MARCH 2022

UNFPA SOMALIA COUNTRY OFFICE

Humanitarian Preparedness and Response Plan in the Context of Climatic Shocks and COVID-19

FAST FACTS

Total people in need of humanitarian assistance in 2022 (HNO 2021)

7.7M

Internally Displaced Persons

2.9M

Women of Reproductive Age (age 15-49, estimated)

2M

Pregnant Women (estimated)

0.3M

Adolescents and Youth (Age 10-24)

2.1M

Persons with disabilities

1.2M

Resources Required	**USD 19.5 Million**
Overall People Targeted	**403,000**

Summary of the Situation and Humanitarian Impacts

The drought has worsened across Somalia, with an estimated 4.3 million people affected of whom 554,000 have abandoned their homes in search of water, food, and pasture. Food insecurity is increasing and malnutrition is high in drought-affected areas. As the drought and food insecurity persist in Somalia, women and girls are thrown into depraving levels of poverty and economic depravity – a precursor for increased vulnerability to Gender-Based Violence (GBV). A total of 7.7 million Somali women, men, and children are estimated to require humanitarian assistance in 2022, including 2 million women of reproductive age. The negative impact of the drought on Somali women and girls has been widely reported across several platforms and is already visible.

Somalia continues to be in a state of protracted crisis. In 2021, the country faced heightened political tensions, at times witnessing associated violence, in the context of a delayed electoral process and power struggles at the leadership level. In southern and central Somalia, conflict and insecurity spiked, driving cycles of displacement; disruptions to livelihood activities; and constraints on trade and humanitarian access. Increased competition for natural resources and economic rents generated conflict at the local and sub-clan levels.

Conflict and insecurity have forced hundreds of thousands of people to flee their homes in 2021, factors that are expected to remain key drivers of displacement in 2022. Conflict-induced shocks exacerbate the humanitarian situation of both Internally Displaced People (IDPs) and host communities, resulting in an increase in negative coping strategies, such as child marriage. Humanitarian access is hampered by ongoing hostilities, movement and security restrictions.

Somalia remains on the frontline of climate change, which continues to induce crises resulting in widespread displacement, rapid urbanization, food insecurity, and increased poverty. Critically, climate change is also increasingly understood as a major driver of conflict in Somalia, as the struggle for dwindling resources intensifies clan divisions and inter-clan conflict.

Women and children are particularly exposed to elevated health risks during natural and man-made crises, including the current severe drought. Access to maternal health and birth spacing services is limited in the country, resulting in excess mortality due to pregnancy complications and other non-communicable diseases[1]. Somalia has some of the worst health indicators in the world, with women and children most affected. The maternal mortality rate in Somalia is 692 deaths per 100,000 live births, among the highest rates in the world, and a Contraceptive Prevalence Rate (CPR) of 1 per cent. Two-thirds of all deliveries are assisted by unskilled birth attendants and only one in five pregnant women (21 per cent) deliver in a facility[2].There is significant disparity and inequity in accessing skilled delivery services, as only 8.3 per cent of nomadic groups had delivered with any skilled personnel, compared with 51 per cent in urban areas. Lack of financial support (65 per cent), distance of the facilities (62 per cent) and obtaining permission to access facilities (42 per cent) were the main hindrances to accessing health facilities during pregnancy and childbirth. Adequate and quality nutrition for women before and during pregnancy and in the first year of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system. Some 389,205 pregnant and lactating women are estimated to be in need of preventive health and nutrition assistance[3]. While reproductive health is rarely prioritized during crises, women who are already malnourished at the time of conception or during their pregnancy run a significantly increased risk for obstetric complications.

[1]HUMANITARIAN NEEDS OVERVIEW SOMALIA 2021

[2]Somalia Health and Demographic Survey 2020

[3]HUMANITARIAN NEEDS OVERVIEW SOMALIA 2021

GBV continues to increase as a result of multiple displacements and forced evictions, due to flooding, droughts, internal/inter-communal conflicts and sacking of villages by Al-Shabaab. Intimate partner violence, rape and gang rape, forced abortion and revenge killings, sexual exploitation and abuse are all widespread, due to poor living conditions; distance to water points; farmlands; GBV service sites; health facilities and markets; lack of non-segregated latrines; and poor lighting in IDP camps. A lack of access to safe and nearby water and sanitation facilities increases the risk of women and girls' exposure to sexual harassment and violence. Similarly, competition over access to water leads to conflicts between communities. In 2021, Joint Multi-Cluster Needs Assessment (JMCNA) reported that 29 per cent of respondents lacked proper bathing facilities; 26 per cent experienced poor lighting in 14 per cent lacked privacy in shelter; 69 per cent lacked lockable latrines; 93 per cent use common latrines that are far; 26 per cent lacked sanitation facilities; and 37 per cent had no food. Food insecure families experienced a greater risk of intimate partner violence because of the increasing tensions arising from having to share family resources.

