/A	N/A
 Logistics	\$27.0M	-22%	-	-	-	-	N/A	N/A
Inter sector	\$1.42B	-10%	5.9M	-13%	4.6M	-11%	76%	76%

Trends 2019-2025

NUMBER OF PEOPLE IN NEED AND TARGETED
(2019 – 2025)FINANCIAL REQUIREMENTS: UNMET AND FUNDED (US\$)
(2019–2025)

B: Billion / M: Million / k: Thousands

Somalia Disaster Management Agency

Foreword

It is with great urgency and commitment that we present the Somalia Humanitarian Needs and Response Plan (HNRP) 2025, a comprehensive and strategic document that outlines the critical humanitarian needs and the coordinated response strategies for addressing the ongoing crises in Somalia. The year 2024 has witnessed significant humanitarian challenges, including the devastating impacts of climate change, protracted conflict, displacement, and widespread food insecurity. These crises have left millions of Somalis in urgent need of assistance, with the most vulnerable populations facing extreme hardship.

This plan serves as a vital roadmap for the humanitarian community, providing clear guidance on how to deliver targeted, efficient, and life-saving assistance to those most affected by these complex and interrelated crises. The HNRP 2025 builds upon the lessons learned from previous response efforts, ensuring that we address the root causes of vulnerability and strengthen resilience. We are placing particular emphasis on delivering integrated support across multiple sectors, such as health, food security, protection, and shelter, while prioritizing the needs of vulnerable groups, including women, children, and displaced populations.

As we move forward, the Federal Government of Somalia, through the Somalia Disaster Management Agency (SoDMA), remains committed to leading and coordinating the national response in close collaboration with our humanitarian partners, development agencies, and the international community. Together, we must ensure a unified, rapid, and effective response that not only addresses immediate needs but also lays the foundation for long-term recovery and development.

We are fully aware of the scale of the challenges ahead and the need for coordinated efforts at all levels. Through collective action, we aim to mitigate the adverse effects of the crisis, restore livelihoods, and ultimately contribute to the stability and prosperity of Somalia. The HNRP 2025 is not just a response plan; it is a call to action for all stakeholders to unite and act decisively for the betterment of those in dire need.

We count on the continued support of all partners as we move forward with the implementation of the HNRP 2025, ensuring that our collective efforts make a lasting impact on the lives of those affected by the ongoing humanitarian crisis in Somalia. Only through collaboration, innovation, and sustained commitment can we hope to overcome these challenges and build a better, more resilient future for Somalia.

Mohamud Moalim Abdulle

Commissioner, Somalia Disaster Management Agency

Humanitarian Coordinator Foreword

The 2025 Somalia HNRP is based on a comprehensive analysis of the impact of key drivers of humanitarian needs in the country, and estimates that 5.9 million people will require humanitarian and protection assistance. This represents a 13 per cent reduction from 2024 (6.9m people) and is linked to slight improvements in the situation and stricter scope setting which identified 9.1 million people, or 47 per cent of Somalia's population, as affected by multiple shocks. 4.6 million people will be targeted for assistance this year, an 11 per cent decrease from 5.2 million targeted in 2024.

It is important to note that despite the slight improvement in the humanitarian situation, Somalia continues to face a complex, protracted humanitarian crisis fueled by conflict and insecurity, widespread displacement, climate shocks especially droughts and floods, proliferation of diseases, poverty and lack of access to basic services. In 2024, for the first time in years, conflict-generated insecurity was the leading cause for internal displacement due to inter-clan fighting. This was exacerbated by repeated climate events. Somalia is a country where the interplay of climatic shocks and other drivers of humanitarian crisis is fully experienced, which is why it is essential to invest in programmes that integrate humanitarian response with longer-term climate adaptation.

The 2025 HNRP focuses on lifesaving and life-sustaining assistance for people with the most severe levels of needs and incorporates humanitarian response gaps analysis into the inter-cluster prioritization methodology, reinforcing commitments to leave no one behind. The plan will require US\$1.42 billion to assist 4.6 million Somalis, and advocates for scaled-up development and climate financing to address the structural drivers of needs, build resilience, reduce the risk of future disasters and adapt to climate change. In addition, it guides the humanitarian system towards an integrated response, decentralizing coordination and fostering systematic engagement.

I thank our donors for their generous support in 2024. Multiple crises in the world are leading to a shift in global funding, which has impacted humanitarian funding for Somalia like it has done for many other countries. Last year, through the HNRP, we requested US\$1.6 billion to meet the needs of 5.2 million most vulnerable people in Somalia. We received 47.2 per cent, and with that, 281 humanitarian agencies were able to reach 3.5 million people with at least one type of assistance. We continue to appeal to our donors for an increase in much-needed funding for Somalia. This includes funding for the Somalia Humanitarian Fund, which is the main source of funding for national non-governmental organisations.

Ongoing efforts to sustainably address humanitarian needs in Somalia clearly show that the response architecture needs a comprehensive reform. This was also shown by the review of the system-wide scale-up in 2022, reviews and evaluations such as the Operational Peer Review and Inter-Agency Humanitarian Evaluation, as well as the findings of the Post-Delivery Aid Diversion (PDAD). The need for a more agile response mechanism is even more important now as we approach a critical point in the ongoing transition of the African Union mission. There will be upcoming changes in political mandates and operational priorities that will require robust planning for humanitarians to stay and deliver.

Therefore, humanitarian coordination in Somalia needs to be simplified and streamlined. The Area-based Coordination (ABC) and Operational Cell (OC) structures need to address challenges facing the cluster system, especially at subnational levels, while avoiding duplications. We need to agree how to adapt and integrate the Cluster system vis à vis the ABCs and OCs, without repeating the same challenges that the Cluster system is facing. This calls for strategic complementarity in roles between these structures. For example, while the national clusters could focus on standard setting at national level, the ABCs could promote more integrated response at the sub-national level.

The Federal Government of Somalia has made commendable progress in peacebuilding across the country. It is, therefore, important to ensure complementarity between humanitarian, development and peacebuilding efforts and unbalanced funding of these sectors. Already, the Humanitarian Country Team (HCT) is working towards a response that is more integrated and informed by the priorities of affected communities; delivered through decentralized coordination structures. That is why in 2025, Somalia will pilot elements of the Flagship Initiative, starting with a few selected districts. The new initiatives are an opportunity to better focus our investments on humanitarian/development/peace initiatives in prioritized geographic localities, targeting underlying drivers of risk and vulnerability. These initiatives offer opportunities for innovation and new ways of doing business, are more people-centered and prioritise sustained community engagement.

For the first time, the United Nations common country analysis (CCA) was conducted jointly between humanitarian and development sides of the house to identify risks in the shared operational environment. As we strengthen the humanitarian-development-peace nexus in Somalia, we must be cognizant of perceived tensions between boundary-setting/life-saving, and broader nexus- and solutions-oriented approaches. This requires humanitarians to focus on "enabling the bridges" to development, being more conscious of longer-term effects of life-saving assistance, not substituting for development. At the same time, we need to promote localization and inclusion, and to align these with the new response architecture. As we seek to reform the humanitarian system, we need to consolidate efforts to eliminate aid diversion. While 2024 has seen the completion of collective efforts, with HCT endorsement, on policy framework on data sharing, beneficiary selection and vulnerability-based targeting, as well as on a recalibrated humanitarian architecture in Somalia, 2025 is set to be the year for full scale implementation of these system-wide reforms. Nevertheless, the HCT will pursue under my leadership, efforts on other reform segments like government engagement, localization, access strategies into hard-to-reach areas. to ensure the humanitarian system in Somalia is fit for the challenges laying ahead.

George Conway
Humanitarian Coordinator in Somalia

Somalia Administration Reference Map

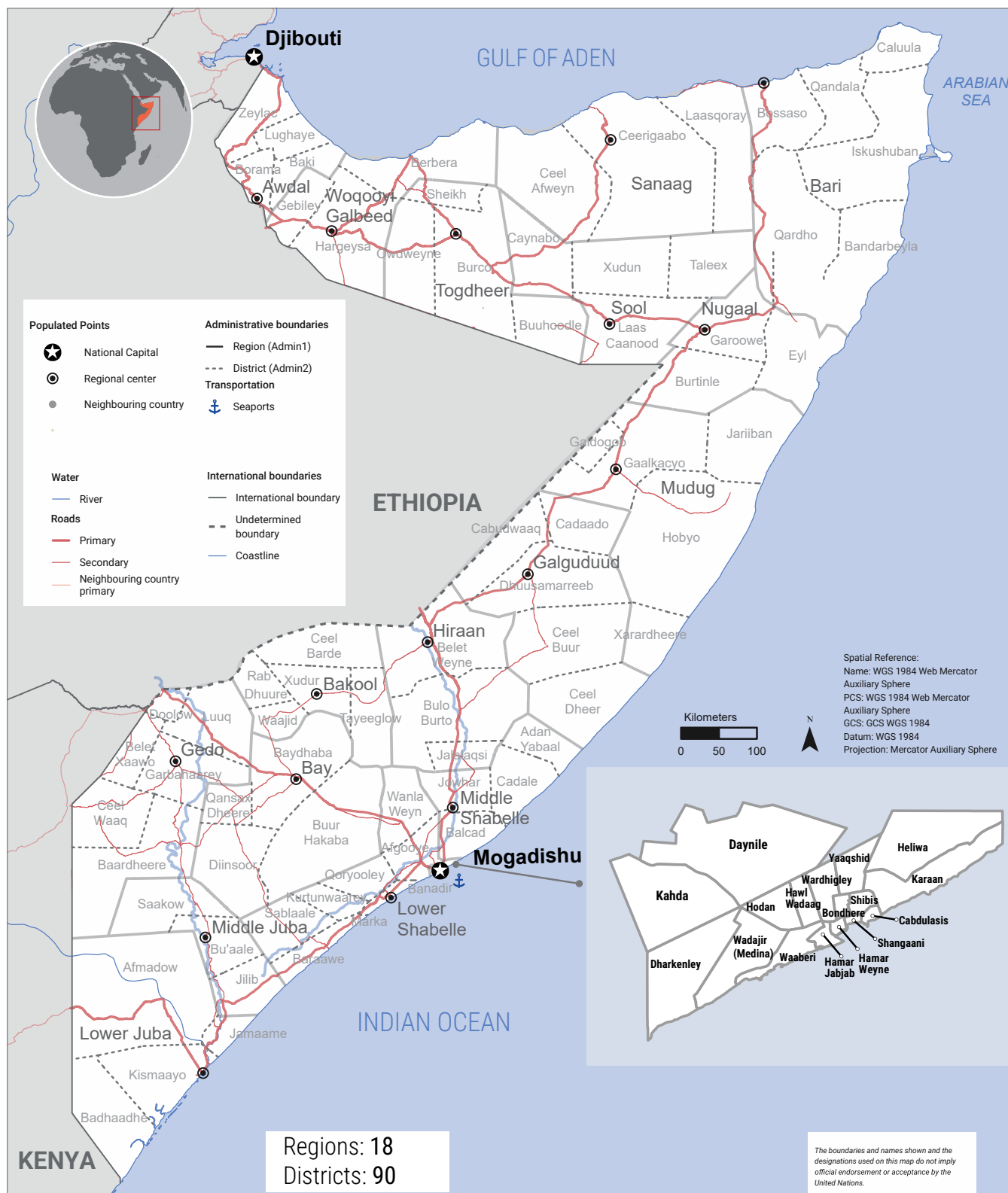


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Part 1: Needs Analysis

1.1 Crisis Overview

Humanitarians conducted a comprehensive, multi-stakeholder shock analysis that determined that there are 9.1 million Somalis affected by the humanitarian crisis. 47 per cent of the country's population are affected by conflict, floods, drought, disease outbreaks (AWD/Cholera, measles) and displacement that disrupt lives and livelihoods, resulting in humanitarian needs. For each of these five shocks, a timeline and thresholds were defined, in line with the IASC Guidance, to accurately capture their current impact on the humanitarian situation.¹

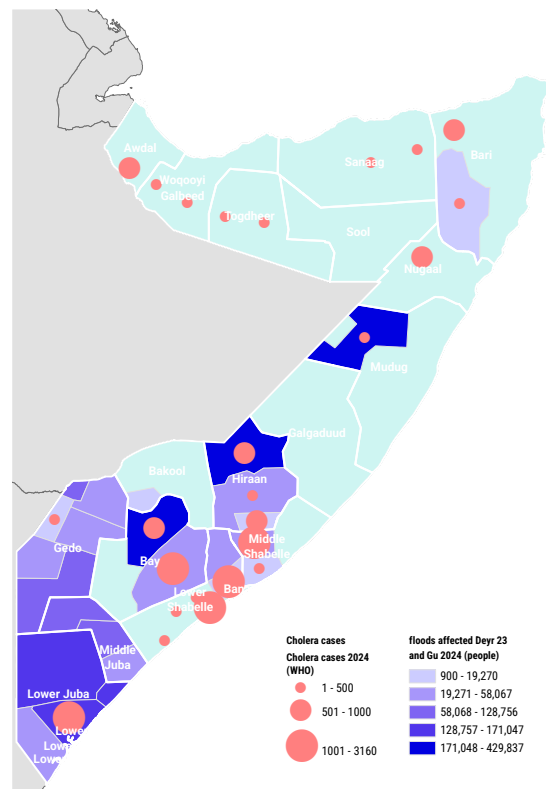
Floods and droughts increasingly alternate in Somalia, with severe repercussions on agriculture and livestock that are essential for livelihoods and food security.² Somalis are still recovering from the impact of the 2020 to 2023 historic drought and flooding in late 2023 and mid-2024, yet the country may be again moving towards another multi-season drought period.³ Recurrent climate shocks take place against the backdrop of decades of conflict, development deficits, widespread poverty and governance challenges, that have eroded coping capacities, increased humanitarian aid dependency and undermine resilience. The impact of shortened cycles between climate extremes will be amplified by climate change, with rising temperatures and erratic rainfall bound to increase water scarcity and heat mortality, reduce agricultural productivity and intensify flood risks by 2030.⁴

The Gu (April to May) rains caused flooding that affected 268,000 people and displaced 81,000 people between mid-April and mid-May 2024.⁵ Despite a staggered onset and early cessation (usually from April to June), rains caused flooding across 13 districts, particularly in Hirshabelle, South West, Jubaland, and Puntland States.⁶ Floods hit riverine communities along the Shabelle River particularly hard, with displacements in Belet Weyne accounting for more than 50 per cent of total displacements. Although the impact was lower than had been anticipated by humanitarians (see HNRP 2024), heavy rains and flash floods caused loss of livelihoods and damaged infrastructure including roads, schools, and shelter. Despite improved soil moisture and recharged water sources (surface and ground water sources), poor spatial/geographic distribution of rains, inundation of agricultural land, and conflict resulted in below-average Gu harvest in July.⁷

The destruction of water sources and latrines exacerbated cholera outbreak.⁸ Somalia has an uninterrupted Acute Watery Diarrhoea (AWD) /cholera transmission since 2017, linked to poor water, sanitation, and hygiene (WASH) and health infrastructure, funding gaps, and seasonal flooding. In 2024, cumulative AWD/Cholera cases surpassed 2023 levels due to limited access to safe water, proper sanitation, and primary health services. As of November 2024, more

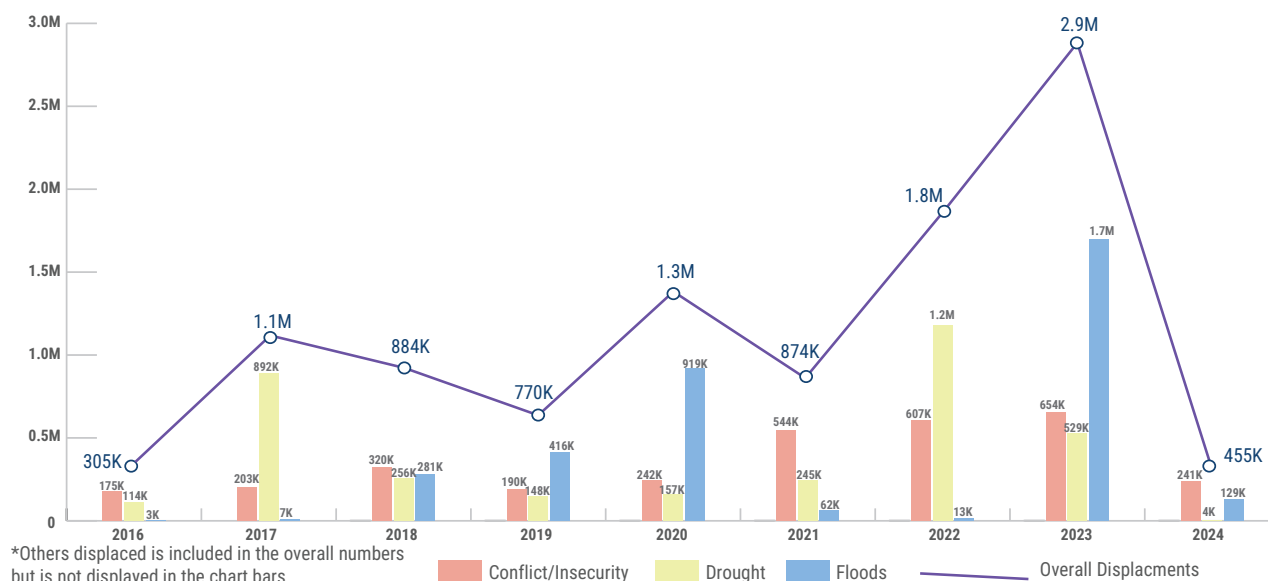
than 19,800 cases were reported, compared to 18,304 cumulative cases of 2023 (Jan-Dec).⁹ Sites for displaced people and children under age 5, were particularly exposed to outbreaks, as high levels of acute malnutrition lower immunity to cholera infections.

Flood-affected districts by Deyr season 2023 and Gu season 2024, Cholera/AWD case distribution in 2024



During October and November 2024, southern and central Somalia received only 30 to 45 per cent of average cumulative rainfall.¹⁰ Reduced rainfall during the Deyr season (October to December), linked to La Niña conditions decreased local food production and availability. Drier-than-usual conditions, expected to persist into 2025, particularly impact northeastern, central and southern Somalia and risk stalling or reversing improvements in food security and livestock recovery.¹¹ Some 4.4 million people are facing high levels of acute food insecurity (IPC phase 3) and emergency levels (IPC phase 4) between October and December 2024, with approximately 1.6 million children under age 5 facing acute malnutrition between August 2024 and July 2025.¹²

Displacement trends 2019-2025



An estimated 3.5 million people in Somalia are displaced, tied to climatic shocks and conflict. While still high with 477,000 people internally displaced between January and November 2024, new internal displacements dropped by 85 per cent from their 2023 record level.¹³ In 2024, only 29 per cent of internal displacements were linked to climatic factors, whereas this proportion was 75 per cent in 2023.

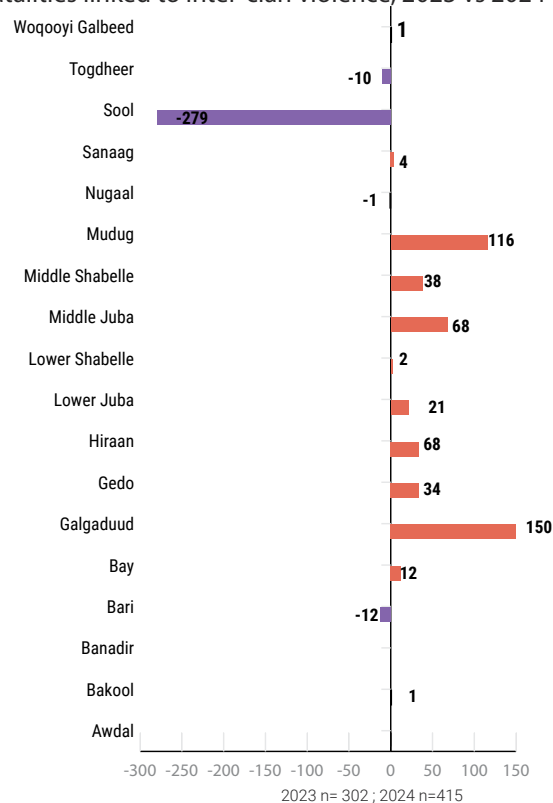
Conflict was the main driver of new internal displacements in 2024, accounting for 53 per cent of 477,000 displacements between January and November 2024.¹⁴ Most people who were forced to flee their homes remained within the same region. The districts most affected by conflict-related internal displacement were Luuq (Gedo), Diinsoor (Bay), Xarardheere (Mudug), Jamaame (Lower Juba), and Buuhoodle (Togdheer); largely related to escalating inter-clan fighting.

Inter-clan fighting spiked in multiple regions in 2024, notably in Galgaduud, Mudug, Gedo and Togdheer regions. Clashes between clans erupted in Luuq in July over land ownership disputes, displacing 42,000 people in July and 30,000 people in October, including those previously affected or recently returned.¹⁵ Sub-clans of the Dhulbahante and Isaaq clans clashed in Buuhoodle in November, displacing 26,000 people.¹⁶ As opposed to flood-linked displacements that tend to be temporary, conflict can often lead to protracted displacements, as concerns for safety, and damage to infrastructure and livelihoods prevent people from returning to their homes.

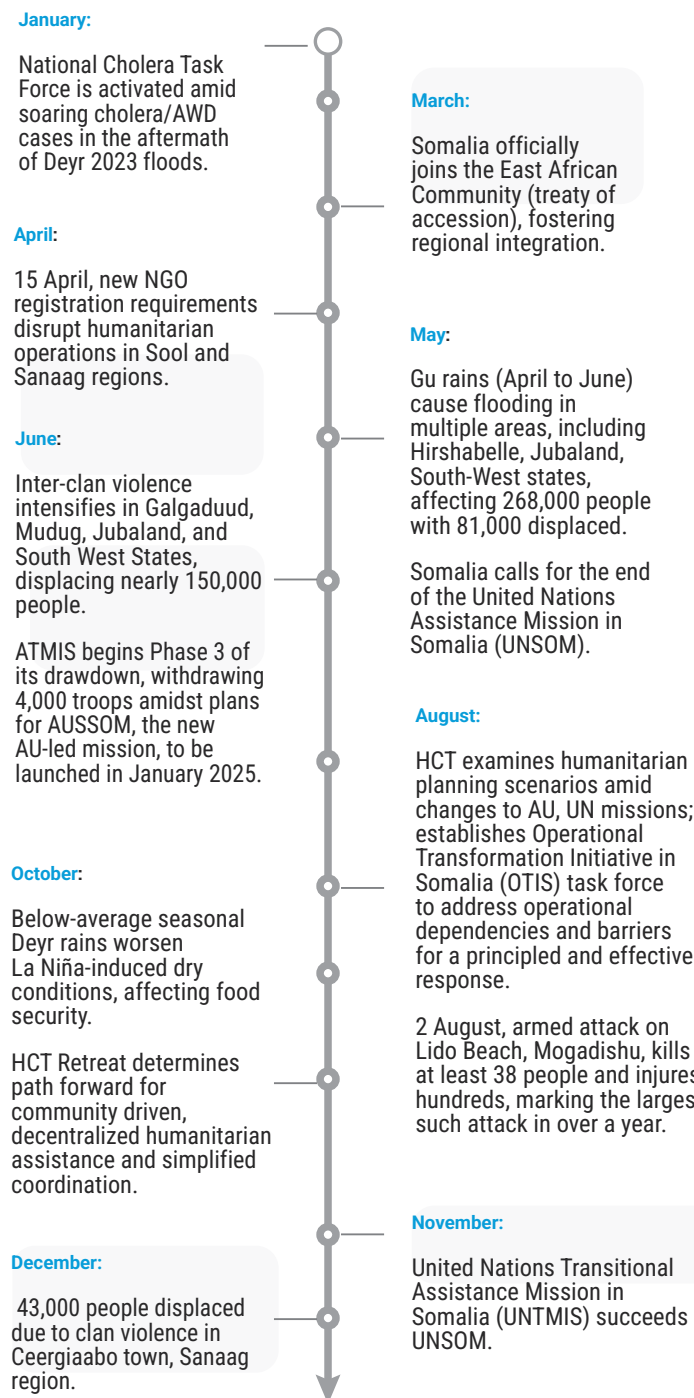
Forced evictions continue to pose a challenge in Somalia, affecting 154,000 internally displaced people by November 2024. Approximately 1.9 million internally displaced persons (IDPs), out of 3.5 million, live in the urban centres of Banadir (Daynille, Kahda), Bay (Baidoa), and Wogooyi Galbeed (Hargeisa), which account for 93 per cent of all forced evictions.¹⁷ Prospects of livelihoods, basic services, as well as humanitarian assistance “pull” displaced people into urban centres, contributing to Somalia’s rapid urbanization and rising land and housing prices.¹⁸ In spaces with high population density, displaced people often live on private land and without formal tenure agreements, increasing the risk of forced evictions.¹⁹

Conflict and insecurity take a heavy toll on civilians. The military offensive by Government and allied forces against non-State armed actors, notably Al-Shabaab, continued in 2024, although with reduced intensity compared to 2022-23. Between January and September, 854 civilian casualties were recorded (295 killed, 559 injured) a 35 per cent decrease from close to 1,300 casualties in 2023. A total of 1,636 grave violations against children were verified, with the majority of those affected being boys, (71 per cent), while 26 attacks against schools and hospitals were reported in the same period.²⁰ Conflict-related sexual violence (CRSV) remains a critical concern, including gang rape and trafficking of girls for forced marriages to Al-Shabaab members.

Fatalities linked to inter-clan violence, 2023 vs 2024



Timeline of Events in 2024



Humanitarians are confronted with a challenging operating environment, marked by protracted conflict. At least 67 incidents of violence against humanitarian personnel or assets were recorded throughout 2024.²¹ Complex, localized security dynamics rendered Jubaland and South West States particularly volatile for humanitarians. In the first quarter of 2024, three humanitarians were abducted and later released, while in the third quarter, three others were killed, amid violent clan dynamics. Heavy or very heavy access restrictions render an estimated 3.7 million people (19 per cent of the population, equal to 28 per cent of the total people in need [PiN]) hard-to-reach for humanitarians

The African Transition Mission in Somalia (ATMIS) replaces the African Union Support and Stabilization Mission in Somalia (AUSSOM) in January 2025, potentially resulting in shifting patterns of security, with a reduced footprint and a reduction in force strength. However, as of early December, contributions to funding and troops remain unclear, raising concerns about a smooth transition. Humanitarians have undertaken a thorough review of operating modalities to stay and deliver, including alternative escort provision and reviews of supply chains.

As a result, 5.98 million people are in need of humanitarian assistance in 2025. The 13 per cent decrease in PiN, compared to 6.9 million in 2024, reflects the incorporation of scope setting in the needs analysis process, which extrapolates the people in need from the affected population instead of the entire population. This is helping to reinforce efforts of the humanitarian community in Somalia to move from status-based to vulnerability-based analysis. The 2024 HNRP considered 100 per cent of the displaced population (3.86 million people) to be in need, only 68 per cent of displaced people (or 2.4 million out of 3.5 million) are assessed to be in need in 2025. Improvements in drought conditions, decreases in internal displacement, and lower than anticipated Gu floods have all contributed to positive developments in the humanitarian situation.



