



A girl in Marka, Lower Shabelle, a town liberated from a violent extremist group a few years ago. Photo: IOM/Rikka Tupaz 2021

IOM VISION

UPDATED: APRIL 25, 2022

IOM Somalia aims to save lives, alleviate suffering and maintain human dignity through the delivery of frontline services to crisis-affected populations, while steadily developing models and partnerships for longer-term recovery and migration governance. IOM is strategically well-placed to operationalise the humanitarian-development-peace nexus through its vast portfolio. IOM aims to catalyse programming from multiple units to provide more holistic support to communities in a way that reinforces government legitimacy and enables the government to deliver services.

\$104,017,682

Funding Required



■ Confirmed: \$82.59 M
■ Gap: \$21.43 M

1,424,497

People Targeted

340

Entities Targeted

IOM PROPOSED RESPONSE

CONTACT INFORMATION

Programme Support Unit:
iomsomaliapsu@iom.int

PRIMARY TARGET GROUPS

1. Internal migrant
2. Internally displaced person
3. International migrant
4. Local population / community
5. Refugee
6. Former combatant / fighter

OBJECTIVE

FUNDING REQUIRED

FUNDING CONFIRMED

| | | |
|--|------------|------------|
| Saving lives and protecting people on the move | 62,752,682 | 56,587,871 |
| Driving solutions to displacement | 30,600,000 | 25,510,520 |
| Strengthen preparedness and reduce disaster risk | 7,000,000 | 328,549 |
| Contribute to an evidence-based and efficient crisis response system | 3,665,000 | 165,585 |

BREAKDOWN OF FUNDING REQUIREMENTS (USD) 2022

| OBJECTIVES AND ACTIVITY AREAS | 2022 |
|---|--------------------|
| Saving lives and protecting people on the move | |
| Camp coordination and camp management | 4,917,900 |
| Direct health support | 10,880,428 |
| Basic needs, including food and multi-purpose cash assistance | 1,981,000 |
| Mental health and psychosocial support in humanitarian response | 1,600,000 |
| Provision of water, sanitation and hygiene in emergencies | 32,000,000 |
| Shelter and settlements | 7,053,654 |
| Movement assistance | 4,319,700 |
| Driving solutions to displacement | |
| Durable Solutions | 10,000,000 |
| Community stabilization | 10,000,000 |
| Health system strengthening | 2,100,000 |
| Peacebuilding and peace preservation | 8,500,000 |
| Strengthen preparedness and reduce disaster risk | |
| Disaster Prevention | 3,000,000 |
| Emergency preparedness - rename | 4,000,000 |
| Contribute to an evidence-based and efficient crisis response system | |
| Displacement tracking - rename | 3,665,000 |
| TOTAL FUNDING REQUIRED | 104,017,682 |

2022 - Somalia Crisis Response Plan 2022

CONTEXT ANALYSIS

Although there have been improvements to the peace and security situation in Somalia since the formation of the Federal Government of Somalia (FGS) in 2012, the overall situation remains fragile with Al-Shabab being a major obstacle to peace and security. With 2.9 million people estimated to be internally displaced throughout the country (Somalia Humanitarian Needs Overview, 2021), Somalia has one of the highest numbers of internally displaced persons (IDPs) in the world.

Armed-conflict and disasters related to natural hazards are expected to remain key drivers of humanitarian needs in the coming years. Climate-related crises are likely to trigger further displacement and to put an additional strain on already vulnerable communities, particularly in disaster prone locations. In 2021, the country faced heightened political tensions in the context of a delayed electoral process, leading to further displacement.

According to the Humanitarian Needs Overview for 2022, a total of 7.7 million Somali women, men and children, close to half of the 15.7 million total population, are estimated to require humanitarian assistance, an increase of 1.8 million compared to 2021 People in Need numbers (5.9 million).