Women and girls living in minority settlements are more likely to feel unsafe walking around their neighbourhoods, due to organized gangs and exclusion from community leaderships, consultations and service provision. Women and adolescent girls make up a majority of displaced persons as a result of flooding and ongoing insecurity and conflict. In Mahaday and Jowhar districts of Middle Shabelle region, a total of 66,000 individuals have been totally displaced from their dwellings, out of which 45 per cent are women and girls, while 28 per cent are children. A joint assessment conducted in May 2021 by the GBV and CP clusters on the major displacement from Bardale and Baidoa, revealed increased incidences of sexual exploitation (37 per cent); sexual harassment and abuse (33 per cent); intimate partner violence (54 per cent); child marriages (64 per cent) and Female Genital Mutilation (FGM) (57 per cent). Also drought-related displacements have weakened the protection system for communities, hence in 2021 it was reported that survivors of GBV, 77 per cent were from IDPs and 20 per cent were from the host community, face fear of reprisals, stigmatization and difficulties accessing safe and appropriate services.

Food insecurity, access to SRH and increase in GBV: The poorest and underprivileged households are those hardest hit during food crises: women- and children-headed households are most vulnerable with regard to access to sexual and reproductive health (SRH) services and general protection needs as well as increased risks for GBV. Food scarcity and increasing food prices compel poor families to use up their income to meet basic food needs, leaving little or no possibility to meet other basic needs, such as social services and reproductive health including maternal and newborn health. Conflicts over resources increase during droughts, and resource scarcities create tensions in the home with increased risks of domestic violence and gender discrimination in access to food within households, with women and girl children being most affected. Similarly, women and young girls may resort to selling or exchanging sex for food and other basic household needs to combat high food prices and food scarcity.

COVID19 Updates

The COVID-19 pandemic continues to challenge the already ill-equipped health service delivery in Somalia. As of 2 March 2022, the number of confirmed COVID-19 cases in Somalia had reached 25,258, with 1,350 fatalities. The COVID-19 testing capacity across the country remains extremely limited, resulting in the true number of infections likely being underreported. The steady increase in number of infections reveals that the epidemiological situation in the country is continuously evolving and remains volatile, particularly in areas with high numbers of IDPs and limited access to health services.

Response Strategy and Requirements

Response Strategy

UNFPA supports the delivery of life-saving sexual and reproductive health (SRH) and GBV services to vulnerable communities across Somalia. UNFPA's response strategy is fully aligned to the Humanitarian Response Plan (HRP) and the Centrality of Protection strategy (CoP). UNFPA closely works with the Federal Government and the Federal Member States, UN agencies, and other partners to ensure access to and continuity of SRH and GBV services. UNFPA is engaged in the various coordination mechanisms including the UN Country Team (UNCT) and Humanitarian Coordination Team (HCT) and the national COVID-19 task force and working groups. UNFPA leads coordination of the GBV area of responsibility within the protection cluster and co-leads the reproductive health working group within the health cluster.

Despite being one of the key humanitarian agencies, in 2021, UNFPA Somalia has received only USD$3 million, out of its needed $16.4 million. In 2022, and with the recent developments, the needs have increased to $19.5 million.

UNFPA response in Somalia focuses on the following strategic objectives:

Strategic Objective 1

Enhance access to basic and comprehensive Sexual and Reproductive Health (SRH) services including protection of the health care workers.

Strategic Objective 2

Addressing Gender-Based Violence (GBV) properly and on a timely manner.

Strategic Objective 3

Ensuring the availability and supply of reproductive health commodities.