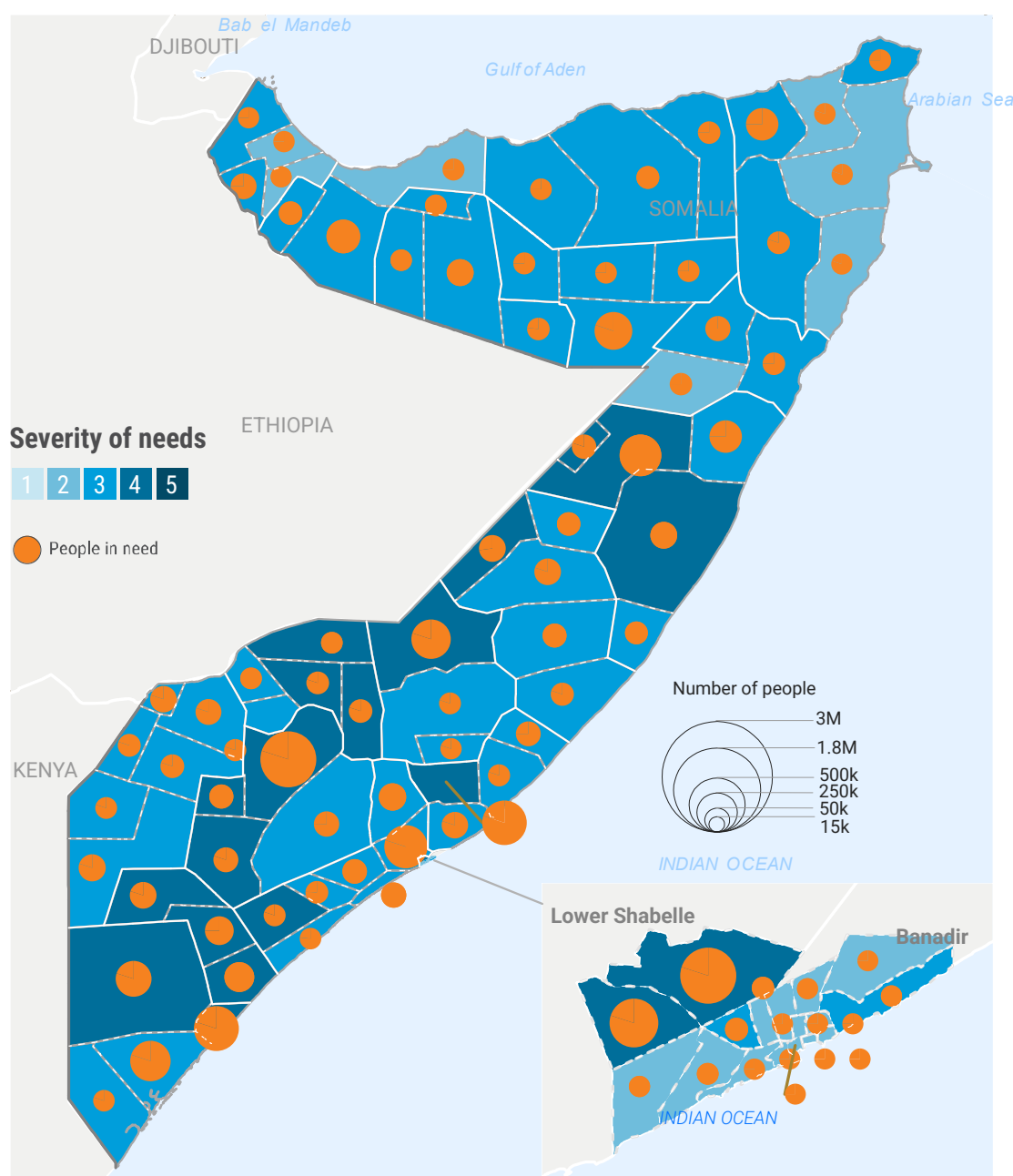
1.2 People in Need

As in 2024, the clusters with the highest number of People in Need (PiN) are Health (5.4 million) and WASH (5.2 million), followed by Food Security (4.5 million), Shelter (4.1million) and Nutrition (3.4 million).

Nutrition, recording the third highest sectoral PiN in 2024, saw a 30 per cent reduction in 2025, representing a decrease of 1.4 million people. This is due to improvements in the nutrition situation in Somalia, particularly in terms of Global Acute Malnutrition (GAM) rates.

Camp Coordination and Camp Management (CCCM) registered the highest reduction in PiN, with a 38 per cent decrease from 3.86 million people in 2024 to 2.4 million people in 2025. The PiN decrease is largely linked to a shift from status to vulnerability-based approaches, as guided by the joint needs analysis including scope setting and Joint Inter-sectoral Analysis Framework 2.0.

Inter-cluster severity, people in need and target



1.3 Priority Needs of the affected population

As part of the Multi-Sectoral Needs Assessment, households were asked about the most significant challenges they were facing, ranking food (57%), drinking water (43%), a suitable living space (32%), access to sanitation (22%) and access to healthcare (15%) as their priority needs.

1st

Food or income to buy food

Access to food in sufficient quantity and quality remains a critical concern for households (HH) in Somalia. More than half of HH name food as their most pressing need.²² Displaced communities are more likely to identify food as a priority need. In 2024 (October to December), 4.4 million people faced acute hunger and malnutrition, a slight increase from 4.3 million in 2023.²³

Drought and flooding from previous years led to crop and livestock losses particularly in riverine communities; it is expected that poor Deyr rains will now aggravate these losses.²⁴ Vast areas of Somalia are expected to experience emergency (Integrated Food Security

Phase Classification (IPC Phase 4) and crisis (IPC Phase 3) food insecurity levels during the Deyr harvest season (January - February 2025), with heightened concerns for Somalia's 'breadbasket', the Bay and Bakool regions.²⁵ Internally displaced persons (IDPs) have more severe food needs, and represent 55 per cent of all people facing IPC Phase 4, with two-thirds of the affected people concentrated in the displacement hubs of Banadir and Baidoa, which collectively host nearly half of the country's 3.5 million IDPs.

Despite a decrease in inflation (6.1 per cent in 2023 to 4.8 per cent in 2024), lack of income and resources remains a key issue to sustain life and meet basic needs among host and displaced populations.²⁶ Host and displaced communities are equally likely to rely on negative coping mechanisms, e.g., purchasing food on credit.

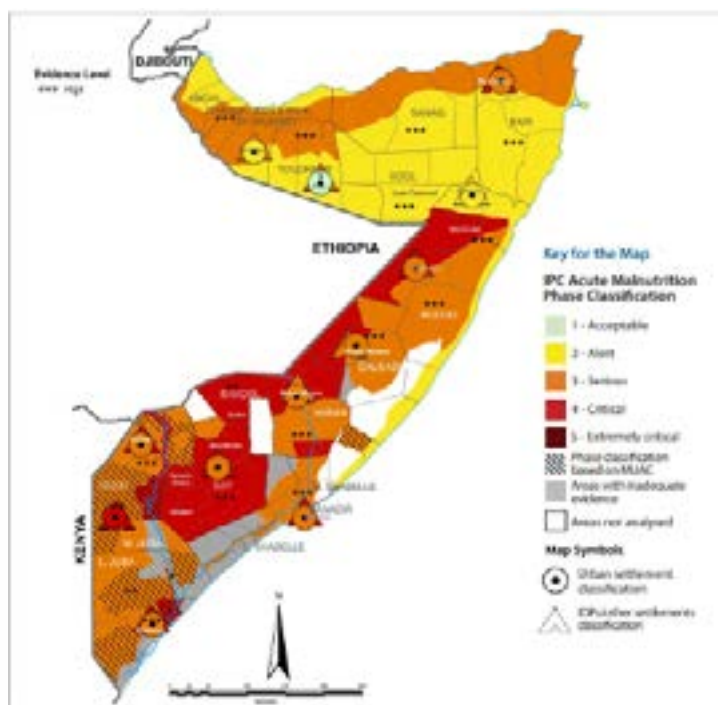
2nd

Safe drinking water

Half of Somalia's population is water insecure. Internally displaced persons in particular experience water shortages for their daily needs, such as cooking and bathing, compared to members of the host community (60 per cent vs 51 per cent). Availability of water, shelter, and absence of conflict, were the top factors, indicated by internally displaced persons, in determining places of displacement.

Access to drinking water was ranked as the second most significant challenge across all HH, with a quarter of the population relying on unsafe water sources. Alarming, not having sufficient water to drink has become more prevalent among displaced communities, increasing from 31 per cent in 2023 to a staggering 51 per cent in 2024. Somalia's reliance on groundwater and the country's limited water storage infrastructure means that flooding barely contributes to increased water availability. The destruction of water points and contamination of shallow wells during 2023 Deyr and 2024 Gu flooding further hindered access to safe drinking water, which is bound to worsen as Somalia steers towards another drought period.

Map of Acute Malnutrition Situation Oct-Dec 2024



3rd Shelter - suitable living space

HH rank suitable living space as the third priority need, with higher rates among displaced people (41 per cent for newly displaced persons, 42 per cent for long-term internally displaced persons). Host communities rate shelter needs as high as access to adequate health care (22 per cent). Prioritization of shelter needs have slightly decreased overall as compared to 2023, when a record 2.9 million people were internally displaced.

Living conditions are particularly concerning among newly displaced people; more than half (60 per cent), are likely to live in makeshift shelters made with sticks, clothes, and paper), whereas HH living in protracted displacement were most likely to live in damaged shelters, e.g. leaking roofs. Both host community and internally displaced persons face significant challenges in performing basic daily activities due to inadequate shelter. The most reported issues included lack of access to kitchen utensils and hygiene items and insufficient space, inhibiting privacy. In addition, most displaced HH do not have access to a steady source of power (95 per cent), compounding protection risks.

4th Sanitation

Access to sanitation continues to be a major challenge in Somalia and has increased as a priority compared to the previous year, when sanitation was ranked fifth most important need. The use of unhygienic, unimproved sanitation facilities, followed by reliance on communal facilities and open defecation, were the most common coping strategies for those without or with limited access to sanitation facilities. Women and girls also reported that menstrual hygiene products were not easily accessible, as they were either too expensive (28 per cent) or not available through the market (23 per cent). For many, this situation has been compounded by the destruction of more than 5,000 latrines due to Gu floods in April and May 2024.

Poor sanitation is worsened by reliance on unsafe water sources and lack of soap and detergent (41 per cent of HHs), forcing HH to use

sand or ash as substitutes. This exposes communities to considerable health risks, including the spread of water-borne diseases like AWD/ cholera. Recovery from the historic drought, along with strategic investments and a shift towards sustainable solutions to address these needs contributed to a 21 per cent reduction in the WASH PiN from 2024 to 2025.

Most commonly reported modalities of assistance that households would prefer to receive:

1. In-kind (food)
2. Mobile money
3. Cash
4. In-kind items (e.g., hygiene)
5. Services (e.g., healthcare)

5th Health care

Access to adequate health care remains a significant challenge for households, particularly in rural and underserved areas. Compared to 2023, HH rank health care as a lower priority need, with a disparity across non-displaced, and displaced HH; the latter prioritize suitable living conditions over access to health care. In terms of preference for humanitarian assistance to address challenges, however, HH indicate a stronger preference for health interventions, ranking higher than shelter, nutrition, or livelihoods assistance.

The primary barriers to accessing health care include the lack of functional health facilities nearby (29 per cent), unaffordable costs for treatment or medicine (17 per cent), and unavailability of specific medicines or services (16 per cent). For many new IDP HH, health facilities are out of reach and not affordable.

Alarmingly, 45 per cent of children under age 6 have never received vaccinations, primarily due to a lack of functional vaccination services nearby (40 per cent) and unavailability of vaccines (31 per cent). Findings indicate an urgent need for targeted investments in healthcare infrastructure, service availability, and affordability to ensure equitable access for all, especially in rural and internally displaced persons -dense areas.

1.4 Vulnerable groups: differential impact of the crisis

Factors such as age, sex, minority status and disability and the inter-section between these and other dimensions strongly influence how people experience the humanitarian crisis, and to what extent

they can both access and meaningfully inform the design of humanitarian assistance.

Minority and marginalised communities in Somalia, estimated to be 30 per cent of the population, face a long history of discrimination, exclusion from access to services and participation in decision-making processes which directly affect them.²⁷ Discrimination is mostly based on linguistic characteristics and descent, exposing certain communities, such as the Somali Bantu community, or Jiido, Garre, Dabare minorities, to additional challenges. The systemic exclusion from economic and socio-political spheres is exacerbated by the influence of intermediaries, such as landlords, acting as gate keepers to access for humanitarian assistance.

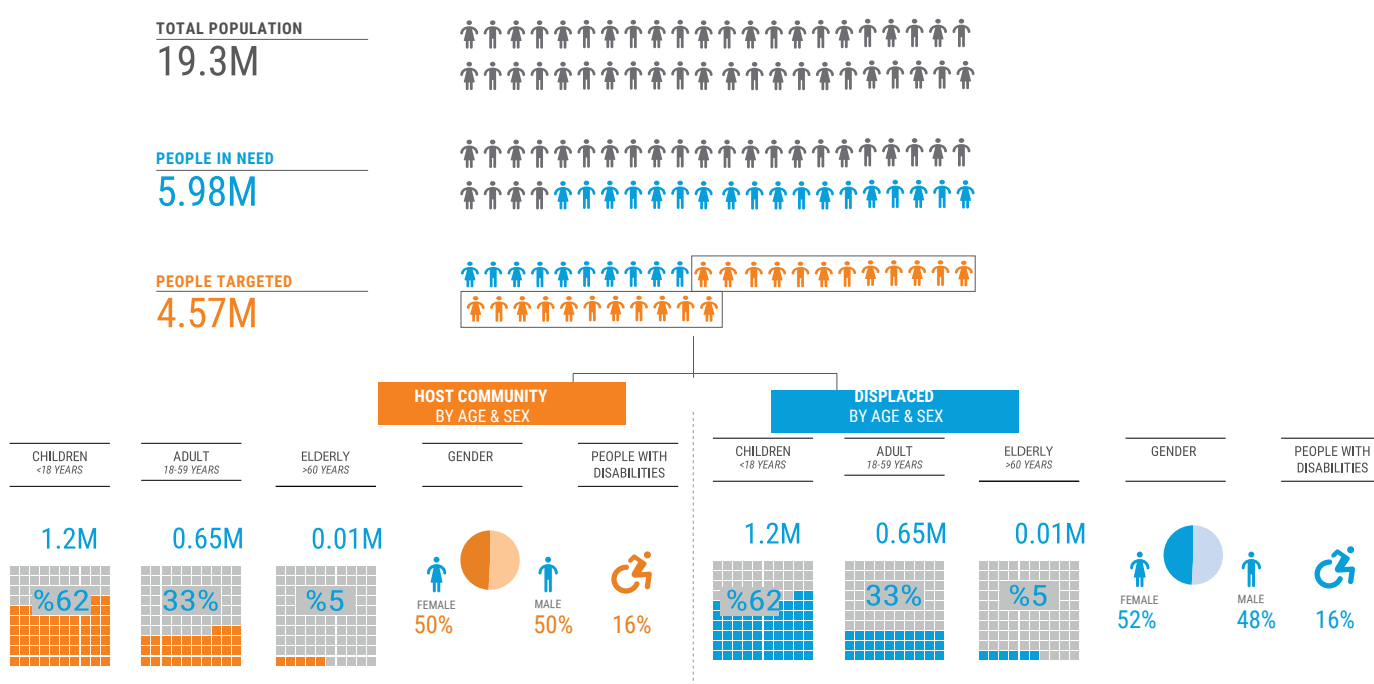
Children, 44 per cent of all people in need, are particularly vulnerable and exposed to multiple shocks. Women and children constitute the vast majority (80 per cent) of the internally displaced persons in Somalia, further exacerbating their vulnerability.²⁸ Congested, sub-standard displacement conditions, disrupted social support networks, and limited access to basic services heighten the protection risks faced by children, including gender-based violence, abuse and family separation.²⁹ Negative coping strategies are prevalent for children, including early (forced) marriage, child labour, school dropouts, or association with armed actors. The psycho-social toll of these conditions is neither comprehensively assessed nor addressed, given the lack of mental health and psycho-social support (MHPSS) in Somalia. Poverty mostly affects children, especially in nomadic and rural areas.³⁰

Older people in Somalia may experience challenges faced by their communities, such as water shortages, in different ways, due to age-related vulnerabilities.³¹ Health-related conditions limit mobility

and drive isolation, which can reduce opportunities for participation and consequently result in neglect of age-specific needs in programme design.³² Older people and persons with disabilities are often affected by different physical and mental barriers, that limit coping capacity.³³

Persons with disabilities (PWDs) are disproportionately impacted and face multiple barriers to accessing humanitarian assistance and participating in decision-making, including attitudinal, institutional, communication and physical barriers. Over 72 per cent of persons with disabilities across Somalia were unable to reach or use humanitarian assistance due to lack of information, physical inaccessibility and fear from physical or verbal attacks.³⁴ They are among the most vulnerable members of communities due to social stigma, inaccessibility, marginalization, and discrimination. They have poorer health, lower educational attainment and fewer economic opportunities due to a lack of access to support services such as access to medical care, assistive devices and other essential services, contributing to a cycle of poverty and marginalization.

Displacement is particularly challenging for persons with disabilities due to the loss of their adapted environment, mobility devices and support network. The population groups who reported wanting to move but were unable to do so were the people with disabilities (52 per cent) and older persons (46 per cent women, 45 per cent men).³⁵ Women and girls with disabilities, particularly when from a minority group, are considered to be in most severe need.³⁶ The type of disability, displacement status, gender, clan affiliation and family/ community support networks shape needs at an individual level



Gender inequality, systemic disparities, gender norms, and power dynamics cause women, men, girls, and oppressed groups to experience crises in various ways. Women and girls, boys and oppressed groups are more likely to experience early marriage, gender-based violence (GBV), and have less access to healthcare and education. Women face

additional challenges due to displacement and the ensuing loss of livelihood, which frequently pushes them to adopt risky coping strategies to provide for their families. Women of minority clans and people without relatives living nearby are particularly vulnerable.³⁷

1.5 Severity of Needs

The revised JIAF 2.0 methodology was applied to estimate 2025 need severity and PiN at both cluster and inter-cluster level.

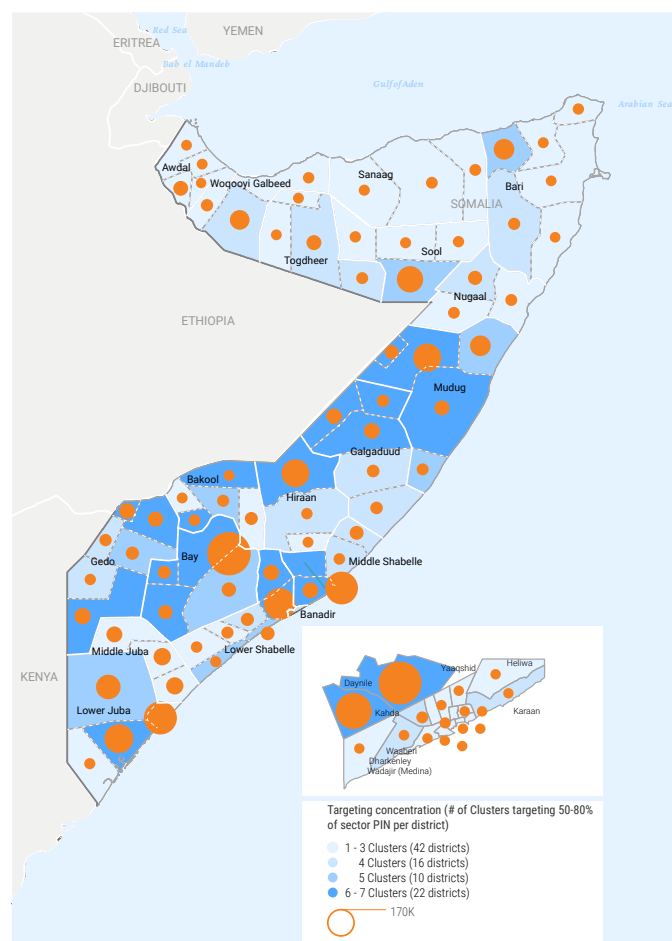
Severity

The severity of humanitarian needs saw marked improvements from 2024 to 2025. The inter-cluster needs severity analysis did not identify any district in “catastrophic” severity (phase 5), as in 2024, and identified 20 districts in “extreme” severity (phase 4), a reduction from 24 districts in 2024. Thus, the population experiencing extreme deprivations decreased by 20 per cent, from 3.9 million people in 2024 to 3.1 million people in 2025. These improvements can be linked to favourable drought conditions and a significant decrease in (new) internal displacement, leading to fewer people in “extreme” need in nutrition, health, shelter, protection, and CCCM.

Similarly, the number of districts reporting sectoral catastrophic or extreme deprivation levels decreased from 20 (Severity 5) and 24 (Severity 4) districts in 2024 to 15 (Severity 5) and 19 (Severity 4) districts in 2025. Shelter is the only Cluster reporting an increase in districts in catastrophic severity (Buur Hakaba and Qansax Dheere in Bay region; and Garbahaare, Gedo region). These districts were all affected by displacement, drought, and partially by floods (specifically Bay), causing high shelter needs.

Jamaame, Afmadow, Ceel Dheer, Afgoye, Kismayo, Diinsoor and Luuq districts are classified as “catastrophic” in terms of protection needs, with the latter four showing a deterioration of conditions from 2024, linked to inter-clan fighting and military operations. Eight districts show increased sectoral severity levels from 2024, (Ceel Baarde, Jowhar, Banadir, Galgodob, Hobyo, Bu’aale, Cabudwaaq, and Saakow), showing a marked increase in the number of clusters reporting extreme severity levels of needs. These increases are the result of heightened insecurity and internal displacement, aggravating already limited access to basic services, and livelihoods.

Geographic distribution of people targeted in 2025



Part 2: Humanitarian Response

2.1. Humanitarian Response Strategy

Key assumptions and risks

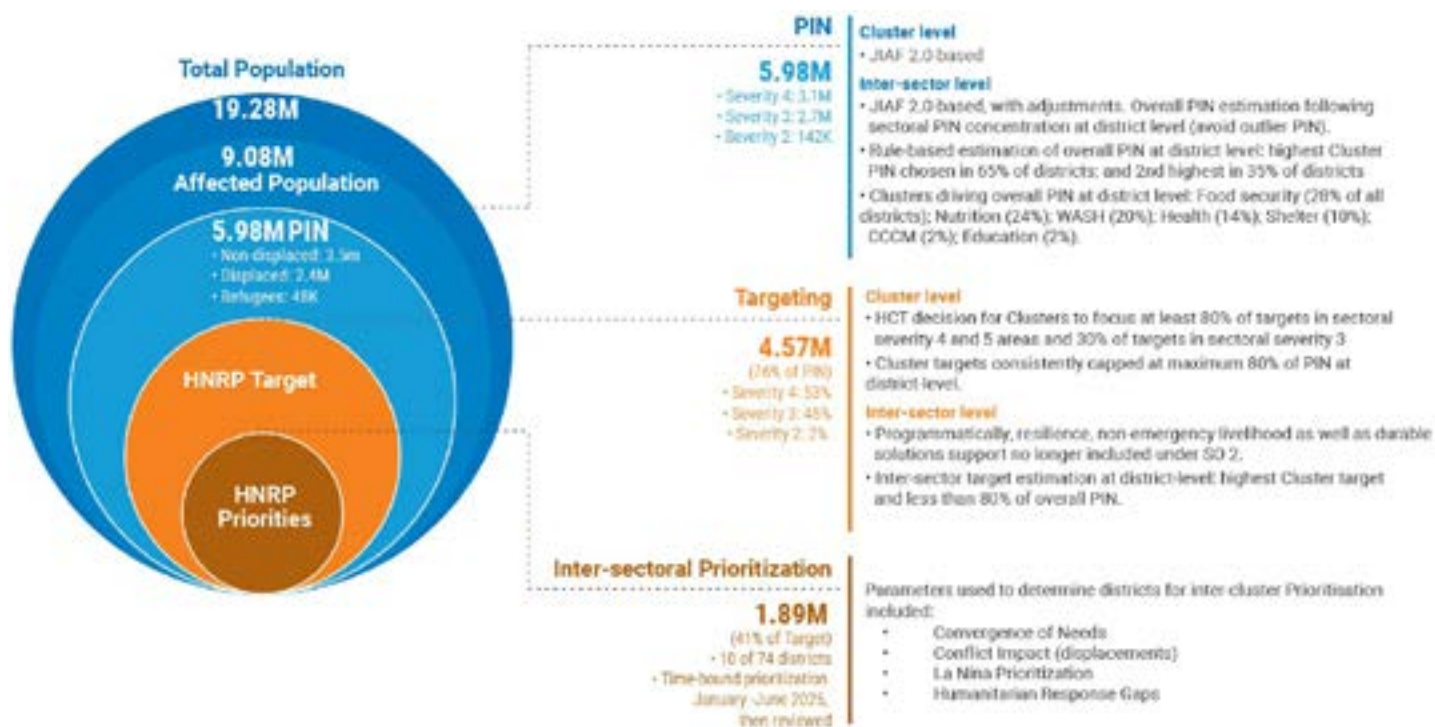
Humanitarian partners in Somalia anticipate decreased funding in 2025, as armed conflict and climate change increase humanitarian needs in multiple contexts. Limited funding and a complex operating environment with significant access challenges, are key drivers for humanitarian response gaps. Current gaps may lead to increasing needs for assistance in the future. Going into 2025, Somalia is bracing for the risk of yet another drought, as the 2024 Deyr rains, linked to La Niña conditions, are already indicating poor crop production and limited availability of water and pasture for pastoral communities. Forced displacement is anticipated on a similar scale to 2024, linked to climate shocks and conflict, notably inter-clan fighting, which may be compounded by drier than usual conditions. The transition from ATMIS to AUSSOM in 2025 may increase costs for logistics and contribute to unpredictable changes in local security dynamics.

Stricter response boundaries and targeting

The humanitarian response will be strictly targeted, focusing on assisting populations in areas with the highest need severity at sector level, in line with the 2024 boundary-setting. This maintains the exclusion of support to resilience, non-emergency livelihoods and durable solutions from humanitarian response coordinated under the Humanitarian Needs and Response Plan (HNRP). These excluded activities remain critical for enhancing people's capacities to cope with shocks but will need to be coordinated and financed outside the HNRP and mainly through non-humanitarian mechanisms.

In line with the 13 per cent reduction in people in need, the 2025 HNRP targets 4.6 million people for assistance, marking an 11 per cent reduction compared to 5.2 million people targeted in 2024. Some \$1.42 billion is required to enable this stringently targeted and prioritized response, a 10 per cent reduction compared to 2024. Approximately two thirds (or 68 per cent) of funding requested is required for life-saving programmes, in line with Strategic Objective 1.

PiN and target methodologies



Inter-sectoral prioritization in 2025

- In light of a sober funding outlook, the HCT identified clear geographic priorities for inter-sectoral response that capitalize on the Integrated Response Framework (IRF). Ten districts were identified based on:
- The convergence of inter-sectoral severity of needs and existing coping capacities of affected populations.
- Susceptibility of severe impact of La Niña conditions, based on poor performance of Deyr rains from October to December 2024.³⁸
- The impact of conflict on the humanitarian situation in 2024, as measured by conflict-induced forced displacement.
- High response gaps in 2024, underlining a need for a scale-up to improve outcomes.

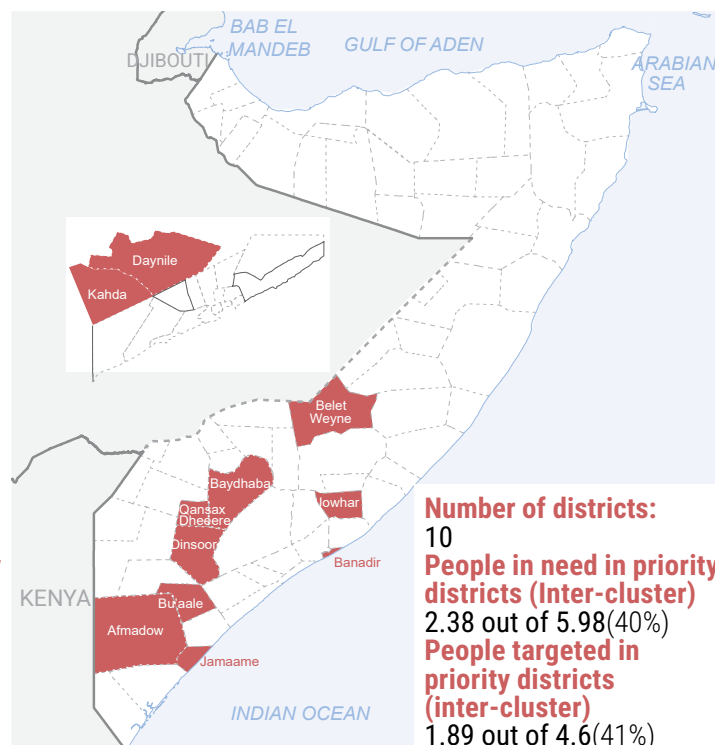
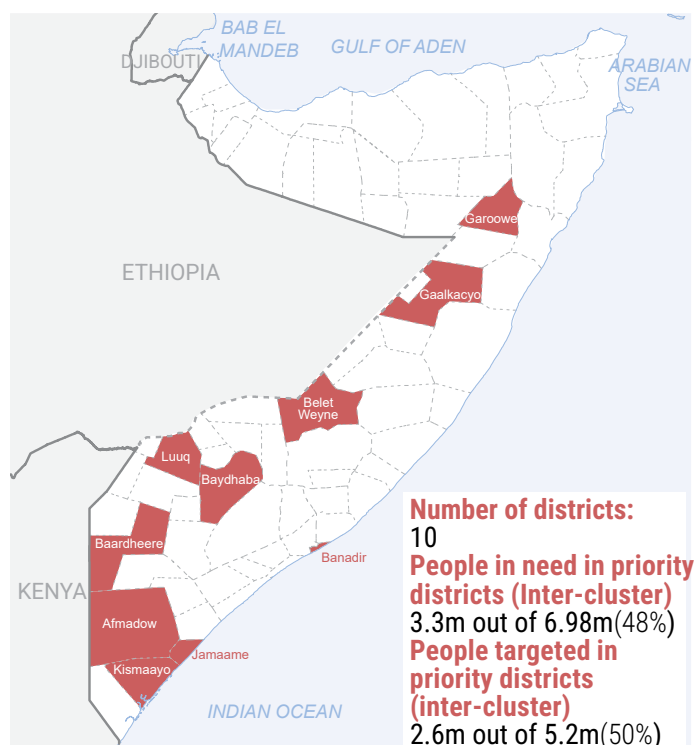
As Somalia is faced with the risk of another drought, programmatic priorities will include access to water, sanitation, and health to mitigate cholera/AWD outbreaks; improved availability of and access to food to counteract the grim crop production outlook as well as nutrition assistance and emergency livelihood support. Wherever market

conditions allow, coordinated Multi-Purpose Cash (MPC) programming will be used as an effective multi-sector response modality, enabling HH to meet their basic needs in a flexible manner.