The country is a key source, transit and, to some extent, destination country for migratory flows. Somalia continues to have an influx of migrants from neighbouring countries through irregular migration routes, especially from Ethiopia. In addition, a growing number of Somalis are returning from Yemen. Ethiopian migrants continue to settle along the migration route in Somaliland and Puntland, and while the number of migrants traveling through Somalia to Yemen is expected to increase, it is also expected that a higher number of Yemeni and Ethiopians will arrive in Somalia in 2022 seeking asylum.

COVID-19 continues to impact the lives of Somalis in already vulnerable communities, including internally displaced populations. Somalia has limited capacity to respond and prevent the spread of COVID-19 and mitigate its socioeconomic impact. Though restriction of mobility has been mostly lifted in the country, the ripple of socioeconomic effects of the pandemic has not left the population untouched.

The protracted nature of Somalia's crisis complicates the pursuit of long-term recovery and durable solutions, but it also renders it imperative that efforts to ameliorate the challenges begin immediately. Otherwise, Somalia's IDPs and returnees may face higher obstacles to recovery, as their reserves, assets and social capital are depleted.

COORDINATION

The response plan has been designed and will be implemented in close coordination with the FGS and relevant line ministries, United Nations partners (United Nations Development Programme - UNDP, United Nations High Commissioner for Refugees - UNHCR, United Nations Children's Fund - UNICEF, UN-Habitat, World Health Organization - WHO, among others), international and national non-governmental organizations (NGOs), civil society organizations (CSOs), and other relevant stakeholders. IOM works in close coordination with other IOM missions in the region. As an active member of the Inter-Agency Standing Committee (IASC) Cluster system, IOM ensures that interventions are in line with relevant cluster standards and strategic priorities of the Humanitarian Country Team (HCT). IOM plays an active role in humanitarian coordination across the sectors. As a co-lead of the camp coordination and camp management (CCCM) cluster, IOM is present in the inter-cluster coordination group (ICCG), a member of the United Nations Country Team (UNCT), as well as an active member of the water, sanitation and hygiene (WASH), shelter and non-food items (S-NFI), health, food security and protection clusters. IOM, through the Displacement Tracking Matrix (DTM) is a provider of information and analysis at the Office for the Coordination of Humanitarian Affairs (OCHA)-led coordination fora aimed at coordination, information sharing and planning, including the information management working group. IOM's strong multi-sector presence facilitates integrated and synergistic programming to meet the needs of vulnerable populations. IOM is a key partner of the durable solutions working group and takes a strong role at the regional level, particularly in the South West State of Somalia. IOM is also part of the Community Recovery and Extension of State Authority and Accountability Programme (CRESTA/A – UNSOM).

IOM CAPACITY

Since 2006, IOM Somalia has set a strong record on the delivery of frontline services to crisis-affected populations, while steadily developing models and partnerships for longer-term recovery and migration governance. The mission has a strong operational presence in all regions through a multitude of projects implemented by over 450 staff. With its head office located in Mogadishu, IOM operations are implemented by seven field offices in Kismayo, Baidoa, Doolow, Hargeisa, Bossaso, and Garowe as well as satellite offices in Berbera, Garadag, Adado, Dhusamareb, Afgoye, Bardere, Dhobley, Hudur and Dhahar in Somalia and the Nairobi Support Office in Kenya. Since 2017, IOM has scaled

up its operations and capacities within Somalia and maintains a strong portfolio of multi-sector humanitarian interventions, including CCCM, S-NFI, health, and WASH. IOM Somalia's Preparedness and Response Division provides technical support to the government in the areas of emergency humanitarian coordination and disaster preparedness and response. IOM deploys third party staff to be able to reach hard-to-reach locations and enable the organization to respond quickly in areas that are difficult to access. IOM strongly engages in bridging the gap between humanitarian and development assistance and operationalizing the humanitarian-development-peace nexus, with a large transition and recovery, and durable solutions portfolio.