UNFPA's response includes provision of SRH services for pregnant and lactating women, support to GBV services and information, including one-stop centers, operation of women and girls' safe spaces, distribution of SRH and dignity kits, community awareness-raising, capacity strengthening, COVID-19 risk communication and referrals to both RH and GBV services, and provision of Personal Protective Equipment (PPE). UNFPA also continues to engage young people as partners and key agents of change, and has been working hand-in-hand with Implementing Partners (IPs) to support young people aiming to empower them to play vital roles in their communities during the COVID-19 pandemic. Also, UNFPA is ensuring that IPs adhere to precautionary and preventive measures against COVID-19, by using PPE, including hand gloves, coveralls and masks, and ensuring that facilities where services are delivered are properly sanitized. UNFPA continues to coordinate with the Federal Ministry of Health (MoH) and other key line ministries in Federal Member States, and actively advocates for efforts to provide SRH services during the COVID-19 pandemic

Cross-cutting Themes

Under the three strategic objectives, the following cross-cutting themes are critical to UNFPA's response in Somalia:

Coordination and Partnership: UNFPA Somalia is active in the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG), and is the lead agency coordinating GBV Sub-Cluster and the Reproductive Health Working Group (RHWG). These roles enable UNFPA to identify and address gaps in services to meet the needs of the most vulnerable communities while ensuring synergy and complementarity with other stakeholders. As the lead of the GBV Sub-Cluster, UNFPA guides members to develop service maps and referral mechanisms while also sharing updates to avoid duplication and work towards sustainability. Additionally, UNFPA as lead agency of RHWG is a core member of the Health Cluster in Somalia and updates the cluster members on the SRH needs and available services. UNFPA closely coordinates with other clusters and UN agencies including WHO, UNDP, UNICEF, and UN-OCHA on the provision of humanitarian services, particularly in health and GBV. Moreover, UNFPA coordinates with national authorities and local partners, including NGOs and community leaders, to identify and prioritize strategic activities and interventions, build trust, and strengthen the referral system. UNFPA co-chairs the Youth Task Force and is an active member of the UN Programme Management Team. UNFPA is therefore well-placed to coordinate effectively across clusters, agencies, and communities.

Leaving No One Behind (LNOB): UNFPA's interventions focus on and advocate for those most vulnerable to COVID-19 and climatic shocks and conflict. Special attention is given to those living in hard-to-reach areas, as they are the most vulnerable

to the secondary impacts of drought conditions and COVID-19 on societies and economies. These include women, adolescents, persons with disabilities, and Internally Displaced Persons (IDPs). Community sensitization and awareness campaigns are conducted, including media campaigns promoting service-seeking behaviour. Community midwives are part of teams that are spreading the message, identifying cases for referral and seeking their inputs on needs. Women's centers are entry points for women to discuss multiple needs ranging from medical aspects to psychosocial support and social reintegration and livelihood programs. They also become meeting points for discussions with community leaders (male and female).

Data: UNFPA supports the Federal Government and Federal Member States to collect and analyze data to identify COVID-19 hot-spots, including disaggregated data on specific vulnerable groups, with a focus towards informing targeted interventions to address the pandemic. UNFPA supports the joint awareness-raising efforts on the risks of FGM and GBV, in addition to SRH education and activism with a wide range of partners, including communities targeting women of reproductive age, youth, elderly men and women, female health workers and IDPs. UNFPA is actively engaged in the Risk Communication and Community Engagement (RCCE) working groups at the national and sub-national levels in the COVID-19 taskforce pillars.

Youth engagement: UNFPA has a strong network of youth organizations that are active in participating effectively and meaningfully in enabling young people to enhance their knowledge on the virus and play an effective role in the prevention and response, including as social and community workers and as assistants to professional health staff, where needed and possible. UNFPA will ensure that measures are in place to mitigate risk of all forms of violence against adolescents and youth, particularly adolescent girls and young women, in quarantine settings, isolation processes and procedures. UNFPA will continue to adopt creative and flexible outreach strategies to reach young people through digital platforms that UNFPA is fully active in. UNFPA is leveraging the Compact for Young People in Humanitarian Action to provide concrete operational guidance to steer humanitarian action towards young people.

Risk Communication and Community Engagement (RCCE): UNFPA has years of expertise in community engagement and social mobilization, and longstanding partnerships, including with youth networks, religious and traditional leaders, and women's rights and women-led organizations. The agency is well placed to support risk communication and community engagement efforts in primary prevention and stigma reduction, with a continuous focus on people's safety, dignity and rights. For example, a multisectoral approach will protect and support families and communities, and build their knowledge and capacities to protect themselves and prevent further spread of the virus. In particular, women's front-line interaction with communities positions them to positively influence the design and implementation of prevention activities and community engagement.