The ten districts prioritized in 2025 include five of the districts also prioritized in 2024 (Afmadow, Baydhaba, Belet Weyne, Jamaame, and Banadir), with Bu'aale, Diinsoor, Jowhar and Qansax Dheere as new additions, and Banadir represented by Daynile and Kahda in line with a revision of the Common Operational Dataset (COD).³⁹

Four districts saw a marked deterioration compared to 2024 with significant increases in the number of people in needs (Afmadow, Bu'aale, Jamaame, Belet Weyne, and Jowhar) and severity (Bu'aale). These increases are linked to multiple shocks, including Deyr (2023) and Gu (2024) flooding, conflict and displacement. To enable the response and to effectively address current response gaps, localized strategies, supported by the Access Working Group (AWG), will be pivotal. Humanitarian access is a key driver for response gaps; six of the ten priority districts (Afmadow, Baydhaba, Bu'aale, Diinsoor, Jamaame, Qansax Dheere) have severe or very severe access constraints, particularly in rural areas outside of humanitarian hubs.

Inter-cluster geographic prioritisation comparison 2024 and 2025



2.2 Delivery capacity

Strategic Objective 1

Prevent loss of life by reducing the prevalence of hunger and acute malnutrition and mitigating the impact of disease, epidemics, armed conflict, and climate-induced disasters on the most vulnerable communities



US\$965.9M required



3.8M people targeted

Strategic Objective 2

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



US\$419.4M required



1.9M people targeted

Strategic Objective 3

Mitigate critical protection risks arising from exclusion and denial of access to assistance, displacement, and indiscriminate attacks on civilians and civilian objects.



US\$38.6M required



4.6M people targeted

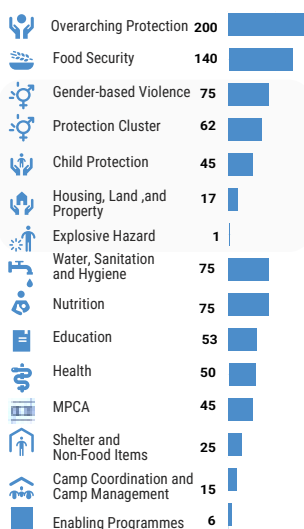
Operational Presence

Approximately 390 organisations are either physically present or delivered humanitarian assistance in 72 districts in 2024.⁴⁰ National NGOs continue to make up the largest cohort of humanitarian partners (77 per cent) followed by INGOs (14 per cent), Government institutions (7 per cent) and UN organizations (2 per cent). As recommended by the Inter-agency Humanitarian Evaluation (IAHE), the HCT, the Inter-Cluster Coordination Group (ICCG) and Access Working Group (AWG), partners will enhance efforts to deliver humanitarian aid in areas with high access constraints or hard-to-reach areas. The HCT and ICCG will

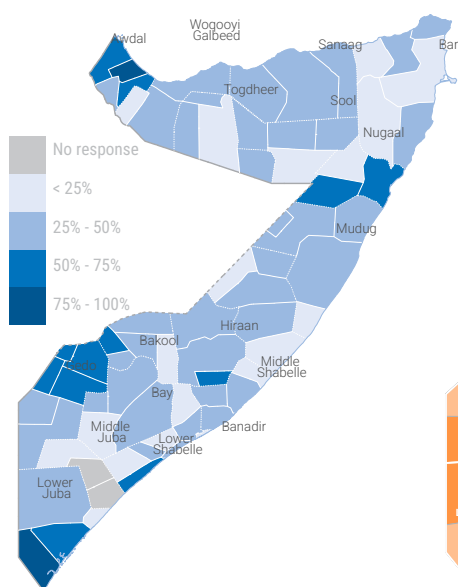
continue to map and address blockages around supplies, stocks, warehousing, fundraising and other logistics support. The United Nations Humanitarian Air Service (UNHAS) will continue to provide air passenger transportation and deliver critical relief items to priority locations including in hard-to-reach areas. UNHAS will continue to support the operation through medical evacuations and security relocations for the humanitarian community.

Operational Presence and Response Coverage

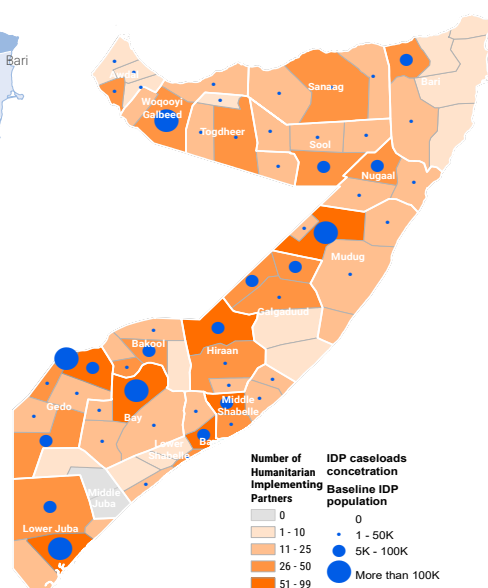
**NUMBER OF ORGANISATIONS
BY CLUSTER (AS REPORTED BY CLUSTER)**



**% OF RESPONSE AGAINST TARGET
(Inter-cluster coverage)**



**# OF HUMANITIANS IMPLEMENTING PARTNERS
AND NUMBER OF IDPS BY DISTRICT**



Humanitarian Access in Somalia

Humanitarian access in Somalia remains a multifaceted challenge shaped by security, political, logistical, and bureaucratic constraints. The presence of non-State armed groups (NSAGs), particularly Al-Shabaab, continues to pose significant barriers to humanitarian operations, predominantly in territories outside Government control. While areas under the control of the Federal Government of Somalia (FGS) or supported by the African Union or bilateral forces are more accessible, contested regions face heightened risks due to active hostilities, clan dynamics and shifting territorial control.

Government-led military offensives, launched in late 2022, were less intense in 2024, which has improved humanitarian access in Hirshabelle and Galmudug States. Military operations in South West and Jubaland States have remained sporadic and are expected to continue at a similar pace in 2025, influenced by the ATMIS drawdown and transition to AUSSOM. Despite NSAGs targeting of humanitarian personnel on a very limited basis, active conflicts, improvised explosive devices (IEDs), and landmines remain key risks, especially along main supply routes and in urban areas. The exposure to collateral damage from attacks targeting military forces jeopardized the safety of civilians, including humanitarians. Between January and

November 2024, at least five humanitarian workers were killed, and five others were wounded in Somalia.⁴¹

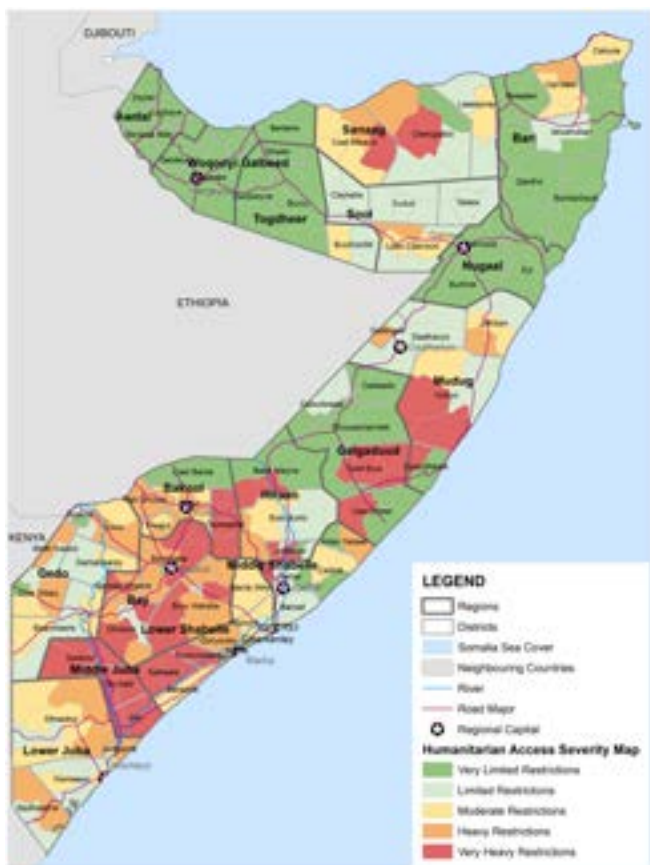
The transition from ATMIS to AUSSOM in January 2025 will see a reduction in force deployment and geographical bases, with a mandate focused on the provision of security in key urban centres and infrastructures.⁴² Thus far, the humanitarian impact of the ATMIS drawdown has been minimal, likely because closed and handed-over bases were located in areas secured and effectively controlled by the Government. However, as the drawdown progresses into its final phase (Phase 4, by 31 December 2024), this dynamic may shift, which could pose significant challenges to humanitarian access and operational logistics. Somali Security Forces' and AUSSOM's capacity to maintain stability will be critical to mitigating risks and supporting uninterrupted humanitarian operations. Humanitarian organizations will require operational flexibility in 2025 to adapt to dynamic security environments, particularly in Jubaland, South West and Hirshabelle States.

In August 2024, the HCT established the Operational Transformation Initiative in Somalia (OTIS), tasked to address operational challenges linked to access, security, and logistics, for a more principled humanitarian response, in the wake of a changing security landscape linked to ATMIS and UNTMIS transitions. The access workstream, led by the AWG, focuses on creating a comprehensive access framework encompassing multiple modalities, risk mitigation, and stakeholder engagement strategies. Key priorities include re-evaluating needs in areas under NSAG's control through community dialogue and developing inclusive access strategies addressing vulnerabilities among women, children, and marginalized groups. Enhanced engagement with the Government and NSAGs aims to secure aid delivery in all regions based on needs, strictly adhering to humanitarian principles.

Physical access challenges are expected to persist in 2025 due to damage to infrastructure from flooding. The destruction along key supply routes, including bridges, has caused logistical disruptions and drives up operational costs. Although the 2025 Gu rains are projected to be below average, poor infrastructure and recurring seasonal floods will continue to hinder access, especially in remote areas.

Bureaucratic impediments, such as delays in obtaining necessary permits, inconsistent regulatory requirements, and excessive administrative procedures, continue to hinder timely humanitarian access and operational efficiency in Somalia.

Humanitarian Access Severity



2.3 Risk analysis and risk-informed planning

Somalia ranks first of 191 countries in terms of its exposure to risks.⁴³ In 2025, the most significant hazards that are expected to affect communities are conflict and insecurity, drought, cholera/ AWD outbreaks, and flooding. Based on the joint risk analysis undertaken in November 2024, the 2025 projected likelihood and impact has increased for drought and decreased for floods, as compared to the 2024 projections. To mitigate the humanitarian impact of these risks, collective action is required to strengthen readiness, anticipatory action (AA), and early response. impact of these risks, collective action is required to strengthen readiness, AA, and early response.

Risks in 2025					
RISK	LIKELIHOOD SCORE		IMPACT SCORE		RISK SCORE 2025
	2024	2025	2024	2025	
✳ Non-international Armed Conflict	5	5	5	5	25
✳ Interclan Violence	5	5	5	5	25
☀ Drought	3	4 ↑	3	5 ↑	20
☼ Cholera/AWD	5	5	4	4	20
🌊 Flood	4	3 ↓	5	4 ↓	12

Source: Humanitarians undertook a joint risk analysis workshop with nexus actors, facilitated by UNDRR in November 2024

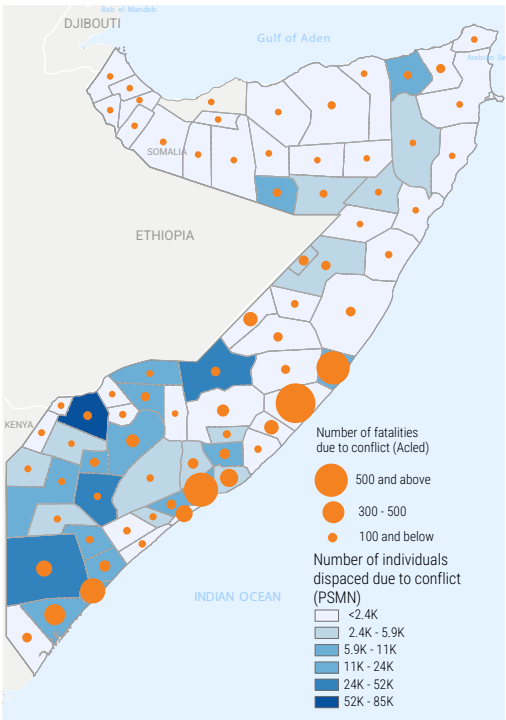
Conflict Risk

While the Government-led military offensive against NSAGs, primarily Al-Shabaab, reduced significantly in 2024, the ongoing ATMIS drawdown and transition to AUSSOM in 2025 could lead to stakeholders shifting their alliances and vying for areas of control. As the country prepares for elections in 2026, this adds to the complexity of the situation that NSAGs and elites may exploit for their interests.

Successive droughts (2010-2011, 2017-2018, and 2020-2023) have reduced arable and grazing lands, and fuelled inter-clan fighting particularly in regions that are reliant on inter-clan pastoralism and small-scale farming. 2024 saw a spike in fighting with reports of increased arming of clan militias likely contributing to heightened inter-clan fighting in regions such as Sool, Mudug, Gedo, Lower Shabelle, and Dhuusamareeb.⁴⁴ La Niña conditions are expected to last into 2025 and are likely to impact clan dynamics and further drive fighting, as communities compete over resources such as ground water and land.⁴⁵

Armed conflict and inter-clan fighting will continue to expose civilians to significant protection risks, as well as trigger displacement and cause damage to critical civilian infrastructure. Diverse armed actors with varying command structures and geographical presence create an environment that is increasingly difficult for humanitarian partners to navigate.

Conflict related displacement and fatalities in 2024



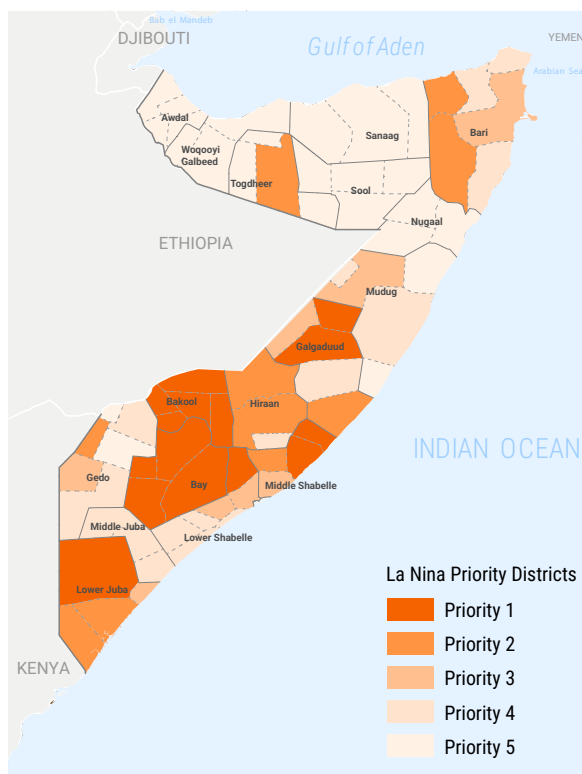
Drought Risk

Somalia experiences alternating droughts and floods. The 2020 to 2023, successive droughts resulted in the death of over 3.5 million livestock and displacement of over two million people, as pastoralists were left without grazing lands, undermining community resilience and deepening economic hardship for millions.⁴⁶ Somalia's central, and northern regions experienced below-average rainfall during the Deyr 2024 season , crucial for crop production in 2025.⁴⁷ The situation will aggravate, should current patterns persist into 2025 and affect the Gu rains , as current conditions are comparable to 2020, at the onset of devastating droughts.⁴⁸

Currently, 16 districts have been identified for urgent, anticipatory action to mitigate the impacts of dry conditions by SoDMA, FAO and UNICEF.⁴⁹ While meteorological forecasts are not yet available,

humanitarians anticipate the risk of drought to affect more than 500,000 people in 2025.

La Nina priority districts per preparedness plan



Source: FAO/UNICEF/SoDMA

Cholera / AWD Risk

By the end of November 2024, the cholera cases had climbed to almost 60 per cent above the three-year average, with more than 29 districts affected. The increase can be linked to significant damage to WASH facilities, health/cholera treatment centres and the pollution of water sources, such as boreholes and shallow wells, due to the 2023 Deyr floods. High levels of displacement with more than 477,000 people internally displaced between January and November 2024, contribute to water-borne disease outbreaks, as people often move to sites or settlements with no or strained WASH facilities.

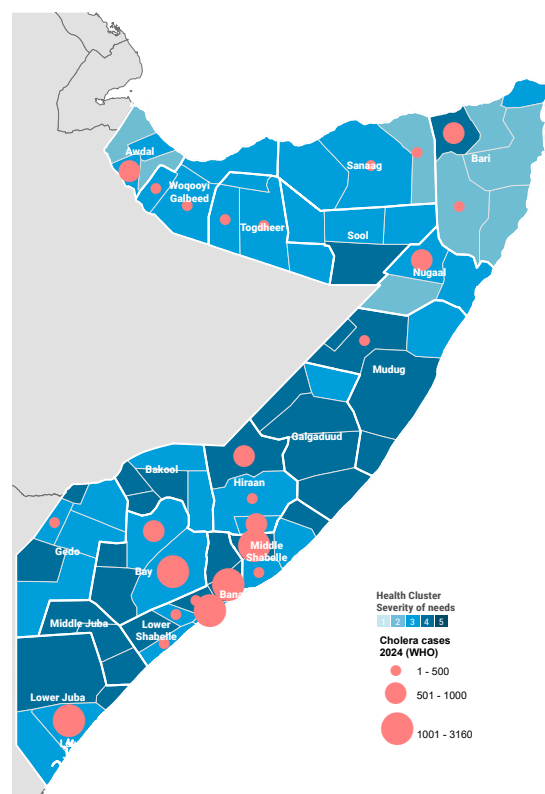
In 2025, the situation will be aggravated by expected drier than usual conditions, as La Niña conditions are unfolding and will likely exacerbate water scarcity, increase displacement and malnutrition. AWD/Cholera cases are therefore projected to reach similar or slightly higher levels in 2025, compared to 2024. This is concerning as the case fatality rate (CFR) for cholera in Somalia has historically been above the regional and global CFR average, with children and pregnant/lactating women among the population groups most at risk. Outbreaks of malaria, measles, dengue, and Rift Valley Fever also

remain key public health concerns. Moreover, access constraints are expected to hinder required health and WASH interventions.

Flooding Risk

Somalia experiences two types of flooding, riverine floods along the Juba and Shabelle Rivers, the two primary rivers in southern Somalia, as well as flash floods across the country. Flooding usually takes place during the two main rainy seasons, the Gu, and the Deyr. Even in years with average or below average rainfall, flooding – especially flash floods – can occur. Even though the 2024 Gu rains were below average, with early cessation and poor geographical distribution, they resulted in flooding, primarily in Hirshabelle, Jubaland, South-West and Puntland, that affected more than 265,000 people, internally displaced 81,000 people, and damaged homes, livelihoods, latrines and water points.⁵⁰

Cholera cases and health cluster severity levels



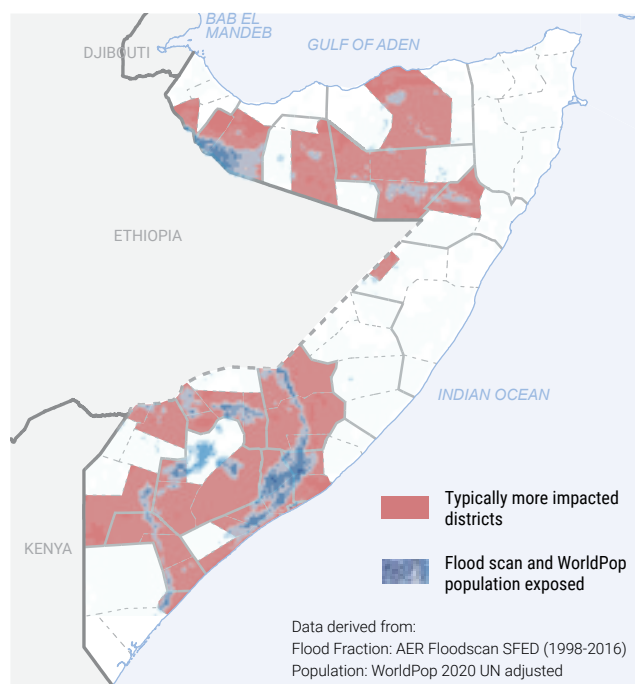
The high likelihood of La Niña projections for 2024 and early 2025, typically resulting in below average rainfall, means the risk of flooding is expected to decrease. However, localized flash and riverine floods may still occur, especially as inadequate infrastructure fails to mitigate flood risks or support water storage in light of dryer and warmer conditions projected for Somalia. Based on the current projections, it is estimated that less than 500,000 people may be affected by flooding during the 2025 Gu rains.

Anticipatory and Proactive Response Planning Approaches

Since 2024, Somalia's humanitarian response plan has prioritised risk-informed planning, integrating readiness, anticipatory action, and early response into multi-sector strategies. The inter-cluster risk analysis conducted for the 2024 HNRP informed post-HNRP operational planning, resulting in \$3 million anticipatory allocation for mitigating the extreme Gu 2024 floods. These efforts significantly reduced displacement, protected livelihoods, and averted crises in flood-prone regions such as Hirshabelle and Jubaland. While the 2024 HNRP did not include long-term projections for droughts, an integrated risk, needs, and response monitoring framework was established and consistently updated. Early warnings of La Niña conditions and trigger thresholds for drought severity, indicating peak impacts by late 2024, led the ICCG to initiate preparedness measures. This included mobilising \$10 million from the Central Emergency Response Fund (CERF) and Somalia Humanitarian Fund (SHF) to deliver a coordinated multi-sectoral response ahead of the anticipated Q1 2025 drought peak.

The high likelihood of La Niña projections for 2024 and early 2025, typically resulting in below average rainfall, means the risk of flooding is expected to decrease. However, localized flash and riverine floods may still occur, especially as inadequate infrastructure fails to mitigate flood risks or support water storage in light of dryer and warmer conditions projected for Somalia.⁵¹ Based on the current projections,

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



it is estimated that less than 500,000 people may be affected by flooding during the 2025 Gu rains.

The 2025 strategy will expand these initiatives, focusing on La Niña-induced drought risks and successive or simultaneous flood risks. While cascading hazards will not be integrated into HNRP planning, preparedness and response will address the compounded risks of climate shocks in the first half of the year.

Approach

The 2025 risk-informed planning approach will prioritize two key objectives: i) strengthening operational and coordinated inter-cluster preparedness and anticipatory response planning in high-risk districts; and ii) leverage of SoDMA's initiative to establish multi-hazard anticipatory action framework. Anticipatory and early response will focus on predictable shocks, leveraging advanced forecasting tools for both floods and droughts. Meanwhile, operational readiness will include bolstering logistics, financial mechanisms, and partnerships required for a rapid and coordinated response. Preparedness activities may place emphasis on reaching rural areas to prevent urban forced migration.

Response Efficiencies

Inter-cluster planning and partners will be encouraged to implement cost-efficient proactive risk-response approaches – including a one-off, integrated or sector specific response packages delivered before, during and alongside shock impact. The response package should remain within the boundaries of the HNRP by optimising: i) basket size (e.g. half baskets); ii) duration (e.g. one- to two-month packages); iii) fewer sectors focusing on triaged priority needs; and iv) integrated packages (minimum multi-sectoral package of assistance).

Costing

Anticipatory and early response costs will align both inside and outside the HNRP. Early response to the La Niña drought expected to peak in Q1 of 2025 is already integrated into cluster activity planning and costing. However, should the Gu rains fail, the ICCG will guide stand-alone anticipatory resource allocation for unique events including from Red Cross/ Red Crescent; specific resourcing; START Network and even the World Bank Preparedness Plans for Food and Nutrition Insecurity Crises.

Specific activities for anticipatory and early response

- Flood anticipatory and early response will include (but not be limited to):
- Prepositioning hygiene kits, shelter materials, and water purification supplies in flood-prone areas like the Shabelle basin.
- Early Identification of higher grounds lands for affected

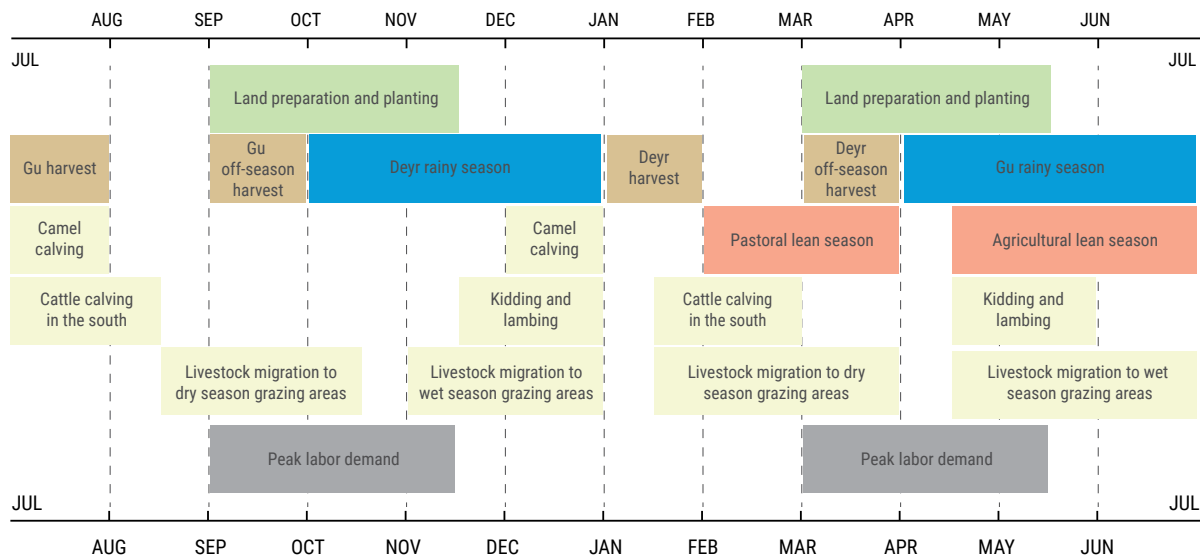
population displacement

- Disseminating early warning messages and risk communication to at-risk communities.
- Rehabilitating critical flood mitigation infrastructure, including embankments and drainage systems.

Drought anticipatory and early response will include (but not be limited to):

- Distributing drought-resistant seeds and livestock fodder in La Niña-prone regions to safeguard livelihoods.
- Rehabilitating boreholes and constructing water storage facilities in arid areas.
- Prepositioning therapeutic nutrition supplies and expanding mobile health clinics to manage malnutrition and waterborne diseases.

Seasonal calendar (FEWS NET)



2.4 Humanitarian - Development - Peace collaboration

Scaled-up development and international financing requires closer collaboration with government and development partners

Somalia is ranked 164 out of 182 countries in terms of vulnerability to climate change on the ND-GAIN country index.⁵² The protracted nature of the Somalia crisis has led to exhaustion of assets and livelihood coping options, limiting people’s resilience and increasing their exposure and vulnerability to shocks. The structural drivers of humanitarian needs cannot be resolved through humanitarian assistance. Close collaboration between humanitarian, development, and peace-building efforts is required to support progress and scale-up in a number of areas aligned with Somalia’s National Transformation Plan (NTP): resilience-building, food systems, water management, disaster risk reduction, durable solutions to displacement, and social protection frameworks.