SAVING LIVES AND PROTECTING PEOPLE ON THE MOVE

Funding Required
\$62,752,682

People Targeted
1,125,847

People Targeted Description

Internally displaced persons (IDPs) and conflict and climate-affected populations including vulnerable host communities, refugees, returnees, and migrants. Entities targeted include Ministries, local and international non-governmental organizations (L/INGOs), and civil society organizations (CSOs).

90%
10%

Funding Confirmed
Funding Gap



CAMP COORDINATION AND CAMP MANAGEMENT

IOM will continue CCCM activities in Baidoa, Dollow and Kismayo, including:

- Support the delivery of quality multisectoral services in sites through coordination, service monitoring and information management;
- Improve the living conditions of displaced people by supporting community-led site maintenance activities to ensure the upkeep and safety of the physical living environment;
- Conduct regular site safety audits to identify areas of reported risk and implement emergency sites improvement projects to minimize protection risks and ensure safety for all population groups;
- In coordination with the local authorities, protection, and housing, land and property (HLP) actors, identify and develop new land for the relocation of displaced people in order to facilitate decongestion activities thus ensuring minimum living standards for IDPs;
- Strengthen community self-management and access to information for displaced populations by supporting establishment and strengthening of diverse and inclusive governance structures;
- Provide capacity building on CCCM and related principles to camp management committees, local authorities, and humanitarian partners;
- Provide safe and furnished community spaces for camp management committees to host meetings, trainings, and events;
- Operate timely and responsive feedback and complaint mechanisms - accessible at help desks in community centres through outreach teams or via a toll-free hotline.

Funding Required
\$4,917,900

Funding Confirmed
\$6,303,928



Further, in 2022, IOM will provide one national CCCM Cluster Coordinator, one national CCCM Cluster Information Management Officer, in addition to three sub-national cluster focal points (Kismayo, Gedo and Baidoa). The CCCM cluster will continue to play an active role at the national level and via the ICCG advocating for improved living conditions in IDP sites and strategic fundraising decisions allowing for partners to target IDP sites and populations articulated within the Humanitarian Response Plan sectors. Furthermore, the CCCM cluster will strive to unlock new partnerships via cross-cutting initiatives that cross-over into durable solutions interventions. Through its role in the CCCM cluster, key activities include:

- Strive to improve both intra-and inter-sector coordination at the sub-national level through technical support of cluster focal points in seven states within the country. These initiatives will link with durable solutions programming when possible, aspiring for the achievement related to relocation, integration through achieving long-term tenure agreements for IDPs;
- Support partners with a range of high-quality programmatic tools which will be revised, standardized and updated as needed; with a continued lens of fostering site-level inclusion and

resilience

- Provide capacity building for CCCM partners, local authorities and other humanitarian/development partners with the aim of enriching the understanding of CCCM principles, ensuring capacity to implement these principles, and establishing a clear exit plan for the sector. Under these activities, the cluster will continue to promote localization measures to strengthening the participation of national partners.
- Provide an information management function to assist in compiling data to form baseline data for functional and verified IDP sites, in addition to actively contributing data for the establishment of an overall IDP population within Somalia.
- Create information products that visualize some of the important data categories captured by partners such as needs/gap analysis, complaints feedback mechanism trends and site verification updates.



DIRECT HEALTH SUPPORT

IOM will support the operation of 32 fixed health care facilities with integrated community outreach and expand 15 mobile teams many of which are in hard-to-reach, remote, or conflict-affected areas with limited or no health actors, which results in the population not having access to basic life-saving health services. Health services will be provided in line with the national Essential Package of Health Services (EPHS) framework for service delivery. Activities will include:

