

SOMALIA ELECTIONS 2021 – CONTINGENCY PLAN

Introduction

This plan aims to prepare and provide protection and lifesaving assistance to the people affected by possible conflict due to 2021 Somalia elections and to inform joint preparedness and response planning for humanitarian partners in Somalia. The plan captures decisions, agreements, and approaches of the humanitarian community to support a principled humanitarian response to people by possible implications of the tensions, skirmishes, and intensified pressures by Non-State Armed Groups during 2021 Somalia elections. Elements of this plan should be complimented with other planning and response tools. Every aspect of the response should optimize all available modalities of response, and response delivery must prioritize the most direct and timely delivery to meet people’s needs as possible. The response within this contingency plan is in-line with the Humanitarian Response Plan 2021 (HRP) and is not a substitute, as all the activities proposed to respond to the needs are found within the HRP.

This plan was endorsed by the Somalia Humanitarian Coordination Team (HCT) on 9 February 2021.

Contingency Plan Triggers, Activation and Target Areas:

Contingency Plan Triggers	Activation	The plan will be activated by the Humanitarian Coordinator when: (a) one or two of the violence triggers take place in Somalia and activates a situation close to most likely scenario/worse-case scenario or (b) 20 percent of displacement of likely scenario projection (51,700) people are displaced in all of Somalia and/or 30 per cent of people are displaced in one location/district/state from the projected assumption
Period of Activation		The plan will be in effect for three months from activation . It will be periodically revised as required based on changes in context.
Where		The plan covers the whole of Somalia. However, areas likely to have higher levels of needs include Banadir, along the Somali/Kenya border in Jubaland, Hirshabelle and Galmudug.
Number of people covered		At least 258,790 people displaced by elections related conflict in the likely scenario will be covered in the plan and about 652,000 people in the worse-case scenario .
What is covered		Urgent lifesaving first line response for those affected/displaced due to election-related violence and conflict. The plan covers all clusters/sectors and is complementary to the 2021 Somalia Humanitarian Response Plan.
Response, Preparedness and Pre-position Requirement (in US Dollars)	Budget	13M – needed for first-line response from onset to one month for the most likely scenario

PART 1: CONTEXT ANALYSIS SUMMARY

Somalia's prolonged humanitarian crisis is characterised by ongoing conflicts, climate shocks including floods and drought, communicable disease outbreaks and weak social protection. In the past year, three additional shocks desert locust infestation, the impact of the COVID-19 pandemic and intensive flooding coupled with the depreciation of the Somali Shilling have contributed to a deterioration of humanitarian conditions across the country. As a result of these drivers of humanitarian needs, the overall number of people in need has consistently increased over the last three years from 4.2 million people in 2019 to 5.2 million in 2020 and 5.9 million in 2021. This is further reflected in the numbers of displacements in 2020. Somalia recorded the highest number of displacements over the past three years with 1.2 million people displaced, compared to 569,000 in 2018 and 770,000 in 2019.

The 2020 one-person one-vote elections had come with high expectations to further advance Somalia along the path of democratisation and shift away from the clan-based election system. In September 2020, following an agreement between the Federal Government of Somalia (FGS) and Member States, the Government began organising parliamentary and presidential elections for 2020/2021. However, it was decided that indirect voting would be undertaken, whereby candidates for each parliamentary seat are elected by a selected group of clan representatives. This is essentially the same model used for the 2016 elections with some adjustments. Key deadlines in the election process have since been missed. Political tensions are high in Somalia, and the upcoming elections risk exacerbating the country's polarised landscape, increasing instability as well as insecurity.

PART 2: SITUATION ANALYSIS AND PLANNING

2.1 Key statistics

	All of Somalia	Jubaland	Puntland	Galmudug	South West	Banadir	Hirshabelle
People in Need (HNO 2020)	5.2M	518,000	828,000	299,377	1,108,394	466,261	447,000
Targeted population for the state/region for humanitarian aid as per revised HRP 2020	1.8M	221,374	434,000	214,491	667,531	554,426	193,011
FSNAU Food Insecure (Jan-Jun 2021)	2.7M	290,100	435,700	284,200	393,400	260,600	159,600
IDPs (DSA 2020)	1.7M	352,000	300,000	299,000	546,631	800,000	100,000
Number of IDP sites (DSA 2020)	2,344	168	76	200	632	1082	87
Number of partners in the state (as of Aug'20)	144	66	81	62	72	189	

PART 3: PREPAREDNESS AND RESPONSE

The tables below detail the possible displacement and affected population expected due to elections related tensions and violence in Somalia.