In the context of increasing availability of development and climate financing to Somalia, including from the International Development Association, the African Development Bank and global climate funds, it is critical to ensure effective nexus collaboration. This would facilitate both a more targeted humanitarian response as well as concerted support to vulnerable communities through non-humanitarian mechanisms and funding instruments, particularly

Green Climate Fund (GCF)

In 2024, the Green Climate Fund (GCF) committed to a strategy of investments and readiness support of over US\$100 million to Somalia by mid-2025, driven by country-priorities. A joint project of FAO and the Ministry of Environment and Climate Change (MoECC) will enhance climate resilience in agriculture in 10 districts identified based on climate risk and vulnerability assessments, in combination with conflict sensitivity analysis. Other projects include off-grid energy access to populations in hard-to-reach areas or institutional capacity building support on readiness for Somali institutions.

households with comparatively lower levels of vulnerability and more seasonal support needs. Localized Development Briefs, supported by UNDP and UN-HABITAT, can help local authorities to mobilize resources for housing, water and waste management, addressing the structural drivers of needs. Environmental peacebuilding, including normative frameworks for resource management, can contribute to mitigate conflict risks.⁵³

Government leadership in this endeavour is key at all levels. Over the past three years, the Government has taken an increasingly stronger role in responding to shocks through emergency response, disaster risk reduction, resilience and human capital interventions. In 2025, the HCT will expand ongoing reform processes, driven by decentralization and localization through enhanced community participation, to foster stronger linkages between humanitarian and development efforts to ensure that humanitarian assistance aligns and complements community priorities.⁵⁴

Anticipatory Action

As described above in 2.3., anticipatory action requires active collaboration with resilience and development actors, as most anticipatory actions fall under development programming. Interventions such as rehabilitation of water and agriculture infrastructure, safeguarding critical livelihood assets like livestock, water reservoir rehabilitation, and closing river breaches are typical activities that development and resilience actors must implement in high-risk areas in anticipation of either drought or floods. Conversely, disseminating early warning and risk information and engaging communities are examples of joint ventures.

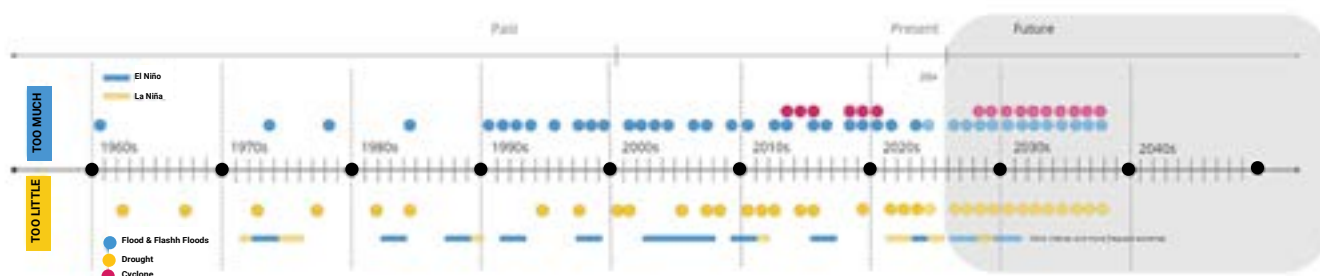
To strengthen linkages with resilience programming, humanitarian actors will leverage local market systems and community capabilities. Humanitarian actors will sequence and integrate interventions with AA and DRR by, for example, working with existing, community-led disaster response and AA initiatives. Reliance on community structures can contribute to build capacities and increase accountability between service providers and communities. Collectively, sustainable program modalities (e.g. WASH infrastructure) should be prioritized and communities duly consulted on the use of natural resources, in consideration of larger ecosystems.

Linking humanitarian cash assistance with social safety nets

The Government's social protection system – "Baxnaano" – contributes to building resilience and lowering humanitarian needs, through vulnerability-based targeting and shock responsiveness. Baxnaano's long-term objective is to enable the transition from protracted humanitarian relief to a state-led shock-responsive safety net system capable of addressing chronic poverty, fostering human development, and building households' resilience to shocks.

Strengthened collaboration between these and similar programs and humanitarian organizations, particularly those implementing seasonal or emergency cash programming, will be key. Complementarities (vulnerability-based targeting, trigger for disbursement, frequency, duration, and transfer values) and opportunities for better linking humanitarian MPC programming with national social protection programs, particularly in stable areas with permissive access, will be identified and reinforced.

Figure: Historical (1960s to 2020s) and future (2020s to 2040s) trends of Hazards over Somalia



SOURCE: FAO. 2024. Somalia Water and Land Information Management. [Cited 18 September 2024]. <https://www.faoswalim.org/>

The Somali Disaster Risk Management Agency (SoDMA) is developing a multi-hazard anticipatory action framework for Somalia. By 2025, this framework will guide the implementation of anticipatory actions. SoDMA is also forming an anticipatory action technical working group that will serve as a joint coordination platform.

The UNCT established [Nexus Task Forces](#) in 2020 in three critical areas: (1) Water Management, (2) Durable Solutions, and (3) Anti-Corruption. In 2024, the National Solutions Pathways Action Plan (2024-2029) was launched, which aims to lift one million internally displaced Somalis onto Solutions Pathways.⁵⁵

2.5 Multi-Purpose Cash Assistance and Cash and Voucher Assistance

Context

Somalia's humanitarian crises, driven by conflict, recurrent droughts and floods, and economic instability, continue to leave millions of people in need of life-saving assistance. Cash and Voucher Assistance (CVA) has proven to be a vital tool in addressing these challenges, empowering affected populations to meet their basic needs with dignity and flexibility, while stimulating local economic recovery. As of December 16, 2024, based on FTS data, 7.9 per cent of funding received under the HNRP was allocated to CVA (US\$55.4 million of \$697.0 million received), including \$31.7 million (or 4.6 per cent) allocated to Multi-Purpose Cash (MPC), highlighting the centrality of cash-based interventions for humanitarian assistance in Somalia.

Somalia's broad geographical coverage of mobile money systems facilitates rapid, secure, and transparent cash transfers, even in remote areas. CVA interventions have demonstrated flexibility in meeting diverse and immediate needs, prioritizing expenditures such as food, healthcare, shelter, and education. The functionality of markets is a prerequisite for CVA, which is often impeded in areas affected by conflict and insecurity. The Cash Working Group (CWG) plays a key role, providing strategic guidance and ensuring that CVA interventions are harmonized across clusters and at the local level.

Complementarity and Deduplication

In 2025, the CWG will strive for greater alignment between humanitarian CVA interventions and government-led social protection programmes, such as Baxnaano. Since 2021, Baxnaano safety net programmes have assisted over 1.2 million people (200,000 HH) with predictable 'unconditional cash transfers' for three years as well as more than 4.2 million people (700,000 HH) with emergency cash transfers. In 2025, both these interventions will continue to provide 300,000 people across over 20 districts with unconditional cash transfers (\$20 per month) and an additional 462,000 people with emergency cash transfers (\$60 per month) for six months across eight districts. The interventions complement ongoing humanitarian cash interventions. To increase complementarity and de-duplication of cash interventions, partners will consider harmonizing vulnerability-based targeting standards, aligned

with the Unified Social Registry (USR), and strengthen data-sharing and data interoperability. Robust monitoring systems, market assessments, and effective feedback mechanisms will be pivotal to mitigate risks, such as the misuse of funds, duplication, or inflationary pressures.

Complementarity in humanitarian MPC interventions will be achieved by linking beneficiaries to sector-specific services, such as WASH, Protection, Food Security, and CCCM, through a strengthened and coordinated response. The 2025 approach prioritizes integration across sectors to maximize the impact of MPC assistance.

De-Duplication Measures:

- **Unified Social Registry for Somalia (USR):** Provides a centralized system for beneficiary tracking, ensuring efficient resource allocation and preventing duplication across clusters.
- **Unified Household Beneficiary Registration System:** A robust database that streamlines targeting and monitors overlaps in assistance delivery.
- **5Ws Reporting Framework:** enabling real-time identification and resolution of duplication issues during implementation.

Efforts to Harmonize MPC with Sectoral CVA:

To ensure coordinated and effective cash programming:

1. **Unified Registries:** Centralized databases like the USR and household registration systems streamline targeting and improve coordination.
2. **Feedback Mechanisms:** Beneficiaries' needs and preferences are regularly collected and integrated into program planning.
3. **Collaborative Planning:** The CWG works closely with clusters to align MPC with sectoral objectives, ensuring strategic and equitable resource distribution.

Where necessary, intentional overlaps between MPC and sector-specific CVA are planned to address the comprehensive needs of vulnerable populations.

For MPCA and CVA response planning in 2025, consult Chapter 3.10.

2.6 Critical Actions

In 2025, the HCT will focus on implementing ongoing reform processes to gradually shift decision-making power to the communities and humanitarians closest to them. To reach those most in need, the

HCT will enhance the inclusivity and accountability of the response by promoting decentralization, strengthening localization efforts, enabling

systemic community participation, and applying vulnerability-based targeting.

Decentralized coordination and integrated response for timely, effective assistance

The Somalia Humanitarian Country Team (HCT), is revising the current coordination structure at national and sub-national levels to make it fit for purpose. The review builds on recommendations of the Inter-Agency Humanitarian Evaluation (IAHE) of The Response to the Humanitarian Crisis in Somalia. The revised coordination structure aims to facilitate decentralization and localization. In 2025, humanitarians will expand on the area-based coordination (ABC) mechanisms, to bring integrated response closer to people to efficiently address multi-sectoral needs.

The Integrated First Line Response (IFLR) is designed to provide critical, rapid, multi-sectoral response, to newly displaced people and newly accessible districts. Based on a set of standardized commodities and services and adapting to the specific needs of targeted groups, an integrated response will be delivered within 7 to 14 days, in alignment with Somalia's Centrality of Protection risk reduction strategy.

Inclusivity

Humanitarian partners made progress to enhance the inclusion of vulnerable groups in aid delivery, participation, and coordination and addressing structural drivers of aid diversion. Strengthening inclusion in humanitarian response planning, strategic frameworks, such as the Centrality of Protection Strategy, and other concrete measures made significant contributions to address the exclusion of persons affiliated with minority or marginalized clan, a defining feature of Somali society.⁵⁶

Consult the CoP monitoring update 2024 [here](#).

Centrality of Protection

Humanitarian partners are guided by the Centrality of Protection Action Plan 2024-2025, to reduce and mitigate protection risks during program design, implementation, and monitoring. The HCT prioritizes three key protection risks linked to (1) exclusion and denial of assistance, (2) displacement, and (3) protection of civilians.

Consult the Centrality of Protection Strategy (2024-25) [here](#).

Vulnerability-based targeting to curb exclusion errors

The HCT Common Position established vulnerability-based, instead of status-based, targeting and beneficiary selection as the norm, while recognizing that tailored methodologies will be required for specific situations including sudden-onset emergencies and for hard to reach or fragmented communities. Only as a last resort, or in clear and exceptional conditions, should methodologies include category-based

targeting and selection; proxy means testing, and community-based targeting. Minority inclusion is critical regardless of the targeting methodology used.

Standardized registrations for de-duplication and easy referrals

The HCT will establish a common approach to beneficiary registration across the humanitarian response based on a 'single registration form' (either a common set of embedded fields or a standard registration form) for UN Agencies, INGOs and NGOs, and a federated mechanism for deduplication and referrals. The minimum standard consists of identity registration indicators and minimum vulnerability criteria needed for selection for first-line response and onward referral through the clusters and the area-based coordination structure. The HCT recognizes the ongoing effort by the Somali Federal Government to establish a Unified Social Registry and will continue to liaise with relevant government counterparts on the development of the respective systems.

While the HCT envisions integration of standardized unique biometric indicators as the 'path of travel' for the response, the single registration form and the federated mechanism do not immediately require the use of comprehensive (e.g. entire household) biometrics and can be implemented based on partial or other identity verification data while actors work to adopt biometric tools. Biometrics will only be integrated in ways that fully protect beneficiaries' rights, and any integration of biometrics will be accompanied by efforts to enhance biometric registration capabilities to prevent exclusion of NGOs and local partners from beneficiary registration.

The federated mechanism for deduplication and referrals will be introduced in phases, starting with the technical and governance infrastructure required for deduplication of beneficiary registrations between humanitarian partners, based on the 'single registration form' concept. This approach supports data standardization, improved coordination, enhanced accountability, informed decision-making and a people-centred response.

Data Sharing

The HCT Common Position is to reinforce safe, ethical and effective data sharing across the Somalia response, building on the Information Sharing Protocol for Somalia (August 2024). Insufficient data sharing between humanitarian organizations can lead to missed early warnings, delayed actions, and avoidable overlaps in program coverage.

In parallel to the development and roll-out of the federated mechanism for deduplication and referrals, humanitarian partners in Somalia will establish interim technical and governance structures to allow for the exchange of registration data for deduplication and referrals

Meaningful Community Engagement

In 2025, the HCT will pilot elements of the flagship initiative in Afmadow, Baidoa, Jowhar and Jamaame districts. The pilot aims to systematize community engagement and further in decentralized coordination through ABC mechanisms, to ensure a people-centred approach that gives shock affected communities a voice in identifying and addressing their priorities and needs. In pilot districts, ownership and leadership will move as close as possible to the affected communities and to leverage various areas of work, including humanitarian, peace and development, working with affected communities and local authorities for greater impact.

As the key cross-cutting and technical coordination forum, the [Community Engagement and Accountability Task Force \(CEA TF\)](#) is leading collective actions to mainstream Accountability to Affected People (AAP) across the Somalia response. In 2025, the CEA-TF will provide focused support to ABCs, and various stakeholders to ensure that partners have guidelines on meaningful participation, inclusive and effective information sharing, and responsive feedback processing that respects confidentiality and urgency of actions.

For more information on CEA in Somalia, please consult the [CEA - TF HNRP 2025](#).

Protection from Sexual Exploitation and Abuse (PSEA)

Somalia is among the top three countries with the highest risks for sexual abuse and exploitation (SEA), according to the Sexual Exploitation and Abuse Risk Overview (SEARO) Global Composite Index.⁵⁷ Vulnerable people in sites for internally displaced people are at greatest risk, particularly children, widows and women-led

households. This is complicated by the prevalence of intermediaries and "gate keepers", cited by the affected communities as the main perpetrators of SEA.⁵⁸

The risk of SEA encompasses, beyond the risk of SEA incidents, the lack of reporting of incidents and the absence of an effective response by humanitarian organizations, when incidents occur. The inter-agency PSEA Network seeks to address SEA risks, (see CoP Strategy (2024-25) Priority Risk 1), by strengthening accountability and awareness, building capacity of focal points and frontline workers, and guidance on risk mitigation, complaints and feedback mechanisms, and referrals. In 2025, the PSEA programme will seek to address SEA risks guided by the following objectives:

1. PSEA implementation is the responsibility of leaders at all levels, who also promote a courteous and secure workplace.
2. In accordance with the PSEA Action Plan, specific resources and PSEA structures are in place to assist and simplify the creation of contextualized PSEA guidelines and the coordination of PSEA operations.
3. The rights and dignity of victims are given priority, and their needs are met, and all members of the communities we serve have access to safe, gender-, age, disability, child-, and culturally appropriate reporting procedures and avenues for SEA.
4. SEA allegations are promptly reported, evaluated, and forwarded to investigations and all substantiated cases are addressed in a victim-centred manner and through established SOPs, rules and regulations.

Find out more about [PSEA in Somalia](#) and the [UN Implementing Partner PSEA Capacity Assessment guidelines](#).

2.7 Cost of the response

The financial requirements for the 2025 HNRP retain the unit-based costing approach used in the 2024 HNRP, with the necessary refinements made to the unit costs to take account of inflation and/or other increases related to logistics costs. As part of the unit-based costing methodology and process, Clusters developed their respective response strategies in consultation with their partners, outlining which activities or services they plan to implement in 2025, and the number of people targeted for each activity by geographical area and population group.

Each Cluster/sector then adjusted their unit cost to factor in inflation and estimations required to ensure mainstreaming of cross-cutting priorities. The targeted population is multiplied by each Cluster unit cost to develop the requirements. The overall HNRP requirement is a

total of all the Cluster estimates. The unit costs considered the cost variations for different geographical areas due to access or logistical constraints and are reflective of all costs incurred to implement activities including support or indirect costs.

The cost of humanitarian operations in Somalia is driven by a number of factors including assessment of needs, expected access, partner capacity, implementation feasibility, historical reach, funding trends and responses by non-HNRP partners. In 2025, the financial requirements have decreased by 10 per cent from last year, from \$1.6 billion to \$1.42 billion.

2.8 Monitoring

Ensuring the timely, safe, and efficient delivery of assistance requires regular monitoring of both the operational landscape and collective response efforts. A comprehensive approach to monitoring key situations and needs indicators, identified risks, as well as response progress and gaps will be enhanced in 2025.

Situation and Needs

Situation and needs monitoring will be conducted throughout the year to assess evolving needs. This will include monitoring key indicators, for example, changes in IPC levels of food insecurity and malnutrition, displacement flows, and key trends in community feedback obtained. Significant context changes will trigger more detailed (rapid) needs assessments and operational response adjustments, to be coordinated by OCHA and the Assessment and Analysis Working Group (AAWG). Monitoring challenges due to access constraints, particularly in areas with high access constraints that are controlled by NSAGs call for remote monitoring or through Humanitarian Situation Monitoring (HSM).⁵⁹

Risks

The timely implementation of readiness, anticipatory action and early response measures which are integrated in this HNRP will depend on close monitoring of key risk and early warning indicators through a comprehensive early warning system, and on taking swift HCT action in coordination with the authorities. Risk monitoring will be fully integrated into the needs and response monitoring framework in 2025, relying on pre-identified sources such as FSNAU and SWALIM. Where forecasts or observation-based triggers are unavailable, the ICCG will collaborate with OCHA's Centre for Humanitarian Data to develop context-sensitive,

dynamic trigger thresholds for flood and drought risks, ensuring vulnerability-inclusive anticipatory planning.

Response progress and results

OCHA, through the Information Management Working Group (IMWG), consolidates monthly Cluster response monitoring (output level). This informs rolling inter-sectoral reach and gap analysis for HCT review, for example to determine response adjustments required to improve operational reach in prioritized districts. In 2024, OCHA started monitoring inter-cluster coverage alongside reach. This new methodology allows extraction of more accurate situational analysis, as it addresses long-standing challenges of varying cluster-specific methodologies to measure and track reach. Information Management products therefore include "coverage" and "reach with at least one form of assistance".

The methodology for inter-sector reach and gap reporting will be adjusted in 2025 to ensure greater consistency between key sectoral indicators driving inter-sector PIN, as well as target and reach at district level in relation to funding. Wherever possible, outcome-level reporting against 2025 targets for Strategic Objectives will be undertaken. The IMWG will support the development of a framework for monitoring integrated response including integrated first-line response (IFRL).

Timeline for analysis, planning and monitoring products



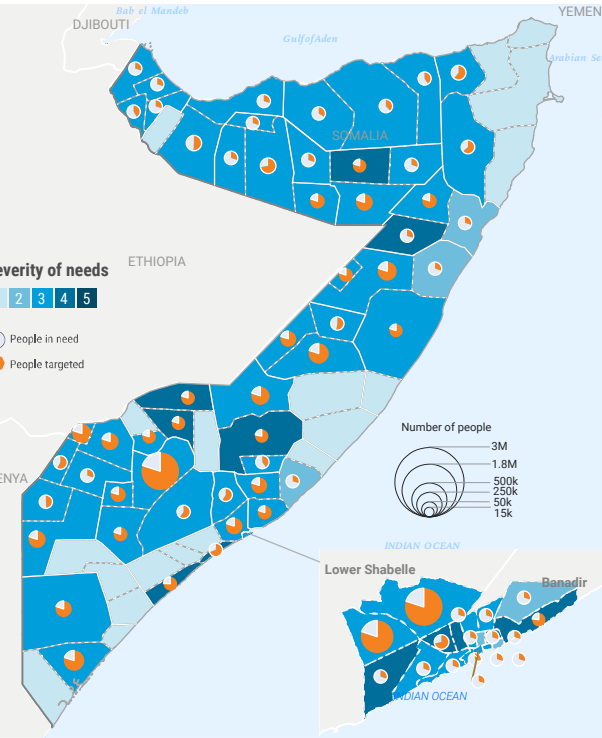
Part 3: Needs and Response by Cluster

3.1 Camp Coordination and Camp Management

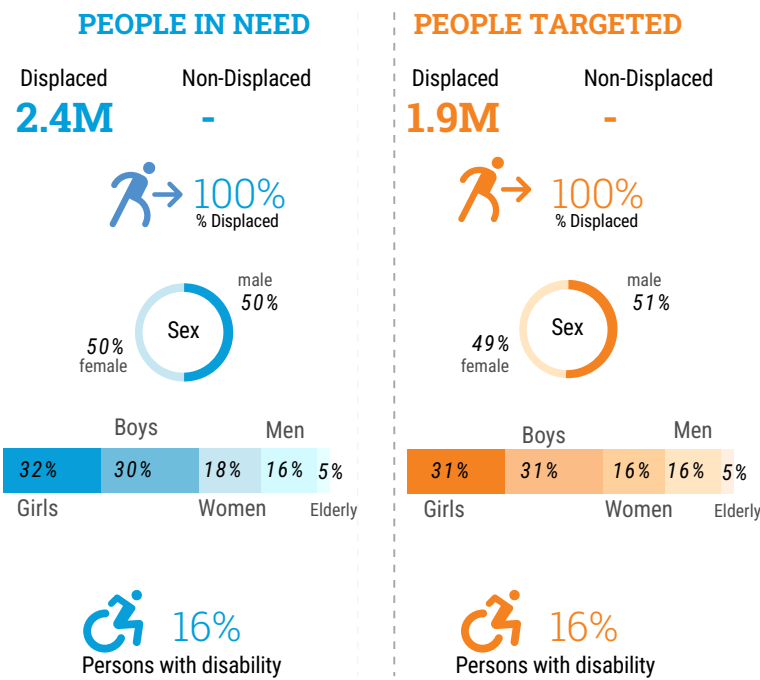


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
2.4M	1.9M	\$44.6M	15	46

Sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

There are an estimated 3.5 million internally displaced Somalis living in over 3,700 self-identified informal sites/ settlements, with limited or no access to services and humanitarian assistance and hosted in inadequate shelters. The majority of these sites are concentrated in districts such as Daynille in Mogadishu (1,115 sites), Khada in Mogadishu (844 sites), and Baidoa (649 sites). Other significant locations include Kismayo (199), Gaalkacyo (116), Xudur (76), and

Belet Weyne (72). According to CCCM Cluster data and the Detailed Site Assessment (DSA VII), 81 per cent of these informal settlements are located on private land, while 86 per cent are in major urban areas. CCCM reports and safety audits across Somalia in 2024, highlight overcrowded makeshift shelters lacking privacy and security, with heightened protection risks for women, children, the elderly, and marginalised groups. Sites have poorly maintained WASH facilities, high water prices, limited health and education access, inadequate

nutrition services, and safety concerns. Essential improvements like flood mitigation, accessibility enhancements, waste management and safety lighting were minimally implemented due to funding constraints.

Response Scope and Priorities

In 2025, CCCM partners will target 1.9 million forcibly displaced people in 46 districts across Somalia. Locations are prioritized based on projected drivers of displacement, such as prevalence of inter-clan conflicts, high number of evictions, drought, flash floods and increase of IDP arrivals into urban centres and are in line with the HCT's priority districts for 2025.

To enhance coordination and outreach activities in IDP sites/catchments across Somalia, CCCM partners will continue to utilize mobile site management teams to provide CCCM services ensuring timely protection and assistance, especially to the most vulnerable. CCCM partners will employ this approach for regular field presence, strengthening community participation, monitoring and advocating for critical gaps and needs, and information sharing with relevant stakeholders. It will also allow for outreach to displaced populations living in hard-to-reach contexts, such as unplanned urban, peri-urban or rural collective accommodations and settlements.

CCCM partners will provide real-time analysis of service availability and accessibility, enabling quick identification of gaps and mobilization of remedial actions through systematic mapping and monitoring of essential services across sites. Through quality coordination, established community governance structures and regular consultations, CCCM will ensure that service delivery reflects the actual needs and preferences of displaced communities. CCCM will continue its key role with regards to identifying solutions and in the nexus/transitional planning from the offset of displacement; including supporting IDP structures; peaceful co-existence and linking IDPs in sites with local integration.

The CCCM cluster will work closely with FSC, Protection clusters in keeping with the tripartite referral system and actively contribute to the inter-agency Feedback and Complaint Mechanism (ICFM) to ease referral processes. CCCM cluster will also work closely with WASH, Nutrition Clusters and Cholera Task Force to enhance hygiene and

sanitation activities, including prevention and awareness raising.

CCCM will prioritise HLP due diligence, prevention/reporting of eviction cases and advocacy with Government agencies to ensure that key infrastructure such as health, education and WASH/water points facilities are constructed on public land to ensure sustainability of humanitarian interventions.

Quality and inclusive programming

The CCCM cluster will strengthen safe and equitable access to multi sectorial services at site/catchment level through improved site/catchment management, coordination, monitoring, community engagement and collection of quality disaggregated data while minimizing and mitigating aid diversion risks.

The CCCM Cluster prioritises sites based on safety conditions and resident vulnerability, informed by bi-annual verification exercises and regular monitoring. Focus remains on settlements with high eviction risks and underserved populations, while integrating protection and GBV prevention to address camp-related safety concerns.

The Cluster will strengthen its Complaint and Feedback Mechanisms (CFM) through mobile CCCM teams. CCCM partners will facilitate equal access to humanitarian assistance and information through enhanced two-way communication channels, focusing on meaningful participation of persons with disabilities, elderly, women, minorities, and other marginalized groups.

The Cluster will apply IASC guidelines on inclusion of persons with disabilities and coordinate with the Disability Inclusion Working Group and designate the disability inclusion focal point to strengthen the capacity of CCCM partners on disability inclusive humanitarian action.

Cost of response

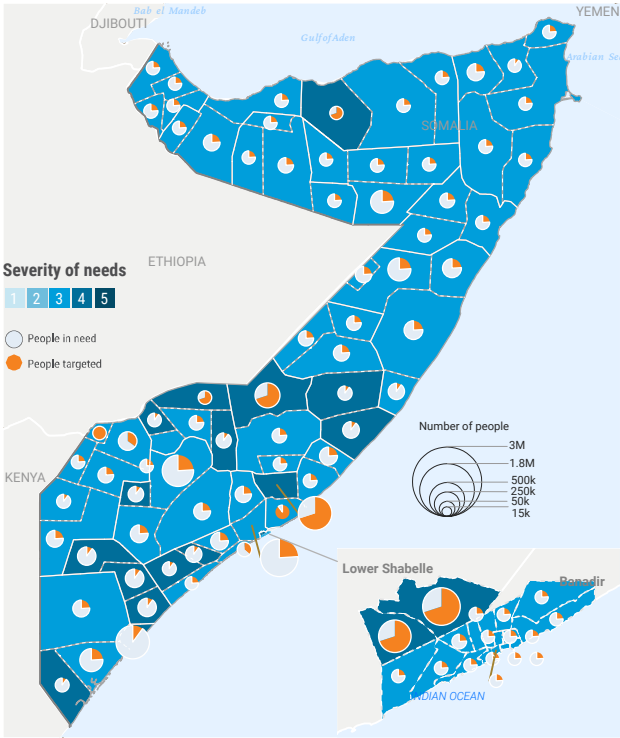
The Cluster will require US\$44,6 million in funding to provide essential CCCM support to a total of 1.9 million beneficiaries in IDP sites. Primary cost drivers for CCCM activities, mobile site management approaches for coordination and outreach, site improvements, including related to flood preparedness, site decongestion activities, cash-for-work, waste management, greening, community engagements and mobilization, capacity building efforts, CFM activities and communication with communities, and initiatives towards seeking pathways to displacement solutions.

3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
2.6M	0.9M	\$68.6M	53	90

Map of sectoral severity and of people in need

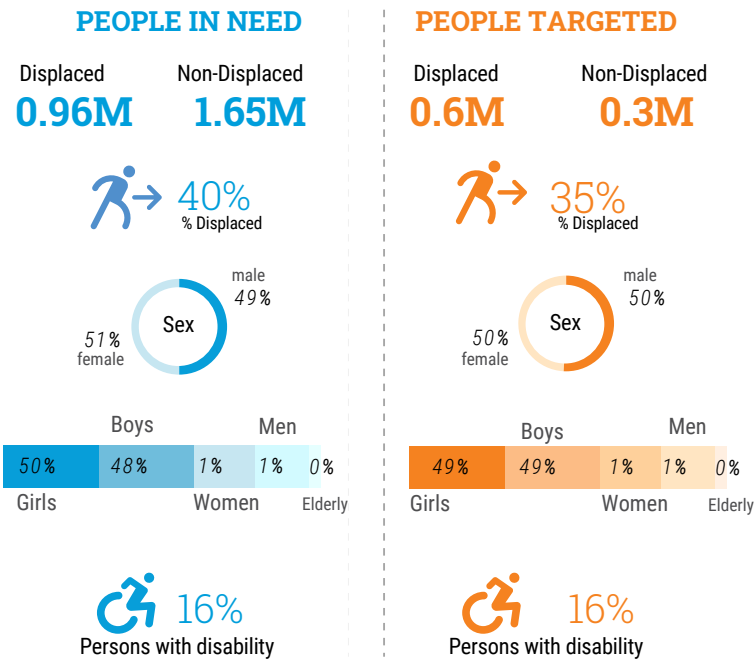


Trends in Sectoral Needs

The Education Cluster estimates that 4.5 million children (56 per cent of the school-aged population) are not accessing any form of learning (MSNA 2024). This is up 4 per cent from the previous year (MSNA 2023). Of the children in school, the Gender Parity Index (GPI) is estimated to be 0.8 at primary level and 0.72 at secondary level. Displaced children and children with disabilities are also disproportionately excluded from education. School-aged children are significantly and regularly impacted by recurring conflict, drought, and floods, with appropriately 159,000 school-aged children displaced by at least one of these shocks in 2024. Of the 2.6 million children aged 5-17 in need of humanitarian assistance to begin, resume, or continue their education, 1.65 million are from the host community, 965,000 are internally displaced, 256,000 are children with disabilities, and 214,000 are young children (aged 5).