Cash and Voucher Assistance (CVA): Recently, UNFPA Somalia Country office accessed funding from CERF to implement a first project that provides direct cash intervention to meet GBV and related needs. It was important to address the needs of women which could prevent GBV; question the assumption that cash assistance may lead to increased intimate partner violence and assess the effect on women's autonomy. A rapid assessment conducted with beneficiaries' post-project revealed that female recipients of cash were able to apply cash to meet both personal and family immediate needs. In addition, the cash assistance reduced stress in families and improved relations. Furthermore, evidence shows that CVA is most effective as a tool to increase access to services and help to reduce GBV when it is integrated into well-designed programmes that include gender and GBV analysis; community outreach, including gender discussion groups and health messaging; collaboration with local women's organizations; and linkages to livelihoods programming for both women and men - all of which are part of UNFPA's global programming.

The Nexus: UNFPA maintains a strong focus on prioritizing sustainable programming approaches, including its approach to humanitarian programme implementation. UNFPA works in close collaboration with the Federal Government, Federal Member States and CSOs to ensure health and protection priorities are harmonized across the country. Agencies' humanitarian response aims to bring life-saving SRH and GBV services to places where they are non-existent or to further strengthen them where they are available. This is done with an acute awareness of the principles outlining the humanitarian-development nexus, whereby establishing new services, such as basic emergency obstetric care services, UNFPA does it with the aim of continuing that service beyond the end of the humanitarian crisis. Furthermore, interventions are designed with the aim to establish ongoing linkages of these interventions to the larger health and protection system and networks in Somalia. Within the context of the nexus, UNFPA has made good efforts toward leveraging the benefits of the COVID-19 preparedness and response plan to strengthen the communities, institutions greater resilient communities and population.

Operational Presence

UNFPA has over 25 years of experience in Somalia implementing maternal health, GBV, including campaigns to end FGM and child marriage, Youth Empowerment programs and Population & Development through established offices in Mogadishu, Garowe, Baidoa, Kismayo and Hargeisa. UNFPA supports more than 23 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and 52 Basic Emergency Obstetric and Newborn Care (BEmONC) facilities across the country, that provide integrated SRH services. In addition, UNFPA supports 28 GBV one-stop centres, eight women and girls safe spaces, and three shelters. It provides financial and technical support to the implementation of GBV programmes and leads the GBV AoR and reproductive health working group in Somalia.

UNFPA Somalia contributes to and follows the humanitarian coordination architecture mechanisms that exist in Somalia. The agency is represented in the humanitarian coordination forums, such as the Humanitarian Country Team (HCT) and the UN Country Team (UNCT) and other cluster-based forums (health and protection), which support the identification of needs and response coordination. The Country Office (CO) is fully able to deliver humanitarian assistance in most parts of the countries through a strong network of 50 implementing partners to support the delivery of integrated life-saving GBV and RH services to affected populations.

Response Monitoring

UNFPA is able to monitor its response through existing agency mechanisms that are in place. UNFPA implementation arrangements includes regular monitoring visits, field visits, and individual and group discussions and consultations with beneficiaries that allow for meaningful feedback and timely adjustments of the provided interventions. Monitoring will also be done via the monthly/quarterly collation of partner reports, work plan progress reports for UNFPA-supported GBV and SRH services, periodic on-site monitoring and routine cluster-led assessments. Gaps and challenges are addressed during routine meetings with the aim of re-defining implementation modalities to suit the context. UNFPA makes a deliberate effort to measure progress towards indicators, especially how services are implemented to reach most vulnerable populations, including women and girls living with disabilities.