- Strengthen the capacity of health workers to ensure the delivery of high-quality medical service through the provision of trainings;
- Pre-position essential medicines, medical supplies, medical equipment, personal protective equipment and infection prevention and control supplies to ensure uninterrupted supply in the event of an emergency;
- Provide lifesaving vaccination to hard-to-reach children to increase immunization coverage among vulnerable population and help mitigate against communicable disease outbreaks;
- Facilitate the deployment of rapid response teams at key points of entry to enhance disease surveillance through disease screening and referrals in the event of a public health emergency;
- Help to mitigate the spread and impact of COVID-19 by supporting and running isolation centres where medical care is provided.
- Support fixed health facilities to provide Basic Emergency Obstetric and Newborn Care (BeMONC), especially in locations currently lacking maternity and delivery services;
- Provide health education at the health facilities and during mobile and outreach sessions, for example on COVID-19 and other communicable diseases.

Funding Required

\$10,880,428

Funding Confirmed

\$2,527,949

23% 77%



■ H(N)RP



BASIC NEEDS, INCLUDING FOOD AND MULTI-PURPOSE CASH ASSISTANCE

Approximately 1.19 million children under the age of five years will be at risk of acute malnutrition and will therefore need emergency nutrition services urgently in 2022. This includes 295,515 severely acutely malnourished children (SAM) and 986,000 moderately acutely malnourished (MAM) children. 245,909 pregnant & lactating women (PLWVs) and 629,567 children between 6-23 months will be at risk of acute malnutrition and hence need both curative and preventive nutrition services (2021 HNO). IOM will:

- Integrate nutrition activities in 21 static and 13 mobile teams across Somalia (Puntland - Sanaag, South West State - Baidoa, Jubbaland - Kismayu, Gedo and Afmadow, and Somaliland - Sanaag region- Ceel-Aweyn);
- Ensure mothers and infant and young child feeding (IYCF) key influencers are given the necessary information on IYCF in Emergencies (IYCF-E);
- Provide supplementary Vitamin A to children under-five;
- Screen PLW for malnutrition and refer them to the nearest targeted supplementary feeding programme (TSFP) providers;
- Ensure the prepositioning of ready-to-use therapeutic food (RUTF) in coordination and partnership with UNICEF;
- Train and build the capacity of local staff in the recognition and management of acute malnutrition;
- Conduct standardised monitoring and assessment of relief and transitions (SMART) surveys and IYCF surveys to strengthen monitoring and surveillance, analysis, and utilization of early

Funding Required

\$1,981,000

Funding Confirmed

\$2,387,387

100% 0%



■ H(N)RP

warning information regarding nutrition;

- Implement a project facilitating mother-led mid-upper arm circumference (MUAC) measurements to enable mothers to identify and refer children with malnutrition to health centres for management.

IOM will continue to coordinate with cluster stakeholders and local authorities to avoid disruption and duplication of activities. IOM will implement these activities in cooperation with the Ministry of Health.



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN RESPONSE

Mental health and psychosocial support (MHPSS) needs in Somalia are significant and complex. Pockets of intercommunal/clan clashes compounded with disease outbreaks, protection concerns, persistent food insecurity, continued displacement of communities and climate shocks have led to critical levels of distress among IDPs and members of host communities. MHPSS services include:

- Integrate MHPSS at medical facility level and directly in the communities of intervention including the establishment of psychosocial mobile teams (PMTs) in IDP settlements and surrounding host communities;
- Conduct MHPSS activities including MHPSS needs assessment and training for PMTs and selected key community members on basic MHPSS skills and psychological first aid (PFA) with the objective to improve the local capacity to meet and respond to the MHPSS needs of Somalia's crisis-affected populations by building the capacity and skillset of first responders and key community members;
- Enhance and strengthen the referral mechanism for specialized service (level 4) in coordination with MoH and relevant service providers;
- Sponsor capacity building courses and university programs, aimed at psychologists and psychiatrists, in order to improve their skills used in providing specialized services to those suffering with severe mental illness;
- Provide community and family support, such as setting up child friendly spaces to support children's mental health through art therapy, storytelling and safe play;
- Establish phone helplines for people on the move who need a friendly ear and guidance as well referrals to MHPSS service providers;
- Conduct community engagement activities to promote positive mental wellbeing and address the stigma often linked to mental health conditions;
- Launch community programmes to help vulnerable groups develop social and emotional skills so they can support one another;
- Create advocacy programs to deliver basic services and security that promotes mental health and psychosocial wellbeing in IDP sites and surrounding host communities.