The Education Cluster estimates that 344,000 school-aged children are facing severe or extreme protection risks either at school or at home. The most common protection risks preventing children from attending school are child labour and child marriage/early pregnancy. 37,000 out-of-school children are reported to be engaged with armed forces or groups. The main barriers to children accessing education remain the direct financial costs of schooling, a lack of appropriate and accessible schools, and education not being prioritized by the child or the household (MSNA 2024). In 2025 it is anticipated that drought

Sex and Age Disaggregated Data



conditions will exert additional pressure on children, parents, teachers, and the education system as a whole. During a drought, schools often close as communities are displaced due to devastated livelihoods. Children may leave education to seek paid employment, and malnutrition can adversely affect their ability to attend school and learn.

Response Focus and Priorities

The Education Cluster supports the most crisis-affected school-aged girls and boys in Somalia (ages 5-17), including children with disabilities, to have improved equitable access to quality, inclusive, and gender transformative education opportunities in safe and protective learning environments which support their overall well-being. This is achieved through delivery of demand and supply-side interventions to increase school enrolment and attendance rates, improve the quality of the learning environment, enhance teacher competencies, support children's health and well-being, and improve children's foundational learning skills.

In 2025, the Education Cluster will strengthen its climate strategies, support an early scale-up of interventions in drought-prone areas to minimize the number of children leaving school to engage in economic activities, and will oversee the design and implementation of the climate-focused Education Cannot Wait Anticipatory Action for Education in Emergencies pilot programme. The high number of children out of school is a key driver of geographic severity scores, resulting

in all districts being classified as severity levels 3 (73 districts) and 4 (17 districts). The Education Cluster intends to target all districts of Somalia, supporting one third of the people identified as needing Education in Emergencies assistance. Priority will be given to highly vulnerable children: girls, adolescents, children with disabilities, orphaned children, unaccompanied and separated children, children who are pregnant/married, and children from marginalized groups. Activities included in the Education Cluster's Minimum Package of Assistance will be prioritized.

Integrated Response and targeted population in hard-to-reach areas

The Education Cluster will co-locate and coordinate its emergency interventions with other relevant clusters including Health, Nutrition, and WASH, while prioritizing complementarity with Child Protection. Education in Emergencies interventions will be implemented in complementarity to first line integrated response.

For 2025, the Education Cluster has identified the following 12 districts as being hard to reach: Bu'aale, Ceel Buur, Ceel Dheer, Jamaame, Jilib, Kurtunwaarey, Qandala, Rab Dhuure, Saakow, Sablaale, Tayeeglow, Xarardheere. Apart from Jamaame, which saw a 4 per cent reach to target in 2024, all other hard-to-reach districts did not receive any Education in Emergencies assistance in 2024. All hard-to-reach districts have been included in the Education Cluster's targeting strategy, with targets representing 10 per cent of the people identified as in need of Education in Emergencies assistance in each district. In early 2025 the Education Cluster will develop a hard-to-reach strategy specific to Education in Emergencies.

Quality and inclusive programming

The Education Cluster is committed to supporting meaningful, participatory community engagement in programme planning, implementation, and monitoring, and supports children in all their diversity, prioritizing the most vulnerable and marginalized. To strengthen these commitments, in 2025 the Education Cluster will introduce the following:

- Dedicated Accountability to Affected Populations workstream facilitated through the cluster's Strategic Advisory Group
- Engagement with parents, teachers, and school management

on learning expectations by children's age and/or level of education; learning assessments (non-formal education) conducted to improve partner accountability and inform teacher training modules

- Standardized form for children, parents, teachers, and school management to provide regular feedback, monitored through 5Ws
- Inclusive Education Working Group will provide detailed guidance on meeting the specific education needs of the most vulnerable children in Somalia with a focus on girls, children with disabilities, children from marginalized and/or minority groups, and displaced children.
- Gender and disability-specific indicators included in 5Ws monitoring

Education Cluster partners are expected to be fully informed on Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) policies. Partners will be trained and empowered to prevent, stop, and report gross abuses of power by humanitarian actors and affiliated personnel, and to ensure any person who is subject to such abuse is immediately referred for appropriate support. The Education Cluster will monitor partners' adherence to Child Safeguarding and PSEA commitments through a dedicated monitoring indicator included in the 2025 strategy.

Cost of response

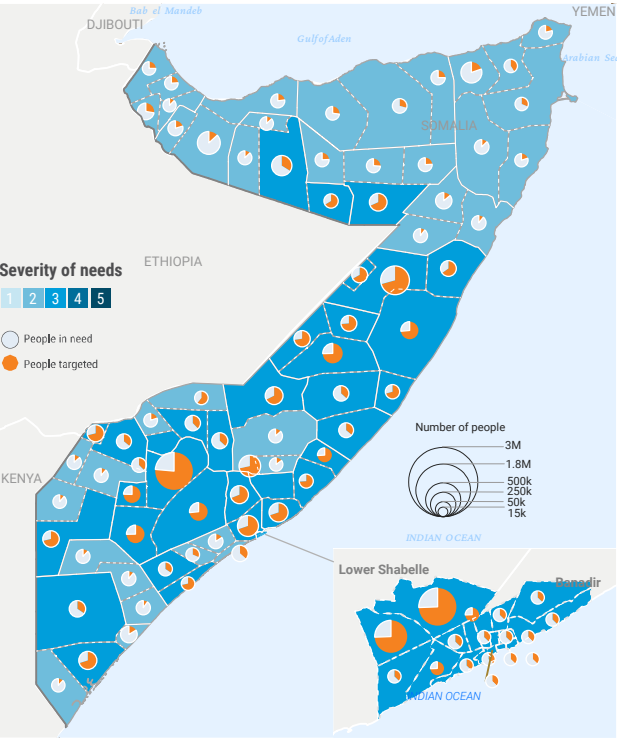
Following an analysis of its 2024 budget versus expenditure, the Education Cluster has increased the planned annual cost per child from \$74 in 2024 to \$80 in 2025. This cost reflects each child targeted for support being directly and indirectly assisted by a range of demand and supply-side Education in Emergencies interventions. For budget precision, each activity has been individually costed, and a target for that activity has been assigned to each district. Activities included in the Education Cluster's Minimum Package of Assistance account for more than half of the Education Cluster's financial requirement.

3.3 Food Security

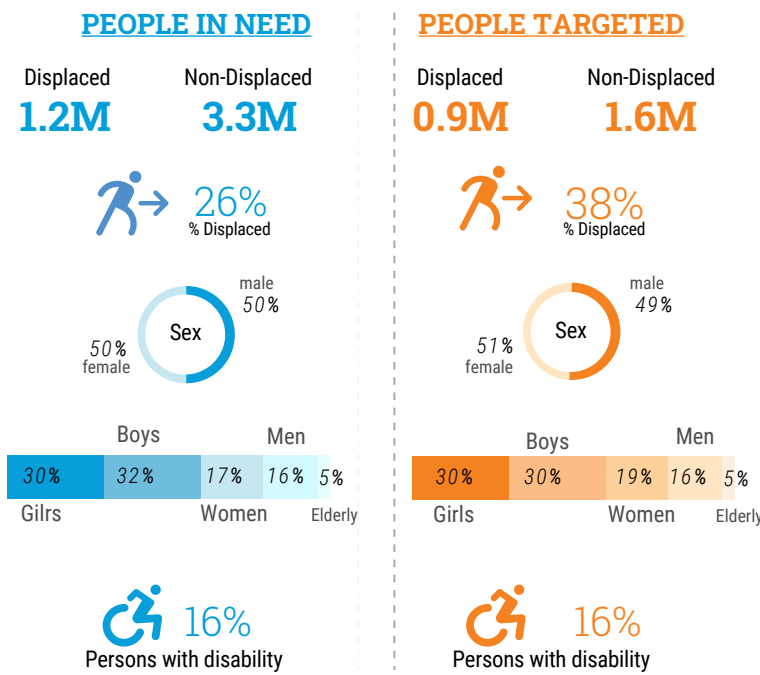


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
4.5M	2.5M	\$515M	140	90

Map of sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

The Approximately 3.6 million people are in IPC Phase 3 or above (Crisis or worse) between July to September 2024. Further worsening of the food security situation is projected from October to December 2024, when below-normal Deyr season rains are anticipated. As a result, the number of people facing IPC Phase 3 or above (Crisis or worse) are expected to increase to 4.4 million, a 2 per cent increase compared to the same period last year.⁶⁰

Regional forecasts confirm a high likelihood of La Niña conditions from late 2024 to early 2025 which is expected to result to hot dry conditions and below average rainfall, particularly over southern and central parts of Somalia. The forecasted drought has the potential to result in loss of lives and livelihoods, hunger, destitution, displacement and heightened risk of famine, particularly for vulnerable rural agropastoral populations who depend on seasonal rainfall for production and pasture for livestock. A surge in drought induced population displacement from rural areas to IDP sites and urban areas would lead to the accumulation of large numbers of vulnerable people entirely dependent on life-saving

humanitarian food and cash assistance.

The precarious situation will be further compounded by conflict and insecurity driving new displacement, disrupting market and food supply, and constraining access to farmlands, livelihood opportunities and humanitarian assistance. Humanitarian access, already facing very high constraints, will be further impeded by the ongoing ATMIS drawdown and transition to AUSSOM.

Response Scope and Priorities

In 2025, FSC partners will target 2.5 million people with emergency lifesaving and life sustaining food security and emergency livelihoods interventions, this is an 8 per cent decrease from 2.7 million people in 2024. The cluster targets are based on a focused and prioritized response in line with the food security vulnerability-based framework and the HCT endorsed boundary setting parameters. The FSC activities will include unconditional cash and voucher assistance and in-kind

food assistance to ensure immediate access to food, decrease the prevalence of hunger, and prevent any associated mortality.

Forecast-based/pre-emptive unconditional cash transfers (both pre-crisis Anticipatory Action and after-crisis as shock-response) will also be provided to the most vulnerable HH in priority drought-risk locations. Conditional and season specific cash transfers will provide immediate access to food and increase household incomes while supporting rehabilitation and/or establishment of critical community infrastructure. Cash plus interventions (unconditional cash plus time-sensitive critical emergency agriculture, livestock, and fisheries inputs) will ensure immediate availability and access to food by enabling vulnerable HH to get back into production, sustain animal health, and avert further livelihood assets depletion.

Vulnerable population groups such as newly displaced IDPs, HH with acute malnourished children and pregnant and lactating women, protection referrals, minority and marginalized groups, and agropastoral HH with high dependency burden who have repeatedly lost their crops and livestock assets will be prioritized for assistance. FSC partners will shift from status-based assistance and adopt vulnerability-based targeting through biometric registration that will enable proper identification and verification. The adoption of a common registration and referral system will facilitate data sharing and inter-operability further enhancing de-duplication and accountability.

FSC partners will expand and scale up the Integrated Response Framework (IRF) at subnational level through enhanced Area-Based Coordination (ABC) with shared leadership of NGOs and relevant government ministries. The cluster will build on the CCCM, FSC and Protection clusters tripartite referral system and be part of the inter-agency Feedback and Complaint Mechanism that will ease referral processes and provide basic common community information consultation, including for marginalized groups.

FSC partners working in close coordination with the Access Working Group, will scale-up assistance in hard-to-reach areas, including through employing diverse response options such as unconditional cash transfers through service providers. This will also build on best practise from partners already delivering assistance in locations with constrained humanitarian access through innovative approaches.

Quality and inclusive programming

In adherence to the principles of Centrality of Protection and with the recommendations from the CoP Monitoring Report 2024, FSC partners will implement activities in non-discriminatory and impartial ways that promote safety, dignity and integrity of the people receiving humanitarian assistance.

Partners will mainstream AAP, gender, protection, and inclusion to ensure quality and equity of assistance and services for all vulnerable groups, including men, women, children, older persons, minority cultural groups, and people living with disabilities. This will also involve the identification of SEA risks within programmes and integration of PSEA measures in programming actions. Partner activities will ensure gender, age and disability responsiveness to respond to the distinct needs and situations of women, girls, boys and men, older people and people with disabilities. Cluster partners will monitor their programs by collecting sex, age, and disability disaggregated data (SADDD).

FSC partners will enhance effective engagement and consultation with communities through confidential, functioning, and effective community feedback mechanisms to better understand their needs and preferences. The choice of delivery mechanisms or modalities of assistance will be based on an assessment of options and consultation with beneficiaries. FSC partners will provide clear and appropriate information to beneficiaries regarding their entitlements, redress measures for aid diversion through relevant anonymized community complaints and feedback mechanisms that will also outline what to do with sensitive complaints and appropriate referral systems for protection, GBV, and PSEA issues.

The most vulnerable HH will be identified and prioritised while ensuring men, women, PWDs and other high priority groups have equal and fair access to assistance and safe distribution points. In close collaboration with the protection cluster, FSC partners will identify threats and address, mitigate, or reduce key protection risks in food security and livelihoods programs.

Cost of response

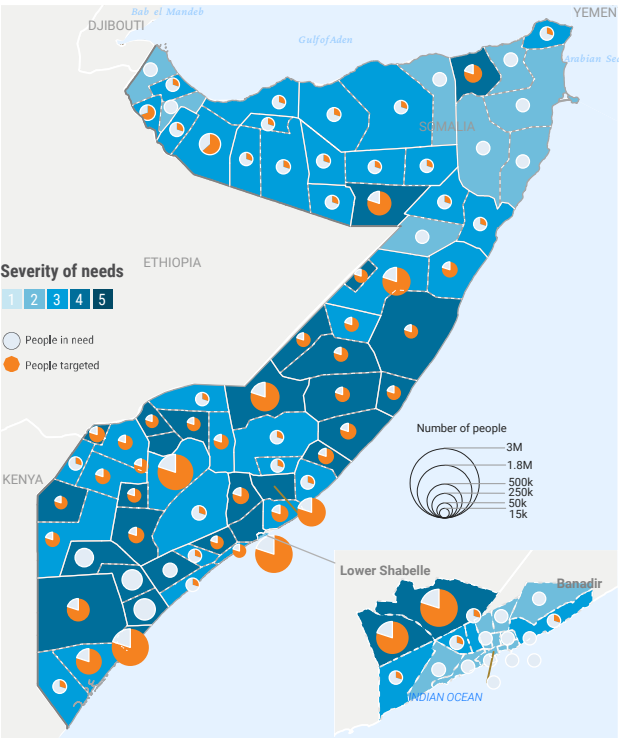
FSC partners require US\$515 million to deliver life-saving food security and livelihoods assistance to 2.5 million people in 2025. The costs are based on modality of assistance utilizing a full cost recovery model that includes service fees for delivering cash transfers, procurement costs for in-kind food rations and emergency livelihood inputs, as well as costs related to security, port charges, warehousing, transportation, distribution, and monitoring. Additional costs related to biometric household registration, access and logistical constraints in hard-to-reach areas, and enhanced measures to prevent and mitigate Post Distribution Aid Diversion (PDAD) risks will increase operational costs in 2025. The ATMIS drawdown and transition to AUSSOM in 2025 and a switch to local security escort arrangements for certain locations will also translate to higher operational costs.

3.4 Health

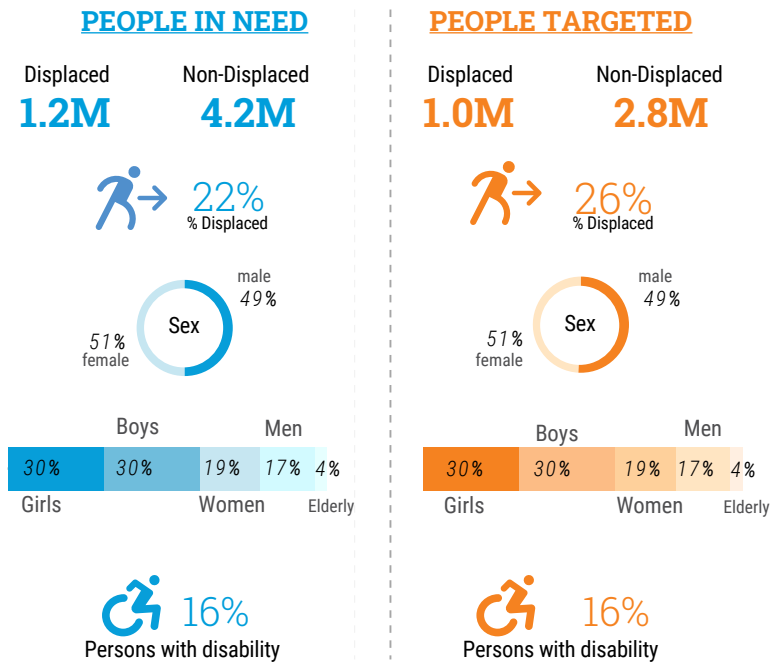


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
5.4M	3.8M	\$123M	50	67

Map of sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

In 2025, it is expected that La Niña drought conditions and continuation of conflict related displacement will result in food insecurity with increased burden of disease and potential new disease outbreaks on top of ongoing outbreaks of cholera/AWD, measles, and polio, clearly demonstrating the insufficient coverage of vaccination services in the country.

The availability of skilled birth attendants remains a critical challenge, with 46 per cent of pregnant women delivering at home without the assistance of skilled medical professionals. Additionally, there is a high unmet need for Family Planning (29 per cent)⁶¹ and low practice of exclusive breastfeeding (12 per cent) in children under six months of age. There is a continued need for enhanced MHPSS services and clinical management of rape by trained healthcare providers and availability of specific supplies.

Most public health facilities continue to depend on short-term humanitarian funding and service provision by Health Cluster partners. Availability of both humanitarian and development funding is

expected to be reduced further in 2025.

Persons with disabilities, especially women and adolescent girls and those displaced in hard-to-reach areas and members of minority clans, are experiencing poor health outcomes due to difficulties in reaching health facilities and limited availability of rehabilitation service providers, 57.3 per cent of persons with disabilities report that they could not access needed assistive devices.⁶²

Response Focus and Priorities

The health cluster will target 3.8 million people out of 5.4 million people in need of health services. The health and vaccination status of children, malnutrition rates, and the number of functional health facilities providing safe delivery services) are the main drivers of need. Of these, 80 per cent of people in severity level 4 (32 of 90 districts) and 30 per cent of people in severity level 3 (40 of 90 districts) will be targeted for assistance in 2025.

The Health Cluster partners will focus on lifesaving interventions and increase access by providing health services as close as possible

to the affected populations, guided by the Minimum Initial Service Package for Reproductive Health. The utilization of mobile clinics should be reduced to only those places without fixed facilities within a radius of 5 km. Prevention and response to outbreaks of diseases will be achieved by early detection and early treatment of infected patients, as well as strengthened surveillance of epidemic-prone diseases, and other prevention services.

The Health Cluster aims to provide a comprehensive health service package as defined in the Essential Package of Health Services 2020 guideline of the Ministry of Health (MoH), including maternal and newborn care, mental health and psychosocial services and trauma care for victims of violence, including management of women and girls living with female genital mutilation (FGM). By leveraging an integrated service delivery model, the Essential Package of Health services effectively address the need of the most vulnerable population, ensuring comprehensive health care support. Referral pathways will be strengthened to ensure access to essential health services needed for pregnant and lactating women and girls, malnourished children with complications and survivors of gender-based and sexual violence.

Integrated Response and targeted population in hard-to-reach areas

Dedicated Health Cluster coordinators and focal points at both national and sub-national level will be essential for effective and efficient strategic and operational coordination. The Health and Nutrition Clusters prepared an SOP for IFLR for health and nutrition cluster partners in Somalia to ensure integration of services. To foster collaboration with partners in all thematic health areas, the Health Cluster will continue to work with working groups such as the Sexual and Reproductive Health, Mental Health and Psychosocial Support and Disability Inclusion Working Groups and the GBV AoR. The Health Cluster will work closely with the MoH to ensure joint coordinated responses and alignment of response provided by development partners, such as the World Bank, through the Federal and State ministries of health.

Quality and inclusive programming

The Health Cluster will adopt strategies to ensure the elimination/reduce exclusion of women and adolescent girls from minority clans and persons with disabilities, in adherence to the principles of Centrality of Protection. Health partners will monitor their programs by collecting data disaggregated by age, gender, disability and location. The cluster will designate disability inclusion focal points, in collaboration with DIWG, to strengthen the capacity of health partners on disability inclusive health services.

Cluster partners will continue to raise awareness on the possibility of providing feedback or complaints to the toll-free LOOP 2023 phone number, including instances of aid diversion and sexual exploitation and abuse by humanitarian workers. The Cluster will ensure prompt feedback to questions and concerns raised on health and health service delivery by Radio Ergo listeners and other community feedback mechanisms. The Cluster promotes the hiring and training of female community healthcare workers and strongly encourages Health Cluster partners to have gender balanced teams at all levels in their organizations.

Referral pathways for assistance for survivors of sexual violence, exploitation and abuse will be continuously updated and shared among cluster members; and continuous mapping of health and nutrition service delivery points will be shared with all stakeholders to avoid duplication and improve geographic coverage.⁶³ Programs to ensure health workers well-being, including management of psychological trauma due to exposure, will be supported.

Cost of response

Dedicated Health Cluster coordinators and focal points at both national and sub-national level will be essential for effective and efficient strategic and operational coordination.

The health cluster will require \$123 million to provide life-saving health services, prevent and respond to disease outbreaks. However, budget needs could increase dramatically if disease outbreaks are not detected as they emerge; disease surveillance and rapid response will be critical to save lives and avoid high costs of responding to the highly likely disease outbreaks that might occur in 2025.

3.5 Logistics



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
N/A	N/A	\$27M	102

Trends in Sectoral Needs

The humanitarian landscape in Somalia has dramatically changed due to ongoing crises, including a historic five-season drought and severe flooding. These events have severely damaged already strained infrastructure, with only 13 per cent of roads being paved and in poor conditions, particularly in Jubaland, South West and Hirshabelle States, complicating logistics operations and aid delivery.⁶⁴

Looking ahead, the Logistics Cluster anticipates increased demand for services due to seasonal shocks, such as below-normal Deyr rains and La Niña conditions, which are expected to worsen food insecurity for approximately 4.4 million people in 2025. This will necessitate heightened cargo transport for food and medical supplies, especially for hard-to-reach areas. The most affected populations include internally displaced persons (IDPs) and communities in conflict-affected areas. To address their needs, the Logistics Cluster will enhance supply chain resilience, ensuring timely aid delivery and improving customs procedures while fostering coordination among humanitarian actors.

Response Focus and Priorities

Being a service provision cluster, the Logistics Cluster will continue facilitating support to humanitarian partners in the response. The Logistics Cluster will further prioritize these needs, based on its updated concept of operations, ensuring efficient resource allocation and timely aid delivery. Internally, adjustments may include enhancing coordination mechanisms and streamlining logistics processes to effectively meet the evolving demands of the humanitarian landscape.

The transition from ATMIS to AUSSOM has the potential to reshape the operational landscape in Somalia, with some implications for logistics services. To mitigate potential disruptions, strategic planning and enhanced coordination are essential.

Integrated Response and targeted population in hard-to-reach areas

The Logistics Cluster is implementing specific strategies to ensure

a coordinated humanitarian response. This includes logistics coordination, information management, and cargo transport via road, sea, and air, with a focus on regions like Jubaland, South West and Hirshabelle states, where access is particularly challenging. Key activities will include safe and secure transport of passengers and light cargo, that will be provided through UNHAS.

Key Strategies:

- Enhanced Information Sharing: Maintain collaboration among partners to reduce duplication and streamline logistics operations.
- Scaling Up Common Services (as a last resort): Expand logistics services to reach hard-to-access areas, ensuring reliable cargo transport.
- Storage Services: Invest in storage facilities in key hubs like Mogadishu, Baidoa and Doolow, to meet increasing humanitarian needs.
- Feasibility Study: Connected with ATMIS drawdown. Conduct assessments to enhance overland transport access and identify potential alternative routes.
- Advocacy for Customs Clearance Processes: Work with stakeholders to streamline customs processes, advocating for tax exemptions and expedited clearance for humanitarian goods.
- Local Transport Partnerships: Collaborate with local transport providers to enhance logistics efficiency in remote areas.
- Capacity Building: Organize logistics trainings on key logistics services and logistics planning for humanitarian partners, to strengthen local capacities.
- Regular Coordination Meetings: Host monthly meetings at national and sub-national levels to align efforts and address challenges collectively.

Quality and inclusive programming

The Logistics Cluster and UNHAS will closely monitor their capacity to meet partners’ needs by tracking cargo movement through effective systems and reporting mechanisms. Regular national and subnational coordination meetings will help identify operational gaps and address immediate needs. Partner satisfaction will be assessed through end-of-year surveys, alongside ongoing Gaps and Needs

Analysis, to inform the Logistics Cluster's 2025 strategy. UNHAS will evaluate passenger and air cargo transport requirements through routine user group meetings, adjusting resource allocation to enhance logistics capabilities. However, challenges such as the protracted closure of the Kenya-Somalia border and prolonged customs clearance delays complicate operations, contributing to Somalia's low Logistics Performance Index ranking.⁶⁵

Cost of response

The Logistics Cluster and UNHAS require an estimated \$27 million for their 2025 response, with \$20.16 million allocated to UNHAS for vital aviation services, and the rest for Logistics Cluster services, such as information management and coordination, provision of logistics

services as last resort, emergency preparedness and capacity strengthening activities. These services are essential for addressing the substantial needs of humanitarian partners in Somalia. Continued reliance on specialized air assets and fixed-wing aircraft will remain crucial for transporting life-saving cargo to hard-to-reach areas. The Cluster remains committed to flexible logistics operations, utilizing both air and ground transport, and storage solutions, to effectively support vulnerable populations.



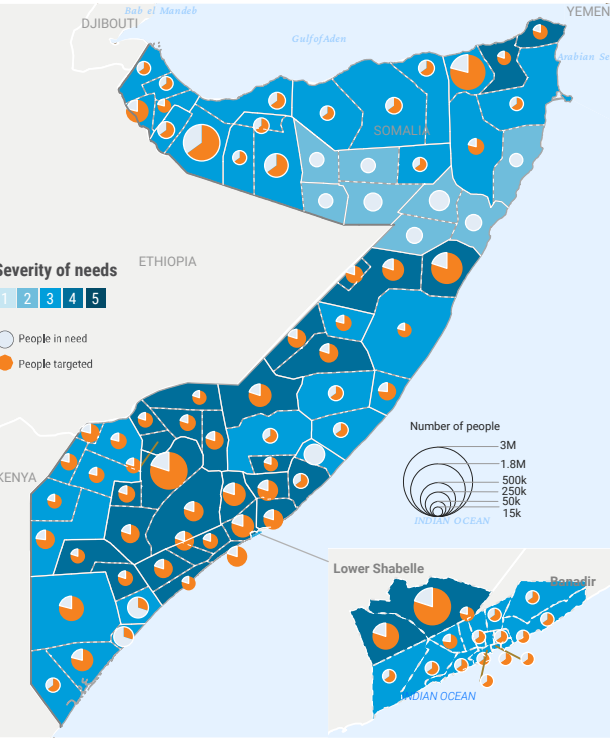
Handover of medical supplies at Banaadir Hospital in Mogadishu Somalia. Photo: WHO Somalia 2024

3.6 Nutrition

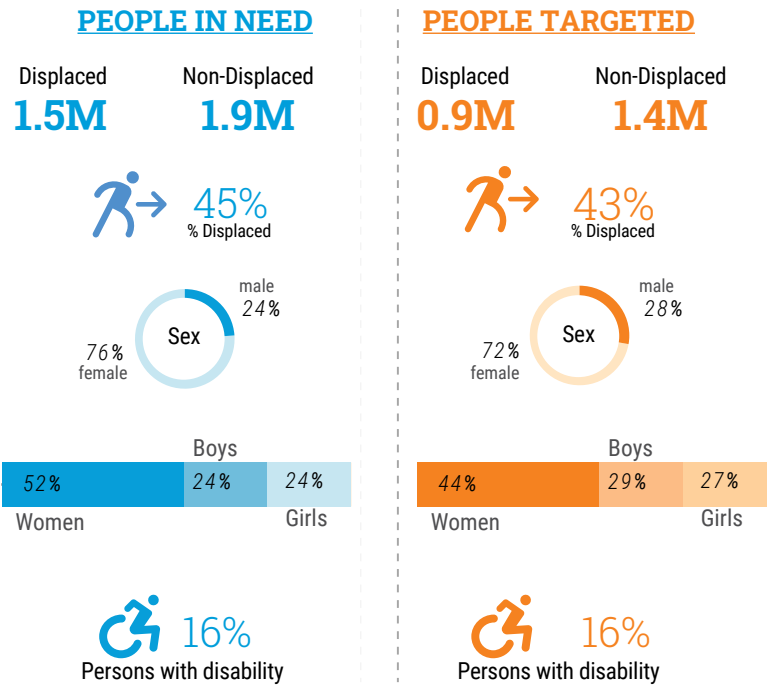


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
3.4M	2.3M	\$117M	75	81

Map of sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

According to recent FSNAU biannual nutrition assessments, Somalia's nutrition situation has shown a marked improvement since 2023. The national median Global Acute Malnutrition (GAM) rate has decreased from a peak of 15.9 per cent in post-Gu 2022 to 12.4 per cent in post-Gu 2023, reaching a current overall prevalence of 11.7 per cent in post-Gu 2024. Despite these gains, acute malnutrition remains a significant concern, with critical levels persisting in specific geographic areas, including Baidoa, Jalalaqsi, Buurhakaba, Diinsoor, Qansax Dheere, Waajid, and Xudur districts, where GAM rates exceed the critical threshold of 15 per cent.