3.1 Planning Assumptions Summary Table

State	Scenario 1: Most likely			Scenario 2: Worse Case Scenario		
	District Affected	Number of people displaced and affected		District Affected	Number of people displaced and affected	
		IDPs	HC		IDPs	HC
Jubaland	Belet Xaawo	16,843	16,623	Belet Xaawo	18,000	25,000
	Doolow	4,552	2,886	Doolow	5,500	4,000
	Ceel Waaq	3,503	3,603	Ceel Waaq	6,000	7,000
	Garbahaarey	1,553	1,539	Garbahaarey	3,000	5,000
	Kismayo	1,006	11,391	Kismayo	3,000	20,000
	Afamdow	25	3,450	Afmadow	100	6,000
	Jamaame	-	16,645	Jamaame	-	20,000
	Sakow	-		Sakow	3,092	
	Buale	-		Buale	13,078	
Galmuduug	South Gaalkayo	6,500	3,500	South Gaalkacyo	8,500	7,500
	Dhuusamareb	6,000	5,600	Dhuusamareb	6,500	7,500
	Guriceel	4,500	3,500	Guriceel	6,300	6,500
	Cadaado	4,300	3,000	Cadaado	6,500	5,200
Puntland	n/a	-	-	North Gaalkacyo	30,000	20,000

Banadir	Daynille, Kahda, Heliwa, Dharkeynley,	100,000	15,000	Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid and Karaan.	300,000	25,000
Hirshabelle	Jowhar, Belet Weyne, Cadale and Bulo Burto	5,000	15,000		10,000	30,000
South West	Afgooye, Marka	750	-	Afgooye, Marka	30,000	2,500
	Xudur	-	-	Xudur	2,811	1,149
	Waajid	-	-	Waajid	2,878	496
	Diinsoor	1,135	259	Diinsoor	2,212	506
	Qansax Dheere	1,128	-	Qansax Dheere	1,238	-
	Baidoa district	-	-	Baidoa district	-	-
TOTAL displacements		156,795	101,996	-	458,709	193,351
Scenario Totals	Scenario 1: Most likely	258,791		Scenario 2: Worse Case Scenario	652,060	

3.2 Response Strategy

The following response strategy has been formulated on the assumption that the context will be dynamic, and the two scenarios formulated in section 2 will not take place in isolation, and that the projected scenarios may develop together and/or lead from most likely to worst-case scenario actively. As such, the response is planned with Scenario 1 (most likely scenario) as the primary response scenario and Scenario 2 (worst-case scenario) includes scale-up activities building on Scenario 1.

3.2.1 Considerations for centrality of protection

In 2016, the international community expressed concerns over human rights violations in the wake of the elections with an escalation in forced evictions and series rights violations (i.e. rape, kidnapping, physical abuse, property destruction) reported against people living in informal settlements and displacement camps in 2016. Journalists reporting on these and other related human rights violations or issues continue to be threatened, arbitrarily detained, and denied due process or fair trial guarantees. Such actions continued unabated, and with impunity since most Government institutions often function less effectively during the election period.



Figure 1: Map of attached map show how locations in the plan can be reached (via air / road / sea) and from which hub (Credit: Somalia Logistics Cluster)