Funding Required

\$1,600,000

Funding Confirmed

\$5,944



All MHPSS activities will be in line with the [IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement](#).



PROVISION OF WATER, SANITATION AND HYGIENE IN EMERGENCIES

IOM's Water, Sanitation and Hygiene (WASH) activities aim to contribute to the continuation and restoration of access to safe and equitable basic WASH services to an overall 320,000 beneficiaries, including vulnerable IDP and host-communities in multiple regions in Somalia. Key activities include:

- Rehabilitate 80 strategic water points for multi-use that will provide continued, equitable, safe, sufficient and sustainable water to regions prone to disasters targeted by the cluster;
- Construct 2,500 new emergency sanitation facilities (following cluster specifications) targeting populations without access to basic sanitation and hygiene;
- Support 42,000 individuals in transitional settlements/shelters such port of entries, forced evictions, floods and cyclones with the following interventions:
 - Construction of 5,000 emergency HH shared latrines (5HHs/latrines) with access to disabled persons and hand washing facilities. The HH shared latrines model is expected to contribute to mitigate protection and gender-based violence (GBV) risks given increased proximity of the facility to the living space.
 - Emergency water provision including trucking (80,000HHs) and rehabilitation of water points (40).
 - Distribution of hygiene kits that include menstrual hygiene items to 50,000 HHs.
 - Focused and public health gap tailored hygiene promotion activities aimed at

Funding Required

\$32,000,000

Funding Confirmed

\$27,599,897

86% 14%



behaviour change to 7000 HHs. Topics will be determined following KAP surveys to assess gaps.

- Capacity building for 50 water committees and 200 Hygiene promoters, ensuring equal representation of men and women.
- Strengthen the capacity of the Federal Government of Somalia and Federal Members States, community leaders and water committees/technicians for better coordination with government authorities and communities and sustainability of the constructed/ rehabilitated WASH infrastructures;
- Nurture community participation in focused hygiene promotion practices that target behaviour change through training and community sensitization campaigns. All trainings, awareness-raising and capacity building activities will follow national guidelines on COVID-19 preventive measures, e.g. on physical distancing, to avoid mass gatherings and minimize risks of exposure;
- Implement WASH interventions in health facilities, at points of entry, and at the household level where needed.



SHELTER AND SETTLEMENTS

Somalia is at the crossroads of mixed and complex migration flows, often resulting in internal and external displacement due to ongoing conflicts, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms. According to the 2021 Humanitarian Needs Overview for Somalia 3.15 million people were in need of shelter assistance and it is estimated that the pressing need for shelter has persisted and worsened into 2021, with an increasing trend of migration to urban centres related to climatic shocks, insecurity and better livelihood opportunities. IOM will continue its shelter and settlement support through the following:

- Provide non-food items to newly displaced through in-kind and cash-based interventions (CBI);
- Manage contingency stocks to support shelter cluster partners for emergency responses;
- Provide emergency, transitional and permanent shelter support through mix methods of in-kind and CBI;
- Mainstream risk and resilience into project activities.