Despite recent improvements, Somalia's nutrition situation is projected to deteriorate due to the anticipated La Niña conditions, which is likely to lead to widespread drought and compound existing vulnerabilities. Ongoing displacement continues to disrupt livelihoods, limit access to essential services, and heighten malnutrition risks. Additionally, reductions in humanitarian assistance due to limited funding, particularly in the health, food security, and WASH sectors, are

expected to exacerbate needs and further amplify the risks of acute malnutrition.

The anticipated decline in the nutrition situation is expected to disproportionately impact children under 5, as well as pregnant and breastfeeding women, especially within internally displaced persons (IDPs) camps, marginalized communities (such as ethnic minorities and persons with disabilities), and rural riverine communities reliant on crop agriculture and pastoral communities. The priority of the affected populations remains focused on life-saving interventions and the reduction of morbidity associated with acute malnutrition.

Response Focus and Priorities

The Nutrition Cluster response is focused on key lifesaving interventions, including the treatment and supplementation for severe and moderate acute malnutrition among children under 5, pregnant, and breastfeeding women. These treatment and supplementation activities will be supported by targeted interventions aimed at enhancing the resilience of the most vulnerable HHs to cope with the projected

drought and other underlying causes of acute malnutrition.

The response will prioritize 61 districts categorized as IPC Acute Malnutrition (IPC AMN) levels 3 and 4. Within these districts, the focus will be on geographic pockets with high acute malnutrition rates and significant absolute caseloads of malnutrition, particularly among IDPs, marginalised populations, and rural communities. The response will incorporate context-specific interventions tailored to livelihoods and population needs to build resilience and sustainably prevent malnutrition. This includes promoting improved diets for children, pregnant, and breastfeeding women using locally available foods.

To maximize the effectiveness of response resources, the Nutrition Cluster will lead a rationalization exercise to optimize the provision of nutrition services and expand access to rural areas, poorly served IDPs and hard-to-reach areas. Furthermore, the Nutrition Cluster will strengthen its surveillance and early warning systems to closely monitor the nutrition situation in targeted districts, allowing for the identification of acute malnutrition hotspots and enabling a responsive, adaptable approach.

Integrated Response and targeted population in hard-to-reach areas

The Nutrition Cluster will actively engage in coordination mechanisms supporting the rollout of the IRF, and ABC. The Cluster will advocate for the co-location of nutrition interventions, such as Outpatient Therapeutic Programs and Targeted Supplementary Feeding Programs, within the same health facilities. Additionally, strategies will be developed to integrate nutrition services across Health, WASH, and Food Security sectors.

Collaboration with the CCCM sector will be expanded to support screening and referrals for acutely malnourished individuals among newly arrived IDPs. The Cluster will also promote scaling up the integrated Community Case Management Plus and health/nutrition outreach activities linked to health facilities, prioritizing these as key approaches to reach hard-to-access areas. Cluster partners will utilize local community-based structures as primary channels for service delivery and surveillance in remote and hard-to reach areas.

Quality and inclusive programming

To enhance accountability to affected populations (AAP), community engagement will be strengthened through targeted strategies. Capacity building for nutrition partners will focus on AAP approaches

tailored to Somalia's context, ensuring respect for local languages, gender dynamics, and community structures. A systematic feedback system will combine digital tools with in-person channels, such as focus group discussions and outreach by community health workers. Community-led monitoring will engage local representatives, including marginalized populations, to assess interventions and identify improvements.

To support accountability, partners will share quarterly reports on program adaptations based on feedback received. Trusted community leaders will foster program acceptance, while meetings and radio broadcasts will enhance transparency.

The Cluster prioritises inclusivity and safety in its programming. Nutrition facilities will address specific WASH needs of women, girls, and children, with privacy provisions and strategic locations near markets, residential zones, or government offices to ensure accessibility and safety. Facilities will be within a two-hour walking distance of affected populations and will target marginalized regions to reduce geographic disparities.

Mandatory training on PSEA, Centrality of Protection (CoP), and GBV/child protection will equip staff to support vulnerable groups. Efforts will prioritize recruiting women and marginalized individuals, ensuring community health workers represent their communities. Additionally, digitized records, real-time supply chain monitoring, and community awareness campaigns will address aid diversion, while inclusive programming will focus on accessibility and the needs of children with disabilities.

Cost of response

The Nutrition Cluster's estimated response cost for 2025 is approximately \$117 million, a reduction from \$164 million in 2024. This decrease is attributed to more focused targeting, prioritization of nutrition interventions, measures to prevent aid diversion (lowering supply needs projections in 2025), and site reductions resulting from agency convergence. Additionally, efficiencies are expected from the planned rationalization of nutrition service delivery in 2025.

Key cost drivers remain nutrition supplies and logistics, which account for approximately 60 per cent of the total budget. Significant staffing requirements, including nurses, doctors, Community Health Workers, and Infant and Young Child Feeding counsellors, also contribute substantially.

3.7 Protection

Overarching Protection

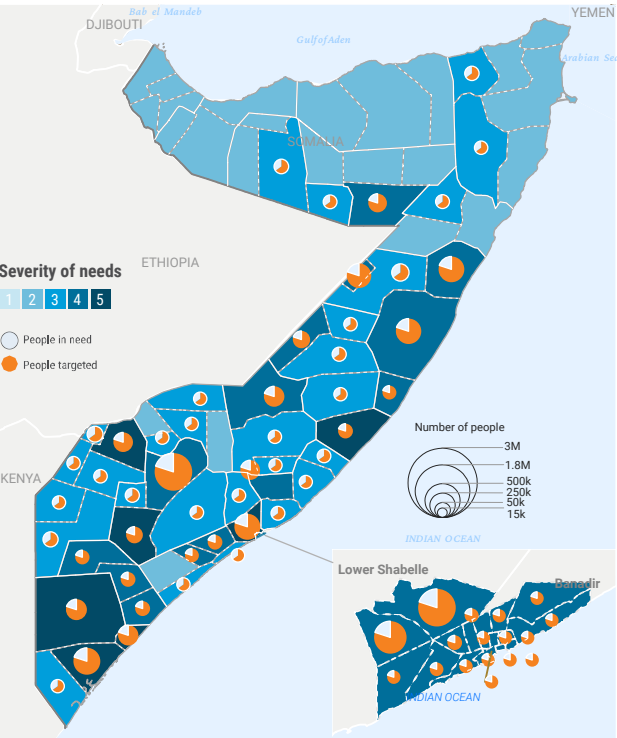


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
3.3M	2.4M	\$165.8M	200	90

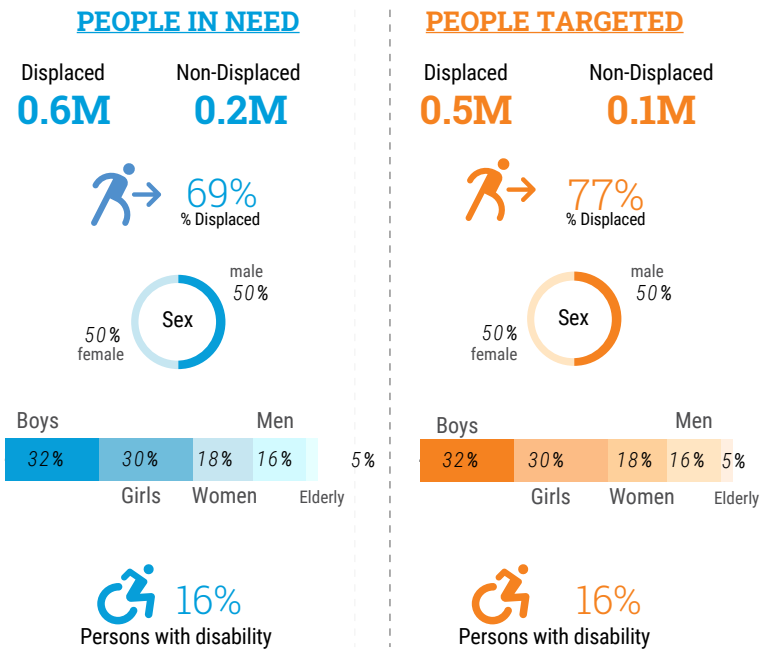
Protection Cluster only

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
0.8M	0.6M	\$21.8M	62	22

Map sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

The intensification of armed conflict and climate shocks continues to have a cumulative devastating impact on the civilian population, exacerbating vulnerabilities and driving the displacement of close to 477,000 people between January and 30 November 2024. The dual impact of violence and climate shocks is driving large-scale displacement, destroying livelihoods, and overwhelming humanitarian response efforts.

Conflict

An estimated 4.5 million people in 20 districts across Somalia are affected by conflict. The main protection risk for conflict-affected populations is linked to human security and include freedom of

movement, explosive hazards, child recruitment and retaliatory attacks. The likelihood and impact of armed conflict, whether non-international or intra-clan, remains high for Somalia in 2025, exacerbating humanitarian crises, leading to displacement, food insecurity, and limited access to essential services. The frontline response prioritizes an early action response package for newly displaced, newly accessible, and civilian population in hard-to-reach areas and the strengthening of the capacity of affected communities as first-line responders.

Climate change related disasters

Response to drought and flooding will also be a focus of the Protection Cluster in carrying out integrated approaches with sectors such as Food Security, Shelter/NFI and CCCM on ensuring the inclusion of persons with specific needs among displaced population, notably persons with

disabilities, older people, minorities, and marginalised groups.

Response Focus and Priorities

In 2025, 804,574 people are identified to be in need of overall protection assistance in 22 districts and prioritised according to geographic severity levels. Seven districts are categorized as Severity Level 5 (sectoral collapse) and 15 districts are categorized as Severity Level 4 (extreme sectoral deprivation). The 22 districts are primarily conflict-affected districts where the population is facing a higher level of protection risks, and the Cluster identified bigger protection response gaps.

The protection response plan for 2025 will be based on four key strategic pillars: (1) protection of civilians, (2) prioritisation of response, (3) integrated approaches across sectors, and (4) operationalisation of frontline protection responses. Enhanced coordination and response across different sectors emphasize the importance of protection in the overall response, while alignment with the IFLR and ABC supports the operationalization of frontline response and prevents the fragmentation of response. To strengthen the impact and sustainability of protection efforts, the Protection Cluster will continue to promote key advocacy messages and priorities, increasing the visibility of protection risks and emphasizing the urgent need for additional funding to address protection gaps within crisis-affected communities.

Core response priorities for the protection cluster include:

Protection of Civilians

- Ensure PoC remains central to protection response and advocate for centrality of protection through timely and evidence-based analysis, focusing on the risks to civilians in hard-to-reach and conflict-affected areas.
- Provide Conflict Sensitivity Analysis to subnational inter-agency efforts (i.e. ABC) ensuring joint response planning and operational decisions do not exacerbate or create new risks to the affected population.

Response prioritization

- Ensure timely and evidence-based protection analysis, focusing on the risks to civilians in hard-to reach and conflict-affected areas providing a snapshot of the protection environment across Somalia and identifying priority protection risks.
- Strengthen communities affected by conflict as first line protection responders.
- With other Clusters, expand the protection workstream on the inclusion of Persons with Specific Needs among the displaced population, notably persons with disabilities, older people, minorities, and marginalized groups at risk of exclusion. This includes tailored services to address specific needs, prioritization

in community-based protection, and enable meaningful participation.

- Address vulnerability-enhancing factors (disability, gender, age, minority status and others) that heighten the risks for most vulnerable groups.

Integrated protection approaches

- Ensure a core protection response across the 22 prioritized districts with the four active AoRs in the country.
- Promote integrated intersectoral response, develop and expand the integrated protection response with CCCM and Shelter (UNHCR's Tri-Cluster initiative) and the joint Food Security, CCCM, and Protection Fast-Track referral mechanism.
- Continue to work on humanitarian access and CM-Coord with OCHA and key stakeholders as per Somalia CM-Coord guidelines – Annex D.

Integrated Response and targeted population in hard-to-reach areas

- The Protection Cluster prioritizes an integrated response in hard-to-reach areas through the IFLR, which standardizes frontline protection and enables rapid humanitarian response within 7 to 14 days of an incident.
- Protection partners may trigger the IFLR mechanism through Flash-Alerts and needs assessments and foster productive partnerships with ABC mechanisms and Operational Cells.

Operationalization of frontline protection response

- Ensure protection principles and adherence to protection standards as well as inclusion of diverse populations in protection programmes, for newly displaced and civilian populations in hard-to-reach areas.
- Provide protection life-saving emergency assistance ensuring Protection IFLR Framework SoPs and standardised minimum packages.

Quality and inclusive programming

In 2025, the Protection Cluster will keep supporting the Accountability to Affected Population (AAP) efforts. The Cluster will also continue to be involved in the HCT PDAD Action Plan together with UNHCR Cluster Lead Agency. The inclusion of people with special needs and marginalized groups, including minorities, remains a key priority for the Protection Cluster in 2025. This aligns with the HCT Centrality of Protection Specific Objective #1.

The Cluster will continue collaborating with 15 specialized partner organizations and the DIWG to advance disability inclusion in Somalia, creating an accessible protection environment for persons with disabilities who have been disproportionately affected. Protection services will be adapted to address the specific needs of these individuals, improving accessibility. The Cluster's inclusion strategy

ensures that people with special needs and marginalized groups are integrated into the broader inter-sectoral response, such as through the CCCM and Protection Fast-Track referral mechanism. The Cluster will support the PSEA network action plan, monitor relevant indicators, and integrate PSEA awareness-raising as core component of the protection frontline minimum response package. with a designated PSEA focal point already in place.

Cost of response

The funding requirements for the Protection Cluster in 2025 are set at \$22 million, a slight decrease compared to last year, largely due to strict targeting of conflict, hard-to-reach and newly accessible areas. Many of the frontline protection responses are designed to be temporary, addressing immediate and emerging protection needs that arise from displacement caused by conflict and other shocks. These interventions provide rapid, targeted support to vulnerable populations and ensure timely responses to crises as they unfold.

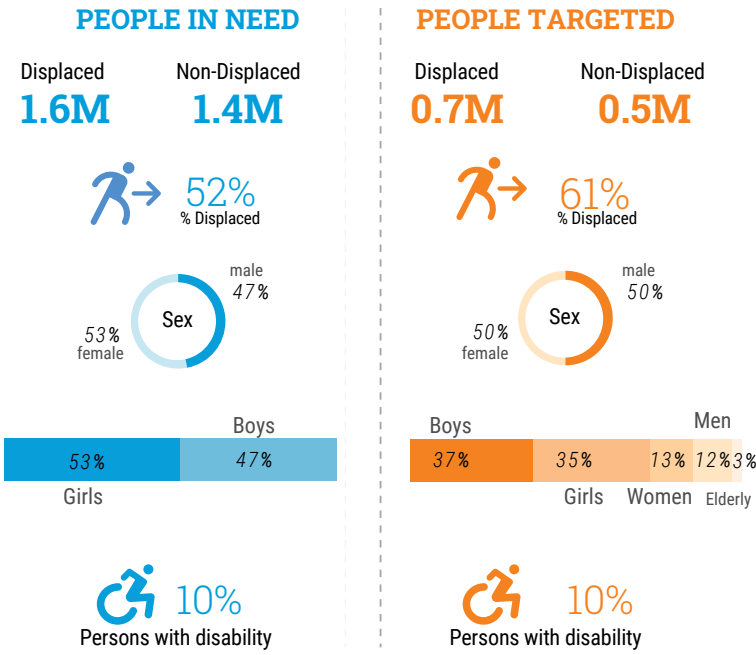
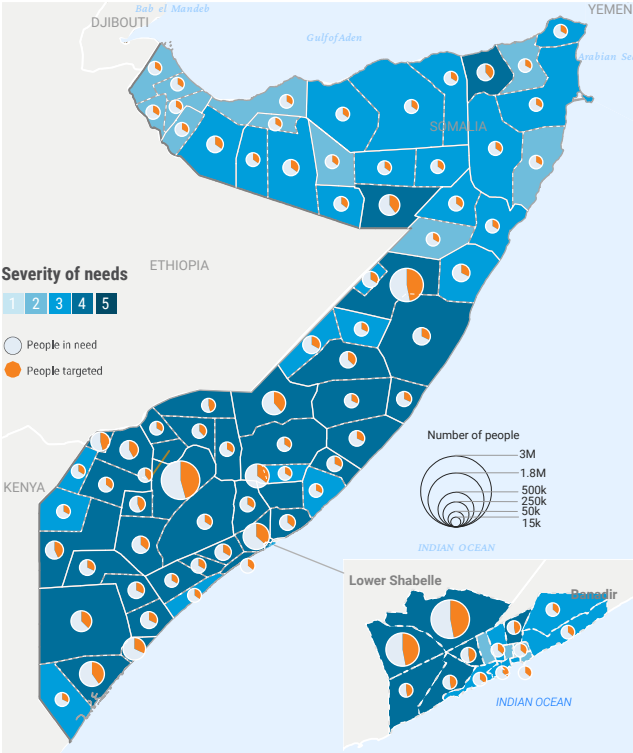


3.7.1 Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
3.0M	1.2M	\$48.1M	45	86

Map of Sectoral severity and of people in need

Sex and Age Disaggregated Data



Trends in Sectoral Needs

Somalia remains in a protracted crisis, severely impacting children's safety, survival, and well-being due to armed conflict, repeated displacement, and climate-induced shocks. In 2024, over seventy inter-clan clashes displaced 250,000 people, with children constituting more than 60 per cent of the displaced. This displacement often leads to family separation, increasing children's vulnerability to violence, exploitation, abuse, neglect, psychosocial distress, school dropout, and child labour. These risks are expected to remain high in 2025 due to anticipated climate shocks.

Children face multiple shocks that erode their mental health, protection mechanisms, and resilience, heightening their vulnerability. Recruitment by armed groups, killing, maiming, and abduction are significant risks. By June 2024, 10,000 unaccompanied and separated children were recorded, with 370 recruited by conflict parties, a 20 per cent increase from 2023. Explosive hazards caused over 100 child casualties in 2024, with 30 per cent due to unexploded ordnance. High psychosocial distress affects children and caregivers, with insufficient mental health and psychosocial support services, especially among displaced communities. Negative coping strategies, such as child marriages, child labour, and school withdrawal, are common. Distress levels are higher among child-, female-, and elderly-headed HHs, minority/marginalized populations, and HHs with children with disabilities. Somali caseworkers handle caseloads ten times higher

than minimum standards, and over 60 per cent of affected children lack access to specialized protection services. Children without parental care, from minority clans, and with disabilities face additional barriers due to attitudinal, environmental, and socio-cultural factors.

Many Somali children grow up in communities where FGM, child marriage, sexual assault, domestic violence, and child labour are societal norms. Gender-Based Violence (GBV) is pervasive, with over 500 reported cases of sexual violence against children in the first half of 2024, and 70 per cent of GBV cases affect people under 18 years, with increasing concerns about sexual violence against boys.

Response Focus and Priorities

Child protection (CP) partners will focus on assisting 1.2 million children and their families out of the three million people in need of protection in 2025, a 57 per cent decrease from the 2024 target. Targeting is based on the severity of needs at the district level and the geographic prioritization is aligned with operational response capacity. By October 2024, only 16 per cent of the target (2.1 million people) had received at least one type of child protection service.

CP actors will work in an integrated manner with other clusters and AoRs to improve access to services through referrals and strengthen risk monitoring and mitigation. Efforts will expand to areas with the greatest needs, including those hosting recently displaced people, newly accessible areas, and regions with limited or no access to services. The response will be grounded in a socio-ecological approach, involving direct, integrated, and community-based modalities, adaptable to local contexts and evolving needs.

At the individual and family level and in line with the IFLR, child protection actors will provide quality case management, including family tracing, reunification, and alternative care by trained case/social workers, with support from volunteers for wider reach. Partners will scale up mental health and psychosocial support (MHPSS), focusing on psychological first aid, individual and group support for children, positive parenting, and psychosocial support for caregivers.

The CP AoR will strengthen situation monitoring, including monitoring grave child rights violations, and will prevent and respond to these violations through advocacy, referrals, and specialised CP services. This includes family-based care and community reintegration for children formerly associated with armed forces/groups, particularly in IDP sites and conflict-affected areas.

Integrated Response and targeted population in hard-to-reach areas

To promote sustainable interventions and investment in local capacities, the CP AoR will bolster the capacity of CP community workers, the social service workforce, and other national/local partners through training, mentoring, coaching, and supervision. The CP AoR will also enhance the operationalization of integrated frameworks with

Education, Nutrition, GBV, and mainstreaming of child protection in other sectors (i.e. CCCM, WASH). The joint CP and Education response framework will focus on MHPSS in schools and capacity strengthening of teachers to create nurturing environments and safely recognize and refer children at risk. Operational coordination and joint CP and GBV capacity strengthening initiatives will be reinforced to address increasing cases GBV affecting children and adolescents, including trainings on GBV risk mitigation and caring for child and adolescent survivors of GBV.

At community level, mobile teams will be deployed to reach children in hard-to-reach locations, and community volunteers will raise awareness on child protection risks through peer-to-peer activities and safe child participation initiatives. Community groups will be supported for identifying and referring child protection concerns, developing prevention and risk mitigation strategies, and combatting harmful social norms.

Quality and inclusive programming

The CP AoR ensures that all socio-ecological layers affecting children's lives are addressed in line with minimum standards and informed (and where possible, led) by children, their families, and communities using participatory approaches. All interventions are also designed to be gender-, age- and disability-friendly and inclusive., CP AoR partners, in coordination with the EH AoR, will continue to support children injured by EO, including through MHPSS and mobility equipment. All partners will promote child participation and safeguarding, using various child-friendly feedback and reporting mechanisms throughout the programme cycle, with at least 60 per cent of partner staff/volunteers trained on PSEA and code of conduct.

The CP AoR will also expand the roll-out of situation monitoring system that captures children's voices, strengthening both the humanitarian response and accountability to affected populations. In adherence to the principles of Centrality of Protection, CP AoR partners will strengthen the programming including awareness raising aimed at addressing risks, threats and vulnerabilities affecting children such as child marriages, school dropouts, FGM, recruitment and use of children in armed conflict and deaths or injuries due to explosive hazards.

Cost of response

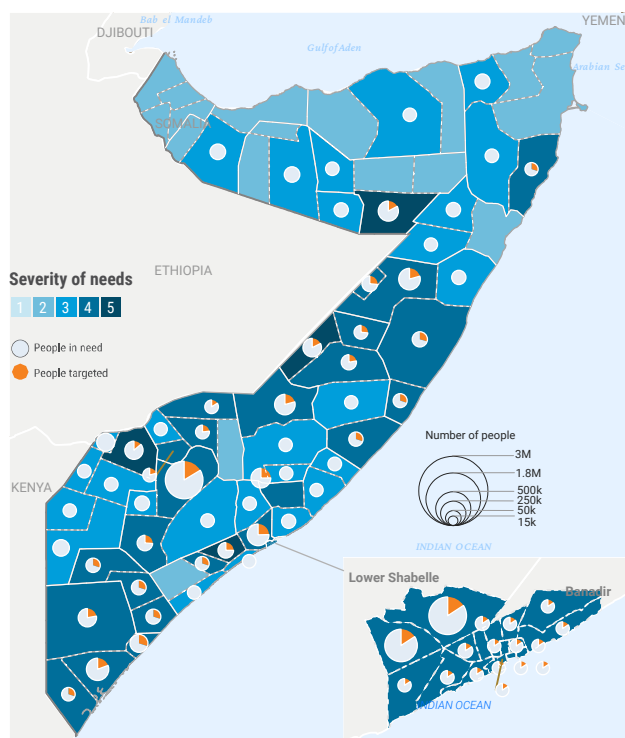
Response costs are expected to decrease by 24 per cent, compared to last year due to a reduced target and a shift in response strategy, that shifts 60 per cent of the response being delivered through static service delivery points to community- and family-led approaches working through community-based mechanisms, parents, and mobile teams.



3.7.2 Explosive Hazards

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
1.8M	0.3M	\$9.0M	1	29

Map of sectoral severity and of people in need

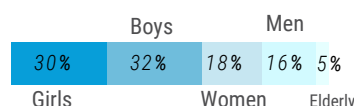


Sex and Age Disaggregated Data

PEOPLE IN NEED

Displaced **1.2M** Non-Displaced **0.6M**

67%
% Displaced

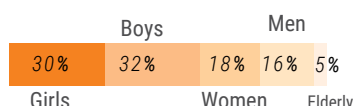
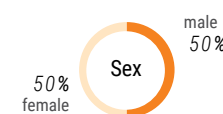


16%
Persons with disability

PEOPLE TARGETED

Displaced **0.1M** Non-Displaced **0.2M**

33%
% Displaced



43%
Persons with disability

Trends in Sectoral Needs

National Action Plan on Article 5 Implementation

Somalia's National Action Plan to meet its Anti-Personnel Mine Ban Convention (APMBC) obligations places an increased demand for resources to support the implementation by mine action partners, and to enable the FGS deliver oversight for these activities.

Explosive Hazards in Newly Accessible Areas

The transition of security responsibilities from ATMIS has resulted in increased military campaigns by the Somali Security Forces to recover areas from NSAG control/influence. The use of heavy weapons during these offensives increases the level of explosive hazard contamination, further exposing the communities to the risks posed by explosive ordnance.

Explosives Ordnance Affecting Civilians

IEDs constitute one of the leading causes of death and injury among the civilian population in Somalia, averaging 48 per cent of all IED incidents during the last five years, totalling close to 3,922 civilian casualties (out of 8,237 total IED casualties). There is a significant need to raise awareness amongst the civilians, including children, through a dedicated IED risk awareness package.

Response Focus and Priorities

The EH AoR partners have mapped the locations with a prevalence of IED incidents and the presence of explosive ordnance contamination, as well as a high occurrence of explosive ordnance accidents. This informs the deployment of non-technical survey teams to determine the nature and extent of contamination, along with the provision of explosive ordnance risk education (EORE). It is also expected that newly accessible areas will present higher risks of explosive ordnance contamination, therefore, concept notes and plans have been developed to include mine action response to cover districts with severity levels 4 and 5 (i.e. Laas Caanood, Luuq, Cabudwaag).

Prioritized activities include the provision of EORE to frontline workers, schools, and in newly accessible areas, delivering ToT to IDP camp leaders, teachers, health workers and frontline humanitarian workers, and to further include portable devices prerecorded with EORE messaging as part of the pre-positioned disaster response package. The EH AoR prioritized the most at-risk groups, intensifying awareness raising among civilians and children, who constitute the majority of ERW victims, and reaching communities living in proximity to landmine/ERW contaminated areas and new IDP settlements. Awareness activities will integrate EORE with Gender Based Violence

(GBV) and Child Protection (CP) awareness messaging, targeting children, women and girls affected by conflict and environmental disasters.

Reduced Funding and EH AoR Partner Presence

A survey of the active Humanitarian Mine Action partners in Somalia between 2023-2024 shows a decline in operational partner presence to one with confirmed funding, signalling an impending vacuum in implementation of the response.

Integrated Response and targeted population in hard-to-reach areas

The security situation in vast areas limits access to locations affected by explosive hazards, making it unsafe to deliver mine action services, including in hard-to-reach areas, and to vulnerable and highly mobile communities such as IDPs and pastoralist communities. To reach these communities with EORE, EH AoR partners in collaboration with the Protection Cluster will keep deploying risk education talking devices (RETDs) to the nearest safe location and thereafter relayed to the affected communities. The RETD is a useful tool to enhance participation of those challenged by various disabilities, by reaching the targeted beneficiaries with the awareness messaging where they are most comfortable.