3.2.2 Most likely scenario multi-sector response strategy

Scenario 1: Most Likely	An estimated 258,790 people are displaced in the hotspot areas of Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland.		
Cluster	Response Timeframe	Activities	Locations Targeted
OCHA Sub-Offices	From onset - 1 week	<ul style="list-style-type: none"> ▪ Convene <i>ad-hoc</i> Regional/State-level Inter-Cluster Coordination Group to coordinate multi-cluster/sector assessment ▪ Monitor the developing situation as per the scenarios 	All states and districts affected
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Follow-up response, monitor the activities, gap analysis ▪ Provide inputs to flash alerts 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Follow-up response, monitor the activities, gap analysis ▪ Provide inputs to flash alerts 	
FSL	From onset - 1 week	<ul style="list-style-type: none"> ▪ Objective: To improve immediate access to food through mostly unconditional transfers (e.g., cash/food assistance), to displaced populations for three months. <ul style="list-style-type: none"> ○ Prioritize those experiencing significant consumption gaps. This will be established through rapid food security assessments. ○ Ensure market analysis, harmonised transfer values and local coordination guide partners' cash and market-based responses. ○ Regularly adapt the type and scale of response based on the severity of food insecurity. Particular attention needs to be paid to households with at-risk members like persons with disability or older persons through interventions which are safe, appropriate and accessible, and minimise risk. ○ Strengthen partners' ability to target people most in need, including socially marginalised groups, and their accountability to affected populations. The cluster is working with partners to strengthen 	All states and districts affected
	From 1 – 2 weeks		
	From 3 weeks - 3 months		

		<p>inclusion, including through the use of community-based targeting approaches, to ensure targeting is inclusive of marginalised groups.</p> <ul style="list-style-type: none"> ○ Promote the common use of tools that facilitate beneficiary information management and coordination of assistance to those most in need (e.g., SCOPE platform and mobile money transfer). ○ Jointly analyse, plan and integrate food security responses with Nutrition, WASH and Health Clusters. 		
WASH	Within hours	72	<ul style="list-style-type: none"> ▪ Emergency water trucking to affected population. ▪ Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution. ▪ Caseload: 222,712 (reach 60 per cent in Banadir, Kismayo, Dhusamareeb, Adado, and 40 per cent the rest. <ul style="list-style-type: none"> ○ IDPs: 141,116 ○ Host: 81,596 	Belet Xaawo, Doolow, Luuq, Garbahaarey ,Kismayo, Afmadow, Galkacyo, Dhusamareeb, Aaddo, Banadir, Afgooye, Diinsor, Qansax Dheere, Xudur,
	From 1-2 weeks		<ul style="list-style-type: none"> ▪ Improve access to safe sites /settlements/ communities' installation/ rehabilitation of temporary water points ▪ Emergency water trucking to affected population. ▪ Construction of emergency sanitation facilities ▪ Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution. ▪ Caseload 222,712 (reach 100 per cent in Banadir. 80 per cent in Kismayo, Dhusamareeb, Adado, and 60 percent the rest <ul style="list-style-type: none"> ○ IDPs: 141,116 ○ Host: 81,596 	Belet Xaawo, Doolow, Luuq, Garbahaarey ,Kismayo, Afmadow, Galkacyo, Dhusamareeb, Aaddo, Banadir, Afgooye, Diinsor, Qansax Dheere, Xudur,
	2 weeks – 3 months		<ul style="list-style-type: none"> ▪ Rehabilitation and/or extension water infrastructures. ▪ Construction of new water infrastructures ▪ Establishment of water management structures 	Belet Xaawo, Doolow, Luuq, Garbahaarey ,Kismayo, Afmadow, Galkacyo, Dhusamareeb, Aaddo, Banadir, Afgooye, Diinsor, Qansax Dheere, Xudur,

		<ul style="list-style-type: none"> ▪ Construction of new sanitation facilities in settlements hosting new displaced population. ▪ Hygiene promoters training and hygiene promotion ▪ Caseload 222,712 (reach 100 per cent in Banadir, Kismayo, Dusamareb, Adado, Afgoye and 80 per cent the rest <ul style="list-style-type: none"> ○ IDPs: 141,116 ○ Host: 81,596 	
Nutrition	From onset - 1 week	<ul style="list-style-type: none"> ▪ Blanket Supplementary Feeding Program (BSFP), Infant & Young Child Feeding (IYCF), Community mobilisation (and rapid assessment – if required) ▪ IDP: U5: 23,519, Pregnant & Lactating Women (PLWs): 10,583 ▪ HC: U5: 15,299 PLW: 6884 ▪ Will reach 75 per cent of target group with BSFP and IYCF counselling 	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo, Dhuusamareb, Guriceel, Cadaado, Daynille, Kahda, Heliwa, Dharkeynley,, Afgooye, Marka , Diinsoor , Qansax Dheere
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ BSFP provision, IYCF, Community mobilisation, Mid Upper Arm Circumference (MUAC) screening and referral and management of acute malnourished children in TSFP, OTPs and SCs (and rapid assessment – if required) ▪ IDP: U5: 28,223, PLW: 12,700 ▪ HC: U5: 18,359 PLW: 8261 ▪ Will reach 90 per cent of target group with BSFP and IYCF counselling 	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo, Dhuusamareb, Guriceel, Cadaado, Daynille, Kahda, Heliwa, Dharkeynley,, Afgooye, Marka , Diinsoor , Qansax Dheere
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ IYCF, Community mobilization, MUAC screening and referral and management of acute malnourished children in Targeted Supplementary Feeding Program (TSFP), Out Therapeutic Program (OTPs) and Stabilization Centre (SC) ▪ IDP: U5: 31359, PLW: 14111 ▪ HC: U5: 20,399 PLW: 9179 ▪ Will reach 100 per cent of target group with BSFP and IYCF counselling 	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo, Dhuusamareb, Guriceel, Cadaado, Daynille, Kahda, Heliwa, Dharkeynley,, Afgooye, Marka , Diinsoor , Qansax Dheere