Summary Analysis of Program Interventions

Sexual/Reproductive Health	
Current Interventions	• UNFPA Somalia remains committed to ensuring the continuity of and access to lifesaving SRH services and information. Such services include the provision of safe delivery, management of pregnancy related complications, referral, birth-spacing counselling and assistance for pregnant mothers, and Psychosocial Support (PS). • Through CERF resources, UNFPA has scaled-up the SRH and GBV response services for people affected by the drought in Jubaland and South-West and Galmudug states. • UNFPA supports the prevention and mitigation efforts of the spread and transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country and supports the procurement of PPE for Infection Prevention and Control (IPC) for health care workers, including midwives.
Planned Interventions	• Scale up the provision of lifesaving, high quality comprehensive and culturally sensitive SRH services, including skilled birth attendant (SBA), Emergency Obstetric and newborn care (EMONC) and Clinical Management of Rape (CMR) in crises affected locations. • Mobilisation and deployment of midwives to most crises-affected and hard-to reach areas. • Provision of emergency reproductive health kits (including rape kits) to support health facilities and mobile teams responding to the crises. • Ensure support for EmONC facilities to provide tailored COVID-19 prevention and response service to women at reproductive age and adolescent girls. • Build the capacity of health care providers on emergency SRH programing (MISP for RH, Clinical Management of Rape, BEmONC and CEmONC) • Support the integrated SRH community outreach services to reach the displaced and hard-reach population affected by the crises.
Key Gaps/Challenges	• Inadequate funding for essential sexual and reproductive health services particularly in hard to reach areas. • Scarcity in Emergency Reproductive Health Kits, essential commodities for the EmONC services, family planning and PPE supplies.
Funding Requirements USD ($)	7,700,000
Funds secured/available USD ($)	1,200,000
People Targeted	258,000
Response and Presentation to Gender-Based Violence (GBV)	
Current Interventions	• UNFPA remains committed to ensuring the continuity of and access to life-saving GBV prevention and response services such as the provision of clinical care, psychosocial support, legal aid and material support to survivors of GBV for women, adolescents and youth. • UNFPA and partners are implementing a socio-economic initiative to empower Somali youth with life-skills, mentorship and resources to unlock their full potential. • The EndFGM campaign continues as the country office responds to the COVID-19 pandemic. UNFPA Somalia is supporting midwifery-led centres to carry out community outreach campaigns to raise awareness on the life-long health consequences and complications of Female Genital Mutilation (FGM). • Procurement and distribution of dignity and menstrual hygiene kits and solar lanterns to improve dignity and protection for women and girls. • Orientation and mobilization of CMR and PSS actors to provide rape treatment and pyschosocial counselling and undertake specialized referrals. • Support the conduct of joint inter-cluster joint rapid assessments to direct targeting and focus.

	• Improve temporary protective housing (GBV shelters) for GBV survivors and vulnerable women and girls fleeing from SV, IPV and FGM. • Support service mapping and update of referral pathways. • Broaden coordination by establishing coordination platforms in regions with high burden of GBV needs. • Support the establishment and operations of women and girls safe spaces for recreation, building new friendships and learning on GBV and RH basics. • Sustain cross-cluster efforts to integrate GBV concerns into planning, implementation and monitoring. • Support capacity enhancement initiatives for GBV service providers and national actors (including security personnel) to utilize survivor-centred approaches in the provision of GBV services and information.
Planned Interventions	• Improve and sustain provision of rape treatment, case management, specialized psycho-social services for women and girl survivors of GBV and legal aid support for GBV survivors. • Support cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls. This includes the sustained provision of material assistance for women and adolescent girls – dignity kits, reusable sanitary pads and solar lanterns. • Support mobile and remote GBV service delivery in hard to reach and crisis-affected locations. • Sustain cross-cluster efforts to integrate GBV concerns into planning, implementation and monitoring. • Support capacity enhancement initiatives for GBV service providers and national actors, including security personnel, to utilize survivor-centred approaches in the provision of GBV services and information.
Key Gaps/Challenges	• Increasing need for cash and voucher assistance and other initiatives to improve livelihoods options for vulnerable women and girls. This includes the sustained provision of material assistance for women and adolescent girls – dignity kits, reusable sanitary pads and solar lanterns. • Limited number of GBV shelters and inadequate funding to support existing ones to continue to provide services. • Broaden service provision to remote locations especially locations affected by droughts, floods and communal conflicts. • Sustained support to women and girls' safe spaces. • Improved data generation and dissemination on impact and trends of GBV on women and girls. • Support production and prepositioning of dignity kits and reusable sanitary pads.
Funding Requirements USD ($)	4,800,000
Funds secured/available USD ($)	700,000
People Targeted	113,000