Quality and inclusive programming

With children accounting for more than 80 per cent of all victims of EO accidents reported in Somalia over the past five years, it was necessary to improve the methods used to reach this vulnerable group. The RETD is effective among children, as they can take turns to listen to the engaging awareness messages while imparting lifesaving and behaviour-altering knowledge. This device can be passed on to other HH or domiciled in schools within the community, for repetitive listening to ensure that the messaging remains relevant long after the initial intervention.

Cost of response

The foreseeable mine action needs of 2025, including an increase in IEDs affecting civilians and protection needs in newly accessible areas, places a higher demand on the FGS and EH AoR to deliver on Somalia's milestones of the national action plan towards its APMBC obligations. This collective response is expected to cost approximately \$9 million, encompassing survey activities, awareness raising and capacity building of the national mine action authority.



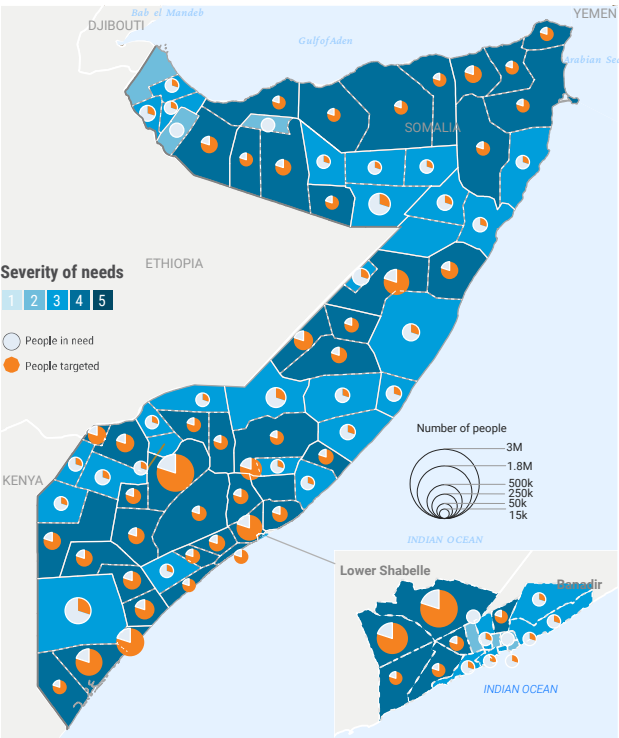
Female deminer assessing explosive hazard contamination in Hirshabelle. Photo Credits UNMAS 2024

3.7.3 Gender-Based Violence

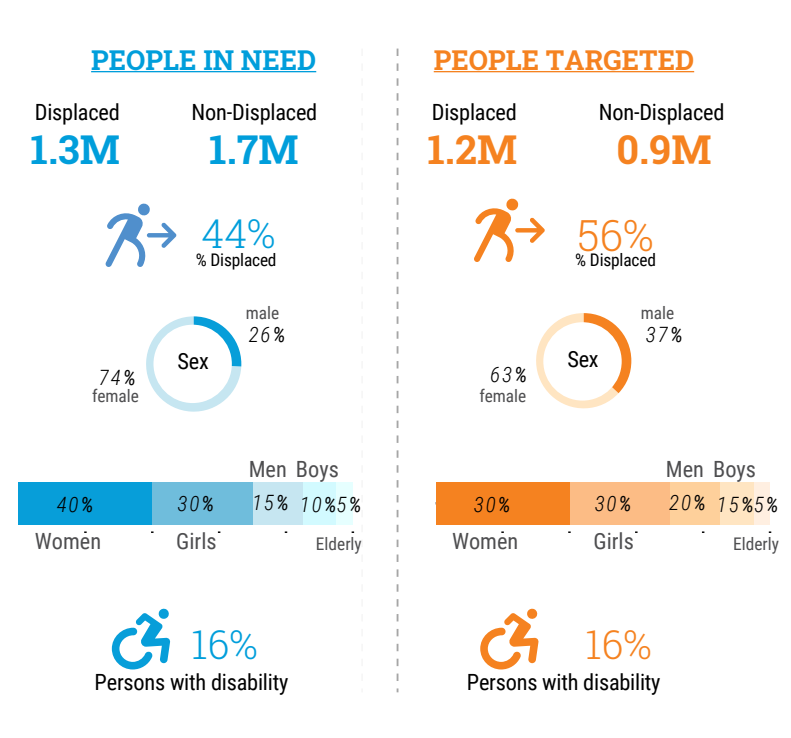


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
3.0M	2.1M	\$75.9M	75	82

Map of sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

Multiple displacements due to flooding, droughts, armed conflict and inter-clan violence is worsening GBV risks, particularly for women-headed HHs, divorced/widowed women, those with disabilities and from minority clans. Severe food insecurity further heightens the vulnerability of women and girls, exposing them to increased risk of sexual violence, abuse, exploitation, and intimate partner violence. Recent reports indicate slight decreases in intimate partner violence (IPV) and rape from 2023 to 2024, however, recurrent displacements heighten GBV incidences within IDP camps.⁶⁶

The MSNA 2024 assessment indicate that women and girls avoid market and water points due to fear of sexual harassment and abuse.⁶⁷ 12 per cent of IDP women report feeling unsafe compared to 4 per cent of women in the host community due to poor shelter infrastructure and lightning, travel to water points, non-segregation/lack of toilet facilities, open defecation contributes to the incidence of GBV.⁶⁸

The impact of lack/limited water for households include poor hygiene,

nutrition, increase in disease burden. In particular, the ability of

women and girls to maintain adequate menstrual health hygiene is compromised. Furthermore, restriction in access to markets increases the vulnerability of female headed households to food insecurity and risk of adopting negative coping mechanism such as early and child marriage which in turn perpetuate the practice of FGM. Lack of confidence and lack of awareness of reporting mechanisms are barriers to report on SEA.⁶⁹

Conflict affected populations indicate increasing needs for psychosocial support, case management, GBV transitional shelters, cash assistance for livelihood protection for women and girls.⁷⁰ The closure of GBV facilities in Puntland and southcentral region due to reduced funding diminished capacity of the GBV AoR; restricting access to GBV Specialized services and negatively impacts state level

coordination.

Response Focus and Priorities

The GBV AoR tailored its response by focusing on populations in severity level 4, while also addressing 30 per cent of the needs in severity 3, in line with the HCT's prioritization approach. The GBV AoR partners will implement priority actions for GBV response and mitigation using the principles of survivor centred, community and human rights approach as indicated in the GBV AOR Strategy (June 2024 -December 2025). Promoting effective area-based coordination, strengthening local capacity of Women-led organizations for coordination and response, inter-cluster coordination for GBV mitigation are key strategies that will drive the implementation of 2025 priorities. Key priorities include:

Coordination

- Capacity enhancement of Women- led organizations and other local actors for coordination, including area-based coordination
- Update integrated referral pathways through routine service mapping, especially for new locations of emergencies.
- Broaden GBV data generation/collection and information management,
- Enhance inter-cluster collaboration for GBV risk mitigation and prevention.
- Support advocacy for stronger legislation against GBV

Service provision

- Support GBV one-stop centres and women and girls' safe spaces to provide integrated services, which includes GBV/FGM and Sexual and Reproductive Health (SRH).
- Capacity enhancement of service providers to provide specialized GBV services, including clinical management of rape, case management and MHPSS.
- Procurement, distribute, and report the utilization of IARH Kit 3 for rape/IPV survivors; dignity kits and menstrual hygiene kits for vulnerable women.
- Capacity enhancement to update skills and knowledge of GBV service providers, including clinical management of rape, psycho-social counsellors and GBV case managers.
- Promote cash assistance for basic services via case management and multiple purpose cash for livelihoods promotion and protection.
- Strengthen feedback/reporting mechanisms and orientations of

AoR members on PSEA.

Integrated Response and targeted population in hard-to-reach areas

The GBV AoR will prioritise the implementation of first- and second-line response as indicated in the IRF 2024. The Cluster will adopt integrated mobile GBV/SRH outreach teams to ensure that services reach populations in hard-to-reach areas. The AoR will work with clusters who have presence in the remote locations to improve service provision.

Quality and inclusive programming

GBV AoR will ensure representation and participation at AAP Working Group and the Disability Inclusion Working Group to promote familiarity and implementation of guidelines for improved engagement and inclusion of minority clans, PWDs, community and religious leaders in project design, implementation, and monitoring. The AoR will make deliberate efforts to ensure equitable participation and representation of marginalized groups, including vulnerable adolescents and women and PWDs. In addition, the AoR will encourage utilization of confidential complaint feedback mechanisms to enable reporting and redress of SEA and other violations.

The AoR will adopt, contextualize, and utilize the client satisfaction survey template of the GBV case management guidelines of 2017. GBV service providers will receive routine orientation on PSEA to ensure adherence to established standards, and will also be encouraged to undertake PSEA assessments, develop and implement organizational codes of conduct that reduce the occurrence of SEA. Mainstreaming of the targets and objectives of the centrality of protection strategy that will be key to the design and implementation of key GBV priority activities.

Cost of response

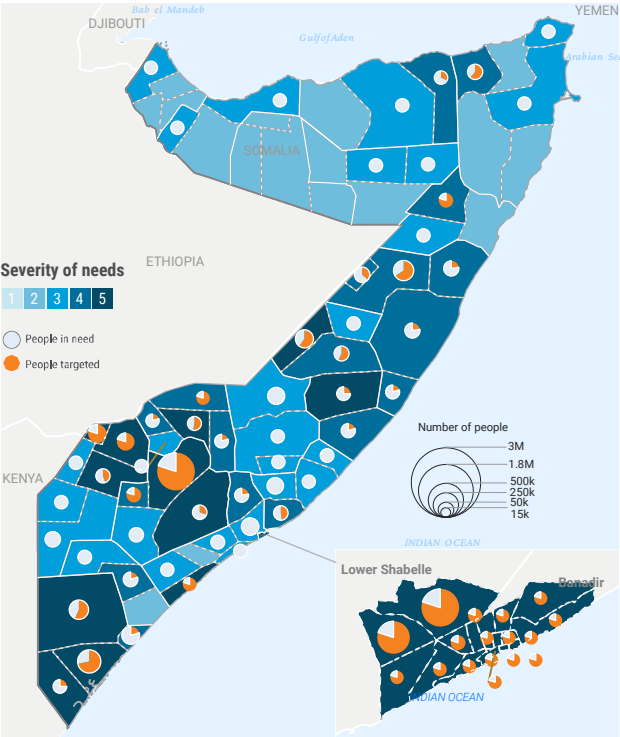
US\$76 million is required for specialized GBV services to support 2.1 million vulnerable women and girls, including those with disabilities and from minority groups. The costing for the 2025 response considered both direct and indirect expenses, such as human resources and operational costs. Unit costs for GBV services and supplies vary based on prevailing personnel and market rates in different locations. The GBV AoR will enhance localization, collaboration, and integration with key clusters to reduce cost and ensure value for money. Operational costs and overhead are



3.7.4 Housing, Lands and Property

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
1.6M	0.9M	\$11M	17	47

Sectoral severity and of people in need

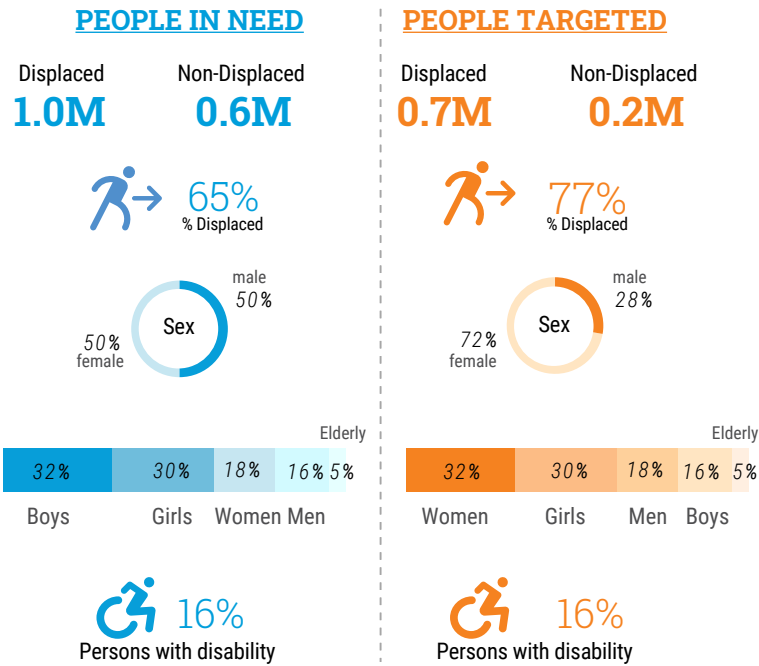


estimated to be between 25 and 30 per cent of the total budget.

Trends in Sectoral Needs

By the end of November 2024, the Housing, Land, and Property (HLP) Area of Responsibility (AoR) in Somalia documented 197,000 eviction cases affecting internally displaced persons (IDPs), primarily in urban canterers such as Mogadishu and surrounding districts.⁷¹ The primary causes of forced evictions include ambiguous land ownership rights, lack of legal protections, persistent conflicts and instability coupled with natural disasters that compel individuals to migrate to safer but mostly urban canterers and the increasing trend of commodifying land in conjunction with diminishing humanitarian assistance. Furthermore,

Sex and Age Disaggregated Data



local middlemen and women, in some instance leaders and “landlords” continue to exploit IDPs’ vulnerability by imposing fees for access to land within camps. As a result, many displaced families are forced to divert assistance to cover rent payments rather than meeting their basic needs.

When forced evictions occur, those affected are often exposed to numerous protection risks, including assault, arbitrary arrest and detention, destruction of property, and family separation, among others. Ongoing forced evictions also undermine humanitarian efforts, resulting in the destruction of critical infrastructure both temporary during emergencies and ongoing, including schools, water points, protection sites, and health centres, which by August 2024, the HLP AoR estimated to have costed over \$3.5 M in Banadir (Mogadishu) alone.

Impact of Climate Change on HLP rights

The anticipated La Niña impacts will exacerbate displacement and heighten HLP disputes over limited resources like fertile land for crops and pasture for grazing. Regions such as Lower Juba, Gedo, and Laas Caanood, affected by conflict, face challenges in securing safe land for IDP accommodation and sustainable livelihoods. HLP AoR partners will support due diligence processes and enhance land tenure security

while also prioritizing the resolution of HLP disputes within and between communities.

Enhancing access to HLP rights for Marginalized Groups.

Marginalised groups, particularly women, Bantu, and other communities comprising over 15 per cent of IDPs, face systemic denial of HLP rights, exacerbating their vulnerability and livelihood issues. In 2024, targeted HLP services, along with legal aid and cash for rent, were provided to some these groups. In 2025, HLP AoR aims to enhance data collection to facilitate a more tailored and effective HLP response for these communities.

Limited knowledge & implementation of legal and policy Frameworks.

Throughout 2024, the HLP partners are focused on managing individual cases and strengthening local dispute resolution, yet access to justice for high-profile HLP cases reported by displaced communities remains confined to select urban areas. Rural IDPs face significant barriers due to inadequate capacity and resources. Furthermore, limited awareness of national and international legal frameworks presents challenges in implementing vital provisions, including the Eviction Guideline.

Response focus

For 2025, HLP AoR will prioritize the districts and areas experiencing high levels of protection risks and vulnerability, as identified by the Protection Cluster. The response strategy will aim to address urgent emergencies while simultaneously bridging the gap between humanitarian efforts and long-term solutions. Specifically, the HLP AoR will prioritize the following initiatives in 2025:

Immediate Support for Displacement

- Collaborate with government and other clusters to swiftly secure safe land on higher ground for the relocation of newly displaced IDPs due to natural disasters and conflicts.
- Addressing Root Causes of HLP Issues
- Tackle fundamental challenges in housing, land, and property, particularly forced evictions at the onset of displacement.
- Support governmental efforts to combat and reduce the prevalence of forced evictions.

Legal Awareness

- Implement targeted campaigns and information sessions to improve landlord-tenant dispute resolution mechanisms, enhancing access to property information in collaboration with Protection Cluster members.

Strengthen Partnerships and technical capacity

- Collaborate with relevant clusters and AoRs to adopt a multisectoral approach to HLP, that incorporates cross cutting topics such PSEA

Integrated Response (IRF):

The HLP AoR will collaborate with Protection, CCCM, Shelter, and government entities to secure access to land, preferably on higher ground, for the rapid establishment of temporary accommodation and adequate shelters in flood-prone areas. Coordination with relevant clusters and AoRs will ensure timely and uninterrupted life-saving assistance for newly displaced IDPs, particularly in health, nutrition, and GBV clusters/AoR.

The HLP AoR will work closely with the Child Protection AoR, addressing the risk to over 8 per cent of children separated from their parents during forced evictions. Resolving clan land disputes to allow EH AoR demine areas that left land unutilized in the north will be prioritized.

Quality and inclusive programming

Leveraging the newly revamped eviction monitoring and reporting portal will facilitate timely analysis, and identify response gaps, barriers, and evolving needs. Aligning with the CoP Strategy, the HLP AoR will also utilize its partner's Community Feedback Mechanism (CFM) to monitor its performance and provide beneficiaries with timely feedback and response. The HLP AoR is dedicated to integrating vulnerability-sensitive programming across all activities, including outreach, community feedback, and direct assistance.

To ensure their involvement, the HLP AoR will implement collaborative dispute resolution (CDR) facilitated by community leaders, focusing on actively training and including women and marginalised groups in CDR processes and leadership structures. This engagement is essential for incorporating women's perspectives into decision-making on HLP issues. Additionally, the AoR will collaborate with minority-led organisations to investigate minority rights and barriers related to HLP.

Cost of response

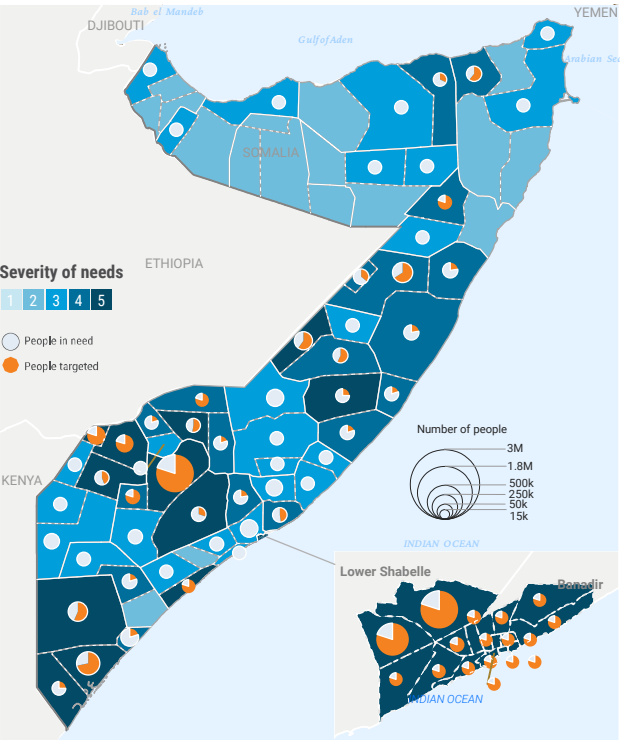
In 2025, the HLP AoR will require \$11m to provide adequate support to over 919k individuals. This requirement is up by over 100%, to expand activities for specialised rental support and capacity building support, including to new stakeholders such as local government and law enforcement. The funding will address critical HLP needs of the most vulnerable people in need, including newly displaced people and newly accessible areas. While the HLP strategy substantially focuses on humanitarian approaches, the HLP AoR will work with other actors aligned with sustainable solutions



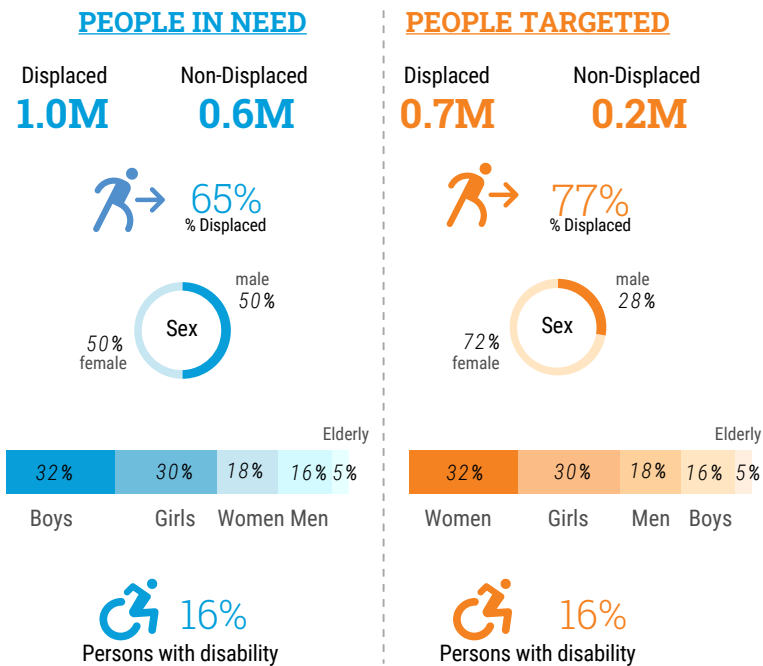
3.8 Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
4.1M	1.3M	\$60.8M	25	57

Sectoral severity and of people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

The prolonged displacement crisis in Somalia, exacerbated by recurring floods, droughts, evictions, and conflict, continues to generate critical multi-sectoral needs. These cyclical shocks result in the widespread destruction of shelters, depriving affected populations of secure, healthy living spaces essential for dignity and well-being. Women-headed HH are disproportionately affected, further amplifying their vulnerabilities and the challenges they face. Both newly displaced individuals and long-term internally displaced persons (IDPs) face urgent requirements for shelter, non-food items (NFIs), access to land and basic services to ensure adequate living conditions.

77 per cent of displaced individuals live in buuls (temporary shelters) due to resource limitations and Housing, Land, and Property (HLP) challenges, while 23 per cent of host community members also experience substandard living conditions .⁷² "Buuls" are local emergency shelters constructed by Somali women and are identified as makeshift shelters that fail to meet minimum Sphere Standards for space, privacy, and protection.

Response Focus and Priorities

The Shelter Cluster aims to assist 1.26 million people affected by displacement and vulnerabilities in 37 of the 90 districts. The response will concentrate on providing emergency shelter, non-food items, transitional shelter support, and support in advocating a sustainable shelter solution. To promote peaceful coexistence between displaced and host communities and to address critical needs, the cluster has identified a target group comprising 1.02 million internally displaced persons (IDPs) and 244,256 highly vulnerable individuals within non-displaced communities (host). Prioritization is informed by global cluster analysis tools, focusing on extreme severity levels.

The Shelter Cluster operates with the support of 25 active partners, ensuring representation and coordination at both state and regional levels to enhance the effectiveness and reach of shelter interventions. The Cluster will be guided by the 2024-2028 strategy with a focus on the two main objectives:

C01: Populations affected by conflict, disasters, and evictions are protected from harsh weather conditions, privacy, and improved

safety by the timely provision of emergency shelters and non-food items through the provision of live-saving activities.

CO2: Vulnerable conflict and disaster-affected populations have access to sustainable shelter solutions, enabling safer and more dignified living standards and preventing recovering communities from slipping back into humanitarian need through the provision of adequate shelter.

To enhance the environmental focus within shelter interventions, the Shelter Cluster conducted capacity-building sessions for its partners on using the NEAT+ (Nexus Environmental Assessment Tool (NEAT+)).

Integrated Response and targeted population in hard-to-reach areas

By integrating shelter interventions with key sectors such as WASH, Health, Food Security, and Livelihoods and collaborating with Area-Based Coordination members, the Cluster aims to holistically address interconnected needs, strengthen community resilience, and improve overall well-being. To ensure ownership, sustainability, and lasting impact, affected populations will actively participate in planning and executing interventions, contributing their insights and labour to context-specific solutions.

The Shelter Cluster is committed to strengthening the capacity of its partners, prioritising enhanced coordination and collaboration at state and regional levels. This approach aims to ensure efficient and effective service delivery, emphasising reaching vulnerable populations in hard-to-access areas.

Despite facing resource limitations, the Cluster remains committed to prepositioning essential supplies across regional hubs to ensure a timely and efficient response. Furthermore, the Cluster

actively incorporates cash-based interventions in regions where market conditions are viable, promoting flexibility and empowering affected communities to address their immediate needs with dignity and agency.

Quality and inclusive programming

In adherence to the principles of Centrality of Protection and with the recommendations from the CoP Monitoring Report 2024, the Shelter Cluster aims to enhance accountability to affected populations through a comprehensive approach prioritizing capacity building, inclusive decision-making, and robust feedback mechanisms. Inclusive, participatory processes like consultations, focus group discussions, and household engagements will ensure that marginalised and vulnerable groups' voices shape planning and implementation. Feedback systems will be expanded to enable affected populations to share concerns, provide input, and monitor interventions, fostering trust through transparent grievance pathways and effective responses.

The Shelter Cluster assessment and response tools are designed with inclusivity and protection in mind, integrating considerations for PSEA and GBV and the diverse needs of persons with disabilities, age, and gender.

Cost of response

The Shelter Cluster prioritizes life-saving interventions for forcibly displaced populations, focusing on 80 per cent of those in Severity 4 and 5, 30 per cent in Severity 3, and 10 per cent of the most vulnerable individuals within host communities in Severity 3 areas. To achieve this, the Shelter Cluster seeks \$60.83 million to assist 1.26 million of the most vulnerable individuals.



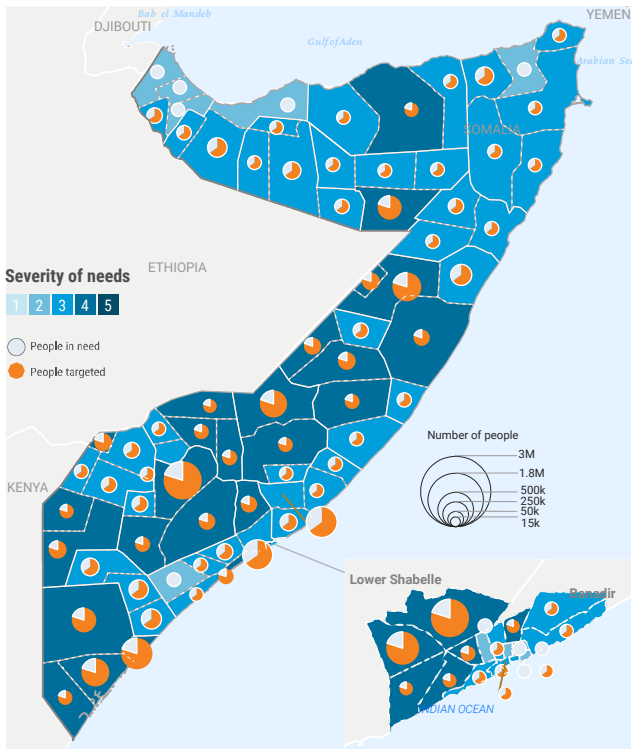
Abdi Mohamud Osman found refuge at the Kahary Internally Displaced Persons (IDP) camp 3 years ago when he lost his crops and livestock to a drought crisis in Somalia (Dollow) Photo: UNICEF Somalia 2024

3.9 Water, Sanitation and Hygiene

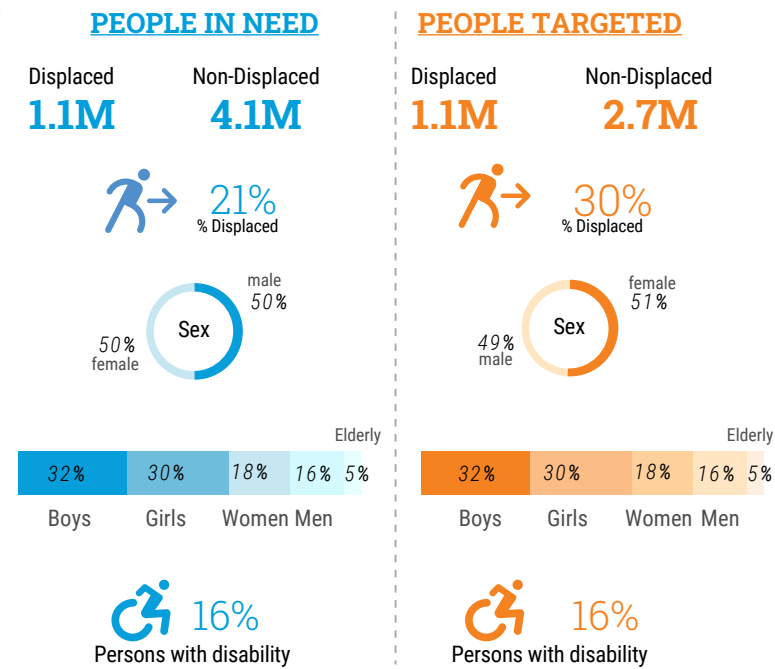


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
5.2M	3.8M	\$129M	75	80

Map of sectoral severity and people in need



Sex and Age Disaggregated Data



Trends in Sectoral Needs

Around 5.2 million people in Somalia will need WASH assistance in 2025, compared to 6.6 million people in 2024, representing a 21 per cent decrease. This reduction is due to strategic shift employing hybrid temporary and durable solutions as well as the results of 2023/24 intervention on sustainable systems, mainly access to save water supply.