Shelter	From onset - 1 week	<ul style="list-style-type: none"> ▪ Rapid assessment (cluster specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of Non- Food Item kits to 6,000 people. 	Daynille, Kahda, Heliwa, Dharkeynley
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Rapid assessment (cluster specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of NFI kits to 30,000 people. ▪ Distribution of shelter kits to 12,000 people with basic sit planning where feasible. 	Daynille, Kahda, Heliwa, Dharkeynley, Kismayo, South Gaalkacyo, Belet Weyne, Doolow
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Rapid assessment (sector specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of NFI kits to 200,000 people. ▪ Distribution of shelter kits to 150,000 people with basic site planning where feasible. 	Daynille, Kahda, Heliwa, Dharkeynley, Belet Xaawo, Kismayo, Dhusamareeb, South Gaalkacyo, Jowhar, Belet Weyne, Cadale and Bulo Burto
Health	From onset - 1 week	<ul style="list-style-type: none"> ▪ Ambulance services referrals for 470 likely to affected to nearest HCF ▪ Mass causality management (MCM) and trauma care for 4,200 ▪ Rapid response teams (RRT) deployment ▪ Medical supplies dispatch from warehouses ▪ Local actor's coordination meeting ▪ Gender Based Violence (GBV/) and Clinical management of rape (CMR) referral; ▪ MHPSS-PFA for 470 beneficiaries 	All districts in 3.1
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ PHC - Case Management through Mobile medical team for 1,100 ▪ Rapid response teams (RRT) deployment for referrals and active case surveillance ▪ Mass causality management (MCM) and trauma care ▪ ambulance services for referral 	All districts in 3.1

		<ul style="list-style-type: none"> ▪ MHPSS-PFA 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ PHC - Case Management through Mobile medical team for 47,500 ▪ Surveillance -early warning, response (EWAR) activation ▪ Physical rehabilitation ▪ Vaccination campaigns ▪ RCCE ▪ MHPSS-PFA ▪ COVID-19 screen 	All districts in 3.1
CCCM	From onset - 1 week	<ul style="list-style-type: none"> ▪ Conduct remote service monitoring assessment to capture the evolving needs of all targeted IDP sites (96). ▪ Receive situation updates on the number of new arrivals, age/gender demographic data and specific vulnerabilities of this caseload. This information will be reported back to service providers to prompt a targeted response. ▪ Service mapping/service monitoring capturing changes to the IDP site landscape. ▪ Meet with local authorities to agree on locations and advocate for secured land tenure for plots allocated to new arrivals on the periphery of established IDP sites ▪ Retrieve contact points of site focal points for efficient coordination and communication ▪ Targeting 85,824 IDPs, or 96 IDP sites 	<p>Kabasa/Qansaxley IDP sites, Doolow, Gedo, Jubaland</p> <p>Kismayo IDP sites (all four sectors of the city), Lower Juba, Jubaland, Daynile/Kahda IDP sites, Banadir, Galkaayo, Dhusamareeb, Cadado, IDP sites Galmudug, Afgooye IDP sites, Afgooye, Lower Shabelle, South West State, Xudur, Diinsoor IDP sites, Bay/Bakool, South West State, Belet Weyne, Hirshabelle, Garbahaarey IDP sites, Jubaland</p>
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Site-level coordination meetings held allowing for camp management committees, service providers and local authorities to further discuss systemic gaps and plans for responding to these challenges ▪ Joint assessment conducted to determine specific needs and challenges affecting new arrivals ▪ Targeting 85,824 IDPs, or 96 IDP sites 	<p>Kabasa/Qansaxley IDP sites, Doolow, Gedo, Jubaland</p> <p>Kismayo IDP sites (all four sectors of the city), Lower Juba, Jubaland, Daynile/Kahda IDP sites, Banadir, Galkaayo, Dhusamareeb, Cadado, IDP sites Galmudug, Afgooye IDP sites, Afgooye,</p>