Funding Required

\$7,053,654

Funding Confirmed

\$2,450,262

34% 66%



MOVEMENT ASSISTANCE

Despite facing extreme risks on routes from Somalia across the Gulf of Aden as well as increased insecurity and violence in Yemen following the outbreak of war in March 2015, the number of migrants and refugees arriving in Yemen has steadily increased since 2012. Since 2017, IOM and the United Nations High Commissioner for Refugees (UNHCR) have closely coordinated assistance to allow refugees and migrants to return to Somalia. Since 2017 both agencies have successfully coordinated the return of 5,087 Somalis from Yemen/UNHCR and IOM each bring unique expertise to this cooperation, with UNHCR leading on beneficiary identification, reception and provision of enhanced packages to returnees, and IOM managing movement operations (managed by IOM Yemen). In Somalia, IOM will continue to:

- Provide post-arrival assistance including health support. This includes risk communication and community engagement (RCCE), health education and promotion, vaccinations, malnutrition screening and referral, direct health care service provision including the management of communicable and non-communicable diseases, and infection prevention and control, especially during COVID-19;
- Provide onward transportation assistance (OTA) from the point of arrival (Bossaso, Berbera, Hargeisa), to the final destination in the country;
- Support local authorities in delivering assistance to returnees, and ensuring the protection of migrants and returnees, including GBV and protection mainstreaming;
- Maintain close collaboration efforts to support the long-term reintegration of returnees in their communities of origin.

Funding Required

\$4,319,700

Funding Confirmed

\$639,833

14% 86%





A group of women in Marka, Lower Shabelle, Somalia. Photo: IOM/Rikka Tupaz 2021

DRIVING SOLUTIONS TO DISPLACEMENT

Funding Required

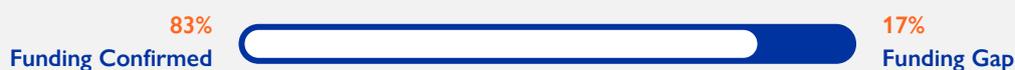
\$30,600,000

People Targeted

198,650

People Targeted Description

Internally displaced people (IDPs), returnees, vulnerable migrants, and host communities in crisis-affected areas of Somalia (including individuals at-risk or formerly associated with armed/criminal groups). Entities targeted include Ministries, Local and International Non-Governmental Organizations (L/INGOs), and Civil Society Organizations (CSOs).



DURABLE SOLUTIONS

The Durable Solutions Programme works with the government, donors, communities, United Nations and NGO partners to increase the dividends of rapid urbanisation in Somalia and ensure that these result in dignified and voluntary processes of local integration, return and resettlement. Interventions progressively ensure increased access to basic social services, land tenure security, housing and livelihoods, in line with Somali government policy frameworks such as the National Development Plan (NDP), Wadajir Framework for Local Governance, FGS National Durable Solutions Strategy, FMS/BRA Durable Solutions Strategies, Somalia aid architecture including Somalia Development and Reconstruction Facility (SDRF) and other institutional arrangements. The programme will aim to be more flexible and adaptive with a crisis modifier (early solutions) as well as harness rural-urban linkages, diaspora remittances and private sector engagement opportunities to contribute to durable solutions for IDPs, returnees and host communities, when possible.

Activities will follow IOM's [Progressive Resolution of Displacement Situations \(PRDS\) Framework](#) and include:

- Promote a rights-based, people-centred and government-led community-based planning process to entrench ownership and sustainability of interventions and concurrently bridge the humanitarian-development-peace nexus;
- Promote a livelihoods-centred approach to foster comprehensive urban solutions linked to housing, land, and property (HLP), access to basic services, solid waste management, conflict and climate mitigation;

Programming may also include a range of supporting activities for understanding and resolving the causes of displacement, including research, strategy and policy development and verification of progress using tools such as the Local (Re)Integration Assessment (LORA).