Population Dynamics	
Current Interventions	• UNFPA is providing technical and financial support to the activities in preparation for the implementation of the Somalia Population and Housing Census (PHC) planned to be conducted in 2023. The Census is expected to provide accurate estimates of the population estimates of the total population, the population affected by emergency as well as the population in need of humanitarian assistance. • A detailed analysis and breakdown of humanitarian population figures is the most commonly requested information in humanitarian crises and provides the backbone to any humanitarian operation. Accurate humanitarian population figures are not only necessary for planning and supporting appeal documents as part of the emergency response but are also essential for monitoring, evaluation and contingency. Humanitarian population figures form the basis and reference point of any relief operation aiming to deliver aid according to the population's needs. • UNFPA is currently supporting urban municipalities in Somaliland and Puntland to produce summary urban service statistics. Recognising the vital role of municipalities in providing support and services to those residing in their respective jurisdictions including displaced populations which mainly reside in IDP camps located within or at the outskirts of major towns within the affected regions. There are key considerations for humanitarian and development agencies aiming to reach out to vulnerable populations in the most impoverished and marginalised urban areas. Donors are increasingly directing support towards municipalities and mayors, seeking to strengthen their capacities to act on growing mandates as local authority in Somalia. Municipality capacities to respond to protracted displacement or acute crises can be better measured using the available urban service statistics including water, electricity, and transport among others.
Planned Interventions	• To increase the certainty of successfully undertaking a Census in Somalia, a comprehensive assessment is required to map out the challenges, risks and mitigation measures. The assessment is expected to guide the formulation of a realistic roadmap to the realization of a Population and Housing Census (PHC) for Somalia. The pre-census preparatory work will also include the creation of a contiguous frame and demarcation of the existing and emerging administrative regions, districts, towns and settlements boundaries which have not been updated. This frame would also include the hard-to-reach mobile population (nomads) that forms a significant component of the country's population. The pre-census exercise will shed light on how to approach these important aspects of the Census. • UNFPA has also planned to support the ministries of health in conducting HMIS data quality assessment as well as periodic generation of HMIS statistics and reports. A key prerequisite for any effective humanitarian response is the availability of timely, reliable and robust information. In order to make sound operational decisions in a humanitarian health response, decision-makers need public health information to assess and monitor the health status of and risks faced by the affected population, the availability and actual functionality of health resources, and the performance of the health system.
Key Gaps/Challenges	• Inadequate funding for census preparatory activities particularly the mapping, listing and creation of Enumeration Areas, which is a very costly exercise. • There are also foreseen challenges in bringing all the Federal Member States as well as Somaliland
Funding Requirements USD ($)	USD 5,000,000
Funds secured/available USD ($)	Minimal funding available for these activities at the moment
People Targeted	Whole of Somali Population

Adolescents and Youth	
Current Interventions	• UNFPA remains committed to ensuring the continuity of and access to life-saving GBV prevention and response services such as the provision of clinical care, psychosocial support, legal aid and material support to survivors of GBV for women, adolescents and youth. • UNFPA and partners are implementing a socio-economic initiative to empower Somali youth with life-skills, mentorship and resources to unlock their full potential. • The EndFGM campaign continues as the country office responds to the COVID-19 pandemic. UNFPA Somalia is supporting midwifery-led centres to carry out community outreach campaigns to raise awareness on the life-long health consequences and complications of Female Genital Mutilation (FGM). • Procurement and distribution of dignity and menstrual hygiene kits and solar lanterns to improve dignity and protection for women and girls. • Orientation and mobilization of CMR and PSS actors to provide rape treatment and pyschosocial counselling and undertake specialized referrals. • Support the conduct of joint inter-cluster joint rapid assessments to direct targeting and focus.
Planned Interventions	• Establish and increase the capacity of the youth networks comprised of youth from all walks of life. • Launch an application to enrol youth into the youth councils based on their capacities, sense of belonging, motivations and previous humanitarian initiatives. • Operationalize humanitarian action and accountability for young people to learn about the evolution of humanitarian framework. • Expand the Youth friendly clinics to reach more young people with integration of COVID-19 prevention and response actions. • Support the establishment of boot camps across Federal Member States. • Conduct skills training to empower young people economically. • Conduct advocacy forums on youth, elections, and democratizations beyond the national elections to increase possibilities for youth political participations. • Organize training for humanitarian partners in Somalia on the compact for young people guidelines endorsed by IASC on working with and for young people in humanitarian emergencies.
Key Gaps/Challenges	• Inadequate funding for the adolescent and youth programing and services. • Lack of awareness about the role of young people in responding to humanitarian crises in Somalia.
Funding Requirements USD ($)	• 2,000,000
Funds secured/available USD ($)	• No funding available for these activities at the moment.
People Targeted	• 32,000

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