With anticipated drier than usual conditions, more than half of the population will be water insecure, particularly in central and southern Somalia and Puntland (nation-wide WASH assessment 2024). The situation will worsen particularly during the Jiilaal dry season (January to March 2025). Drought conditions will also impact scarce urban water supply systems through increased water salinity, affecting everyone (Urban/Rural) especially in areas of minimal rainfall in the past few years.

Response Focus and Priorities

In 2025, the WASH cluster targets 3.8 million people, including 0.8 million people living with disabilities (PWD) (out of 5.2 million PiN) with lifesaving WASH assistance. Target populations were identified based on their levels of access to water and sanitation facilities, and poor compliance with hygiene practices in both IDP camps and in rural settlements.

Lifesaving WASH interventions will prioritize drought, conflict and floods affected communities and internally displaced people, as well as marginalized and minority groups, including PWD, women and children in locations with chronic WASH vulnerability and high malnutrition. This is to mitigate negative impacts of risks associated with climatic shocks and AWD/cholera outbreaks, to prevent WASH related morbidity and mortality. Furthermore, partners will continue to deliver sustainable WASH packages in parallel to the emergency lifesaving WASH interventions, targeting population groups with limited access to WASH.

Integrated Response and targeted population in hard-to-reach areas

The Cluster will implement an IFLR in a timely, coordinated, and standardised manner by working closely with the other clusters and existing coordination structures (Health, Nutrition, FSC, CCCM, education, shelter, protection). Providing safe drinking water and core kits for proper hygiene practices, until a second-line response is in place will be the cluster's primary objective. In locations reporting cholera outbreaks, immediate response will be implemented together with the Health Cluster. WASH services will continue to be delivered with a strong protection lens, which involves, among others, ensuring gender-separated lockable latrines and sufficient lightening and distance to water point minimized. Where feasible and adequate, Cluster partners contribute to building local WASH markets, and to enhance the use of Market Based Programming (MBP) and Community Based Interventions (CBI).

Quality and inclusive programming

The WASH cluster will maintain transparency, accountability, and responsiveness to affected communities while delivering assistance through a people-centered approach where affected communities will be directly engaged in planning and implementation of response. This

will be achieved by conducting a detailed mapping of critical needs of all targeted population, particularly ethnic minorities, female-headed HH, persons with disabilities, and other marginalized members of the society in close collaboration with other key clusters.

The WASH cluster will work with the CEA Task Force and Complaint Feedback Mechanisms. To adequately address the unique needs of people living with disabilities, the Cluster will enhance their engagement, meaningful participation, and inclusion. WASH partners will integrate specific requirements to address obstacles for inclusive accessibility of services, including reasonable distances, provision of ramps and handrails, or markers for people with visual impairments.

Cost of response

In 2025, the WASH Cluster requires \$129 million derived through a step-by-step process of analysing cluster activities extracted from existing and ongoing WASH projects that are funded by SHF, CERF and other bilateral donors since 2023 and through progress review of past coverage. In addition, key WASH partners were consulted on their detailed activity costs at district level against targeted beneficiaries. Average costs were then calculated for each activity, with cost ranges established to allow for variation

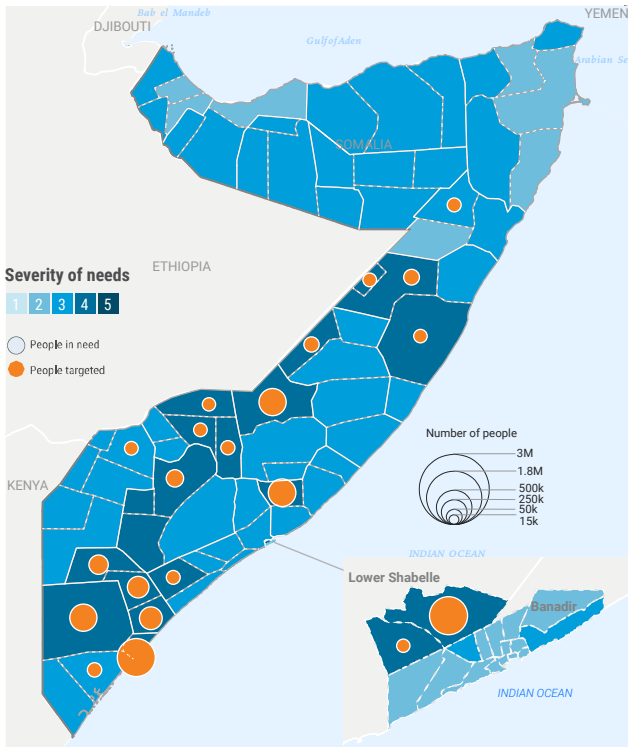


Flooding inundated farmlands in villages under Beletweyne district in Hirshabelle State in September 2024 due to heavy rains in Ethiopian highlands. *Photo: HIWA/Hussein Gure*

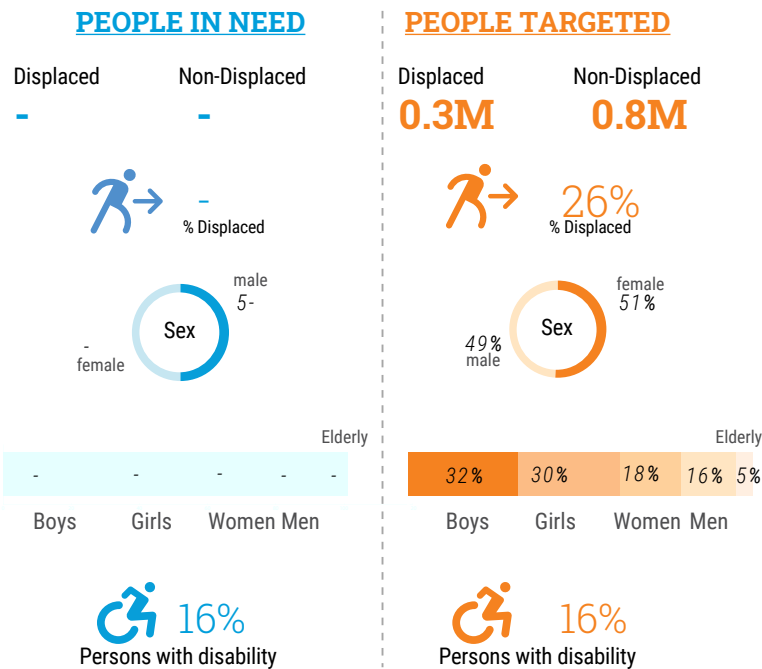
3.10 Multi-Purpose Cash Assistance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS	NUMBER OF DISTRICTS TARGETED
-	1.05M	\$60.4M	72	21

Map of sectoral severity and people in need



Sex and Age Disaggregated Data



Cash and Vouchers Assistance Overview

In 2025, Somalia’s humanitarian response aims to deliver \$572.7 million in CVA (40 per cent of the total HNRP funding requirement) targeting over 4.1 million individuals across multiple sectors, including food security, nutrition, WASH, and protection. MPC remains a cornerstone, complementing sector-specific CVA interventions, to address urgent needs to help recover and foster resilience in the face of crisis.

Visit the Somalia CVA Dashboard [here](#).

Multipurpose Cash (MPC)

In 2025, humanitarian partners plan to reach 1.05 million people (or 175,000 HH) in 21 districts with MPC assistance. Geographic targeting prioritizes districts with inter-cluster severity levels of 3 and above (97 per cent of target in severity level 4), taking into consideration market feasibility studies, partners’ operational capacity, and prevailing security conditions. In addition, community-based approaches leverage

local knowledge to identify the most at-risk HH.

MPC assistance will prioritize the most vulnerable, including women, children, and people with disabilities, ensuring equitable access to assistance. By maintaining a dynamic and responsive approach, MPC ensures that Somalia’s most at-risk populations receive the support they need to survive and recover. As an effective way to immediately address emergency needs. MPC should be used as an entry point for any emergent shocks in Somalia and phase out as other clusters/introduce tailored CVA interventions.

Key Contributions:

- Life-Saving Assistance: Timely and flexible support prioritizes the basic needs of affected HHs, delivered with dignity and autonomy.
- Response to Shocks: MPC provides critical support during emergencies, stabilizing HHs after droughts, floods, conflict-related displacements.

- **Anticipatory Action:** Pre-crisis cash transfers mitigate the impact of predictable shocks, such as seasonal droughts, reducing the need for reactive interventions.

CVA Coordination Arrangements

CVA coordination in Somalia occurs on two levels:

- **National CWG:** The CWG, is co-chaired by OCHA, WFP, and CARE International. It serves as the primary coordination body, offering strategic direction, technical support, and policy guidance for CVA interventions across Somalia.
- **Sub-National CWGs:** Sub-national CWGs tailor interventions to local needs while ensuring consistency with national strategies. These groups are instrumental in:
 - Addressing region-specific challenges, including access constraints and market dynamics.
 - Coordinating closely with sub-national clusters, ABCs, and local stakeholders to ensure effective and context-specific delivery.

2025 CWG Priorities:

Somalia's CWG has identified the following priorities for 2025:

1. **Coordination and Integration:** Ensure seamless collaboration at all levels of CVA implementation and ensure adherence to the

principles of Centrality of Protection.

2. **Advocacy and Policy Engagement:** Provide standardized and clear MPC/CVA policies.
 3. **Mechanisms and Tools:** Ensure CVA programs are efficient and responsive.
 4. **Information Management:** Ensure robust data systems are in place to track progress and ensure transparency:
 5. **Capacity Building:** Build and enhance technical expertise and knowledge for long-term success for all cash partners
- For more information, visit the Somalia Cash Working Group Site.

Cost of response

The financial requirement for MPC assistance in 2025 is \$60.4 million. Households will receive three monthly distributions of an average of \$115 aligned with the Revised Minimum Expenditure Basket (MEB), endorsed by the HCT in November 2024.

See the [revised transfer value](#) per region and cluster-level targets and requirements in the annex.



A displaced mother and her child in a displacement site in Baidoa, South West State, Somalia. Photo: UNOCHA/ Yao Chen



3.11 Enabling programs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
N/A	N/A	\$34.4M	8

Response Strategy

The primary objective of the **UN Office for the Coordination of Humanitarian Affairs (OCHA)** is to establish an effective coordination mechanism at national and sub-national levels that is fit for purposes. OCHA will collaborate closely with the Somalia Office for Disaster Management (SoDMA) as the primary government counterpart for humanitarian affairs and other entities at FGS and FMS level to ensure the coordination of a principled and effective response. OCHA will advocate for safe, timely and unhindered access to people in need and ensure timely allocation and disbursement of pooled funds, etc. OCHA will support the HCT to strengthen and streamline the state and area-based coordination mechanism to promote a bottom-up approach through decentralised coordination and decision-making and meaningful community engagement.

The **Somali NGO Consortium (SNC)** will help create an enabling environment for NGOs through coordination meetings with the Government, collective advocacy initiatives, facilitating dialogues, information sharing. SNC will provide capacity building and institutional support to minority right organisations, women led organization, organization supporting persons with disabilities to strengthen inclusion of marginalized and minority groups in the humanitarian response.

The FAO-managed **Food Security and Nutrition Analysis Unit (FSNAU)** will provide information and analysis on the current and emerging food security and nutrition situation through seasonal and follow-up assessments to support timely and prioritized response. This includes the Early Warning-Early Action Dashboard, with district-level monthly updated information on climate, market, health, nutrition, population displacement, and insecurity. FSNAU will provide capacity development to Somali institutions including relevant government institutions at Federal and state level through the provision of core skills training.

FAO managed **Somalia Water and Land Information management (SWALIM)** will also provide climate data information and analysis to facilitate and support effective evidence-based decision making to save lives and protect livelihoods from extreme climate events through bi-annual monitoring of river breaches and flooded areas using satellite imagery and field verification. SWALIM will support the development and operationalization of an Early Warning Dashboard for the dissemination of climate-related information/services for anticipatory action and capacity building support to partners and government institutions at national and state levels.

To inform prioritized and targeted humanitarian response, REACH will

support humanitarian partners in Somalia to understand the severity of needs of the assessed population through the **Multi-sectoral Needs Assessment (MSNA)** and **Humanitarian Situation Monitoring (HSM)** in hard-to-reach areas.

The International Organisation for Migration (IOM) will collect data on displaced populations through the implementation of the **Displacement Tracking Matrix (DTM)** Baseline Mobility Assessment. IOM will use its Emergency Trends Tracking Tool (ETT) to monitor drought, conflict and flood-induced displacement in key regions and priority districts, and will continue to generate a movement projection dashboard, which will provide analysis on the estimated scale of displacement and return on a quarterly basis.

Radio Ergo will produce and broadcast content on humanitarian issues and manage an audience feedback platform for listeners to raise their voices and concerns, which will inform partners' programming and targeting. Radio Ergo will also support local FM radio stations to strengthen locally broadcast humanitarian programming through capacity building.

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

The **Inter-Agency PSEA Network** will implement pro-active mitigation and responsive accountability measures to address SEA risks in Somalia. The inter-agency PSEA Network, comprising over 220 focal points, will focus on capacity building, sub-national network expansion, community engagement, and contextualized messaging. Key interventions include strengthening complaints systems, integrating PSEA in humanitarian clusters' response, community engagement and conducting risk assessments.

Cost of Response

The financial requirements for activities planned in 2025 amount to \$34.4 million, an increase of 5 per cent compared to 2024, linked to the inclusion of the inter-agency PSEA budget under Enabling Programmes. Partners will report back on the progress of their interventions using as reference the monitoring framework of Enabling Programmes.

Part 4 – Refugee Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	NUMBER OF PARTNERS
48K	48K	\$76M	14

Strategic Objectives

- Some 47,923 forcibly displaced and stateless people benefit from improved access to a wider range of durable solutions including alternative pathways and expanded engagement with various stakeholders to enhance the quality of the response.
- Forcibly displaced and stateless people have increased access to essential basic services, enhanced resilience, and proactive mitigation capacity to the effects of climate change.
- Forcibly displaced and stateless people have improved self-reliance through provision of access to sustainable socio-economic opportunities and strengthened partnerships with development partners and private sector entities.
- Forcibly displaced and stateless people enjoy their rights and have access to strengthened national frameworks and enhanced protection environment in line with relevant international standards.

The refugee and asylum-seeker population in Somalia faces critical protection risks, including limited access to healthcare, education, and shelter, compounded by logistical barriers and resource constraints. Gender-based violence (GBV) remains pervasive, with women and girls especially vulnerable. Child protection concerns, such as unaccompanied children and limited education access, persist, alongside housing, land, and property (HLP) insecurity and unsafe shelter conditions. Although the Federal Government passed its first asylum law in 2024, the absence of developed regulations and implementation limits its impact, while registration of asylum-seekers remains inconsistent, exposing many to heightened risks. Strengthened protection mechanisms and full implementation of the asylum law are urgently needed.

Response Strategy

UNHCR will deliver protection, assistance and solutions programmes through a combination of in-kind support, cash-based interventions, self-reliance, livelihoods activities and community-based protection. UNHCR will also incorporate advocacy interventions and technical support to the Federal Government of Somalia and Federal Member States in building and further developing the asylum system in the country. All activities will contribute to the HRP strategic objectives.

UNHCR and partners will pursue area-based approaches to the extent possible, in particular when it comes to reintegration support to refugee returnees, as well as promotion of peaceful co-existence between different population groups. In addition, as a key player in addressing mixed migration flows through Somalia, UNHCR safeguards the rights of refugees and asylum-seekers, ensuring their protection and access to essential support.

UNHCR will increase its advocacy to reduce and end statelessness in Somalia by promoting accession to and implementation of the 1954 Convention and the 1961 Convention Relating to the Reduction of Statelessness, through the provision of technical and advisory services pertaining to the preparation and implementation of nationality legislation to concerned States. In line with its age, gender and diversity policy, UNHCR will systematically involve affected populations in the design of its interventions as part of its accountability to affected populations and will seek to ensure that all affected populations can equally enjoy their rights, have access to protection, services, and assistance on an equal footing, and can participate fully in decisions that affect them and their communities. All UNHCR interventions will be targeted based on specific needs.

PSEA mechanisms will continue to be integrated into all protection and assistance programmes.

Cost of Response

The estimated cost of the response that targets 48K vulnerable refugees, asylum-seekers, returnees, and people at risk of statelessness is US\$76m. This cost is based on multi-sectoral needs assessments by UNHCR, government ministries, and partners. The use of cash will be prioritized, where feasible.

The budget includes recurrent costs for protection-related assistance and one-off support for returnees, as well as annual costs for technical and financial support to government line ministries and other interlocutors. Costing will be regularly monitored to ensure the response is adequate and tailored to the needs of those requiring international protection.

Monitoring

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

Coordination and Partnerships

UNHCR will work with 14 partners (8 government, 4 national and 2 international NGOs) and private sector actors to provide protection, assistance and most importantly, expand access to sustainable solutions for refugees, asylum-seekers, returnees, as well as stateless persons. This will be achieved through continued efforts in strengthening collaboration with the Federal Government of Somalia, Federal Member States and other stakeholders within the framework

of the humanitarian-development-peace nexus.

The strategic engagement with government interlocutors some of whom are decision makers, advocates, observers, and implementers with control over inclusion of affected populations in various federal and state development plans/strategies will be maintained. At the federal level, coordination of protection and related activities will be strengthened with key government counterparts including, the National Commission for Refugees and IDPs (NCRI), Ministry of Interior Federal Affairs and Reconciliation (MoIFAR), Ministry of Planning Investment and Economic Development (MoPIED), Office of the Special Presidential Envoy for Migration, Returns, and Children's Rights (OSPE-MRCR). At the state level, UNHCR collaborates with commissions/entities mandated to coordinate refugee and IDP programmes in their respective areas, including the Somaliland National Displaced and Refugee Agency (NDRI), Galmudug Commission for Refugees and IDPs (GCRI), Jubaland Commission for Refugees and IDPs (JUCRI), Puntland Ministry of Interior, Federal Affairs, and Democratization, Hirshabelle Commission for Refugees and IDPs (HCRI), and Southwest Commission for Refugees and IDPs. UNHCR will also work closely with the UN sister agencies including the



Sadia stands in front of their makeshift shelter in a displacement site in Doolow district, Gedo region Somalia. *Photo: UNICEF Somalia 2024*

Annexes

Migrants Response Plan 2025: The Somalia chapter of the Regional Migrant Response Plan for the Horn of Africa and Yemen can be accessed [here](#).

Participating organizations: At cluster level, 2025 planning and financial requirement estimation were based on response activity costing rather than project submissions by individual organizations. An [updated list of partners](#) participating in/implementing the 2025 HNRP will therefore only become available once regular response monitoring of the 2025 HNRP commences by early 2025. In the meantime, the list of partners reporting implementation at any point during the 2024 HRP is indicative and not expected to change significantly in 2025.

2025 planning figures (district level): a summary of population baseline statistics and 2025 PIN, severity and target figures at district level can be consulted [here](#).

Acronyms

AA	Anticipatory Action	EO	Explosive ordnance
AAP	Accountability to Affected People	EORE	Explosive Ordnance Risk Education
AAWG	Assessment and Analysis Working Group	ERC	Emergency Relief Coordinator
ABC	Area-Based Coordination	ERW	Explosive Remnant of War
AGD	Age, Gender and Diversity	FAO	Food and Agriculture Organization
AoR	Area of Responsibility	FGM	Female Genital Mutilation
APMBC	Anti-Personnel Mine Ban Convention	FGS	Federal Government of Somalia
ATMIS	African Union Transition Mission in Somalia	FMS	Federal Member States
AU	African Union	FSC	Food Security Cluster
AUSSOM	African Union Support and Stabilization Mission	FSNAU	Food Security and Nutrition Analysis Unit
AWD	Acute Watery Diarrhea	FTS	Financial Tracking Service
AWG	Access Working Group	GAM	Global Acute Malnutrition
CCA	Common Country analysis	GBV	Gender-Based Violence
CCCM	Camp Coordination and Camp Management	GCF	Global Climate Fund
CDR	Collaborative Dispute Resolution	GPI	Gender Parity Index
CEA TF	Community Engagement and Accountability Task Force	HCT	Humanitarian Country Team
CERF	Central Emergency Response Fund	HH	Households
CFM	Community Feedback Mechanism	HLP	Housing, Land, and Property
CFR	Case Fatality Rate	HNRP	Humanitarian Needs and Response Plan
CHWs	Community Health Workers	HSM	Humanitarian Situation Monitoring
CM-Coord	Civil-Military Coordination	IAHE	Inter-agency Humanitarian Evaluation
COD	Common Operational Dataset	IASC	Inter-Agency Standing Committee
CoP	Centrality of Protection	ICCG	Inter-Cluster Coordination Group
CP	Child Protection	ICFM	Inter-Agency Feedback & Complaint Mechanism
CRSV	Conflict-related sexual violence	IDPs	Internally Displaced Persons
CTCs	Cholera Treatment Centres	IED	Improvised Explosive Device
CVA	Cash and Voucher Assistance	IFLR	Integrated First Line Response
CWG	Cash Working Group	IMWG	Information Management Working Group
DIWG	Disability Inclusion Working Group	INGO	International Non-Governmental Organization
DRR	Disaster Risk Reduction	INSO	International NGO Safety Organization
DTM	Displacement Tracking Matrix	IPC	Integrated Food Security Phase Classification
ENDF	Ethiopian National Defense Force	IPV	Intimate Partner Violence

Acronyms

IRF	Integrated Response Framework	SWALIM	Somalia Water and Land Information Management
JIAF	Joint Intersectoral Analysis Framework	UNCT	United Nations Country Team
MEB	Minimum Expenditure Basket	UNDP	UN Development Programme
MHPSS	Mental Health and Psychosocial Support	UNHAS	UN Humanitarian Air Service
MOECC	Ministry of Environment and Climate Change	UNHCR	UN High Commissioner for Refugees
MoH	Ministry of Health	UNICEF	United Nations Children's Fund
MOPIED	Ministry of Planning Investment and Economic Development	UNSOM	UN Assistance Mission in Somalia
MPC	Multi-Purpose Cash	UNSOS	United Nations Support Office in Somalia
MRO	Minority Rights Organizations	UNTMIS	UN Transitional Assistance Mission in Somalia
MSNA	Multi-Sector Needs Assessment	USR	Unified Social Registry
ND-GAIN	Notre Dame Global Adaptation Initiative	VBT	Vulnerability-Based Targeting
NDRI	National Displacement & Refugee Agency	WASH	Water, Sanitation, and Hygiene
NFI	Non-Food Items	WFP	World Food Programme
NOAA	National Oceanic and Atmospheric Administration		
NSAG	Non-State Armed Groups		
NTP	National Transformation Plan		
OC	Operational Cell		
OTIS	Operational Transformation Initiative in Somalia		
PDAD	Post Delivery Aid Diversion		
PiN	People in Need		
PSEA	Prevention of Sexual Exploitation and Abuse		
PSN	Persons with Specific Needs		
PWD	Person with Disabilities		
RETDs	Risk Education Talking Devices		
SADDD	Sex, Age, and Disability Disaggregated Data		
SEA	Sexual eExploitation and Abuse		
SHF	Somalia Humanitarian Fund		
SNC	Somali NGO Consortium		
SoDMA	Somali Disaster Risk Mgt Agency		
SOPs	Standard Operating Procedures		
SRF	Single Registration Form		
SRH	Sexual and Reproductive Health		

Endnotes

[1] IASC (2016): Humanitarian Profile Support Guidance: Humanitarian Population Figures.

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[6] SWALIM: Review of Gu 2024 rainfall performance (20.06.2024)

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[20] S/2024/246; S/2024/698

[21] OCHA Somalia: Humanitarian Access Snapshot (Jan-Mar 2024); OCHA Somalia: Humanitarian Access Snapshot (Apr-Jun 2024); OCHA Somalia: Humanitarian Access Snapshot (Jul-Sep 2024); OCHA Somalia: Humanitarian Access Snapshot (Oct-Dec 2024)

[22] Variation in results (67 per cent in 2023 vs 57 per cent in 2024) may be linked to changes in sample sizes and indicators. Whereas 2023 MSNA results were indicative, 2024 MSNA results are representative, with a 90 per cent confidence level and a 10 per cent margin of error.

[23] FAO/FSNAU: Acute Food Insecurity Trends in Somalia 2011-2024 (07.10.2024)

[24] FAO, UNICEF, SoDMA (2024): Anticipating La Niña. A mitigation, preparedness and response plan, September 2024 to June 2025

[25] See footnote 10; Rift Valley Institute (2024): Bay and Bakool: how Somalia's breadbasket turned into an epicenter of humanitarian crisis.

[26] S/2024/698, MSNA 2024

[27] OCHA (2002): A study on minorities in Somalia; Minority Rights Group International (2012) State of the World's Minorities and Indigenous Peoples 2012

[28] OCHA (2024) Somalia Factsheet

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[30] Somalia National Bureau of Statistics (2023): Somalia Poverty Report. Poverty head counts in nomadic and rural areas stand at 80.7 per cent and 69.5 per cent, respectively.

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[37] REACH: Laas Caanood Vulnerability Assessment For People With Disabilities and Elderly People, May 2023 (02.10.2023)

[38] SWALIM: Weekly weather forecast (13.12.2024)

[39] The Common Operational Datasets (COD) for 2025 consider 17 districts for Banadir, formerly considered as one. Accordingly, Daynile and Khada, previously subsumed under Banadir, are considered as priority districts.

[40] Consult the OCHA Somalia 3W operational presence dashboard [here](#). The number of partners has decreased from 405 in 2023 to 390 in 2024 (as of October 2024), linked to decreases in funding.

[41] Consult Aid Worker Security Database [here](#) (accessed 05.12.2024)

[42] AUSSOM will reduce its presence to 23 locations, as compared to 49 ATMIS bases. Of these 23, 21 are existing bases, with Xudur and Waajid making new additions. As of November 2024, ATMIS will further hand over or close 28 Forward Operating Bases (FOBs) to meet the new configuration. See PSC/PR/COMM.1225 (2024) ; S/RES/2748 (2024); International Crisis Group: Fighting Climate Change in Somalia's conflict zones, December 2024, for more information.

[43] Somalia's risk profile is driven by its high vulnerability (socio-economic and vulnerable groups, 9,3/10) and lack of coping capacity (institutional 9/10, infrastructure 08/10). See the INFORM Risk Somalia Country Profile

[44] See International Crisis Group: Crisis Watch Database, September 2024; Global Initiative against transnational organized crime: Countering the arms race in Somalia, 23.05.2024

[45] See ACLED Somalia Situation Update September 2024; ICG December 2024;

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Endnotes

[47] See footnote 38

[48] ICPAC: Technical Statement from the 68th Greater Horn of Africa Climate Outlook Forum (GHACOF68), 20.08.2024

[49] FAO, UNICEF, SoDMA (2024): Anticipating La Niña. A mitigation, preparedness and response plan, September 2024 to June 2025

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[51] See footnotes 4 and 48. Consult the World Bank Climate Change Knowledge Portal [here](#).

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[55] The ten districts are Afgoye, Baraawe, Cadale, Eyl, Garowe, Hobyo, Kismayo, Kurtunwaarey, Odweyne and Qoryooley.

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[59] IASC: SEA Risk Overview Index (SEARO) 2025. SEARO assesses PSEA risks for 37 IASC Priority Countries, Somalia ranks 7.5/10.

[60] UNICEF Somalia: PSEA Risk Assessment: Somalia and Somaliland, 2021; MSNA 2024.

[61] HSM follows the Area of Knowledge methodology, which relies on key informant interviews giving indicative overviews of humanitarian needs in hard-to-reach districts. See REACH Methodology Note in HSM.

[62] See footnote 12

[63] Somalia Health and Demographic Survey 2020

[64] See footnote 34

[65] Health Cluster – Health Facility Mapping

[66] World Bank 2023

[67] *ibid*

[68] Gender Based Violence Information Management Report, Quarter 3, 2024v

[69] MSNA 2024

[70] *ibid*

[71] *ibid*

[72] Inter-agency rapid assessments in conflict-affected villages under parts of Hobyo & Xaradheere Districts, Mudug region 1-5 February 2024; Interagency assessment on inter-clan violence in Galdogob and

Jariiban Districts, Mudug region, 14-19 July 2024

[73] See footnote 17. 197K include 42K lawful evictions.

[74] MSNA 2024

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humanitarianaction.info/plan/1180

reliefweb.int/country/som

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About

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

PHOTO ON COVER

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

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HUMANITARIAN NEEDS AND RESPONSE PLAN

SOMALIA