Funding Required

\$10,000,000

Funding Confirmed

\$1,699,324



COMMUNITY STABILIZATION

Community stabilization seeks to support governments, states and communities undergoing significant socioeconomic and political changes during and following a crisis, in order to (re)establish stability and security, prevent further forced migration, restore trust among community members, vulnerable populations and local authorities and lay the foundations for durable solutions, lasting peace and sustainable development. Based on an overarching goal to contribute to peace and stability in Somalia, the specific objectives are as follows: 1) Strengthen the government's accountability and responsiveness to the needs of its constituents; 2) Address social exclusion and conflicts over unresolved clan disputes and land as principal drivers of instability; 3) Support communities to drive their own recovery and development processes. Activities will include:

- Facilitating 'government-led, community-driven' action planning resulting in community action plans;
- Implementing or referring identified prioritized activities, ensuring income-generating opportunities (through a cash for work scheme, for example);
- Capacitating the local government to increase constituents' trust, and enabling civic engagement in the absence of robust governance structures;
- Scaling-up grassroots inter-communal mediation efforts in line with emergent government priorities;
- Hold cultural, arts and, sports events aimed at strengthening social cohesion.

Funding Required
\$10,000,000

Funding Confirmed
\$14,656,286



HEALTH SYSTEM STRENGTHENING

Over the year 2022, IOM will continue its efforts towards health system strengthening. Public health risk reduction, capacity building and health system strengthening supports the government health system to better respond to shocks such as droughts, flooding, severe food shortages, displacement, and the health consequences of each of these such as infectious disease outbreaks among displaced populations and host communities. IOM will continue its partnership with and build the capacity of the Ministry of Health at the national and local level through the following activities:

- Work with MoH human resources (doctors, nurses, etc.) in a hybrid service delivery model comprising both MoH and IOM staff. MoH-seconded staff will deliver clinical services at facilities and in catchment communities, while IOM health officers in each region will provide daily technical and operational support for service delivery, capacity building, direct clinical supervision and mentorship of MoH health workers, and robust clinical quality assurance and monitoring;
- As part of the above model, second staff to work directly in health facilities and support capacity building on a daily basis, delivering specific trainings in order to improve service delivery.

Funding Required
\$2,100,000



PEACEBUILDING AND PEACE PRESERVATION

IOM's Disengagement, Disassociation, Rehabilitation and Reconciliation (DDRR) programme is a key component of IOM's transition and recovery portfolio that aims to increase Somalia's resilience to destabilising conditions and build the national capacity towards sustained peace. To mitigate further negative migration pressures resulting from violence and instability, IOM activities will support reconciliation efforts at regional, national and community levels. Key activities will include:

- Contribute to peace and improved security in Somalia through supporting the National Programme on the Treatment and Handling of Disengaged Combatants (National Programme). IOM works in joint partnership with government counterparts to manage rehabilitation centres, and partners with civil society actors to facilitate community-based reintegration and engage the community in dialogue to promote peace, tolerance, reconciliation, and social cohesion;
- Support youth-at-risk: With 80 per cent of Somalia's population under 35 years of age and many of them trapped in an environment of violence, fear, unemployment and poverty, in 2022 IOM will support youth-at-risk of joining and/or being recruited into armed/criminal groups to reintegrate into civilian life. IOM's approach will focus on the provision of holistic services centred around mental health and psychosocial support through case management and recreational activities. Activities will also contribute towards enhancing women's role in

Funding Required
\$8,500,000

Funding Confirmed
\$9,154,910



peace and security efforts.

STRENGTHEN PREPAREDNESS AND REDUCE DISASTER RISK

Funding Required

\$7,000,000

People Targeted

100,000

People Targeted Description

Internally displaced people (IDPs), returnees, and host communities in crisis-affected areas of Somalia. Entities targeted include ministries, local and international non-governmental organizations (L/INGOs), and civil society organizations (CSOs).



DISASTER PREVENTION

Reducing risk and mitigating effects of potential crises is critical in Somalia to put an end to the vicious cycle of endless crises that result in increased IDPs and exacerbate vulnerabilities across the different socio-groups and populations. Based on this, IOM intends to focus on enhancing prevention and mitigation measures in targeted locations to improve the protection of populations in disaster-prone areas of Somalia. Key activities will include:

- Set-up early warning systems in disaster-prone areas where IOM has a presence;
- Implement mitigation measures in the field of CCCM and WASH to reduce risks in disaster-prone communities.
 - In flood-prone areas, IOM will work in camps and host communities to reduce the impact of flooding through structural and non-structural flood mitigation;
 - In drought and flood-prone areas, IOM will focus on community-based disaster risk management interventions related to WASH to ensure sustained access to safe water and sanitation through environmental protection measures and trainings.

Funding Required
\$3,000,000



EMERGENCY PREPAREDNESS - RENAME

Based on the current context, armed conflict and disasters are expected to remain key drivers of humanitarian needs in the coming years. Climate-related crises and clan-based conflicts are likely to trigger further displacement and put an additional strain on already vulnerable communities, particularly in disaster-prone locations, such as along Shabelle and Juba basins. Increasing preparedness when a specific moderate or high risk is identified is critical to reaching a state of readiness to respond. IOM's preparedness activities aim to build the capacities and improve the ability of IOM and key stakeholders (such as governments, professional response organizations, communities, and individuals) to anticipate and effectively respond to the impact of likely, imminent or current hazards, events or conditions. To do so, key activities include:

- Enhance institutional capacity to effectively coordinate and respond to humanitarian crises. This includes technical assistance, logistical and resource mobilization support to key government and local stakeholders (capacity injection and human resource capacity building);
- Improve IOM and other stakeholders' capacity to provide timely life-saving services to the crisis-affected population (rapid response and timely life-saving operations in the fields of CCCM, SNFI, WASH and Health).
- In health and nutrition, leveraging IOM's geographic coverage in all regions and its model of hybrid implementation of services with the government, IOM will work with state-level MoHs to establish 'stand-up' rapid response teams (RRTs) in each target region.
- At onset of emergency, the rapid response teams will be ready to deploy immediately. IOM will pre-position stocks of primary healthcare medicines and supplies, and ready-to-use therapeutic food (RUTF) for treatment of severe malnutrition in each regional supply hub, including enough buffer stock to operate the existing health and nutrition clinics for 3-6 months.

Funding Required
\$4,000,000

Funding Confirmed
\$328,549



Funding Required

\$3,665,000

People Targeted Description

Humanitarian and development organizations, INGOs, NGOs, government line ministries identified as beneficiaries of this action correspond to the operational partners included in the OCHA Somalia: "Operational Presence (3W) - March 2021".



DISPLACEMENT TRACKING - RENAME

IOM will continue to contribute to evidence-based decision making for operations in Somalia through the Displacement Tracking Matrix (DTM). Under the coordination of the information management and assessments working group (IMAWG) and in collaboration with all clusters, DTM will provide reliable and up to date information on the number of displaced populations, their location, profile, displacement trends, reasons for displacement, and needs disaggregated by age and sex to better assist and inform governmental and crisis response. In particular, DTM's data will feed into the 2021-2022 roadmap of the IDP Working Group in order to provide regular updates on the IDP stocks across Somalia. DTM tools will be tailored to take into account changes in the national context as well as the information needs of responders working across the HDPN. Activities will include:

- Regularly collect data on populations affected by displacement through the implementation of the DTM's baseline assessment, aiming to provide a country-wide mapping and quantitative estimates (stocks) of the presence of IDPs, returnees (from abroad and from internal displacement) and residents at the lowest possible administrative level;
- Conduct multi-sectorial location assessments (MSLA), which will inform about gaps in service provision and will contribute to the accountability of partners. MSLA is highly customizable, allowing not only to capture sectoral data (water, hygiene and sanitation, education, protection, nutrition, health) but also indicators that inform the humanitarian-development-peace nexus, as well as COVID-19 specific data;
- Analyse and disseminate data, to share information regularly with national authorities and partners through reports, dashboards, datasets and maps, to be used for operations by partners.

Funding Required

\$3,665,000

Funding Confirmed

\$165,585