			Lower Shabelle, South West State, Xudur, Diinsoor IDP sites, Bay/Bakool, South West State, Belet Weyne, Hirshabelle, Garbahaarey IDP sites, Jubaland
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Toolkits and equipment are provided by the CCCM partner to administer community-led site improvement activities. ▪ -Site decongestion activities to be planned and implemented based on increased overcrowding that may have been caused by new arrivals to the IDP site ▪ Targeting 85,824 IDPs, or 96 IDP sites 	<p>Kabasa/Qansaxley IDP sites, Doollow, Gedo, Jubaland</p> <p>Kismayo IDP sites (all four sectors of the city), Lower Juba, Jubaland, Daynile/Kahda IDP sites, Banadir, Galkaayo, Dhusamareeb, Cadaado, IDP sites Galmudug, Afgooye IDP sites, Afgooye, Lower Shabelle, South West State, Xudur, Diinsoor IDP sites, Bay/Bakool, South West State, Belet Weyne, Hirshabelle, Garbahaarey IDP sites, Jubaland</p>
Education	From onset - 1 week	NA	NA
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Distribution of recreational materials ▪ Distribution of teaching and learning materials ▪ Provision of safe drinking water ▪ Provision of emergency school feeding ▪ 103,588 learners targeted 	Belet Hawa, Doloow, Garbahaarey, Afmadow, Baidoa, Xudur, Daynille, Kahda, Heliwa, Dharkeynley, Lafoole and Afgooye, South Galkayo, Dhusamareeb, Cadaado, Jowhar, Belet Weyn, Bulu Burte
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Rehabilitation of existing classrooms or add additional classrooms to accommodate displaced learners ▪ Construction of school latrines ▪ Provision of safe drinking water 	Belet Hawa, Doloow, Garbahaarey, Afmadow, Baidoa, Xudur, Daynille, Kahda, Heliwa, Dharkeynley, Lafoole and Afgooye, South Galkayo, Dhusamareeb, Cadaado, Jowhar, Belet Weyn, Bulu Burte

		<ul style="list-style-type: none"> ▪ Provision of emergency school feeding ▪ Provision of emergency teacher incentives ▪ 103,588 learners targeted 	
Protection	From onset - 1 week	<ul style="list-style-type: none"> ▪ Six rapid assessments conducted within 72 hours by the 24 protection monitors (4 monitors and one team leader in the 6 target districts/hotspots) 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Protection monitoring activities are initiated within the first two-weeks to monitor trends and patterns of violation of rights. ▪ Approximately 300 key informants will be interviewed across the six target districts/hotspots by the 24 protection monitors. ▪ Provision of Psychological First Aid (PFA) by protection monitors to respond to individuals in mental distress due to the recent displacement; referral to basic and specialized services; cash grant for extremely vulnerable individuals (EVIs). 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Protection monitoring activities continue to monitor trends and patterns of violation of rights and protection risk for the population of concern to inform effective programming and advocacy. ▪ Approximately 600 key informants will be interviewed across the target districts/hotspots by the 24 protection monitors. ▪ Provision of Psychological First Aid (PFA) by protection monitors to respond to individuals in mental distress due to the recent displacement; referral to basic and specialized services; cash grant for extremely vulnerable individuals (EVIs). 	
Child Protection	From onset - 1 week	<ul style="list-style-type: none"> ▪ Support distribution of key protection messaging (specifically ensuring that women/children/mobility restrictions are specifically targeted) ▪ Monitor, report and respond to the needs of survivors of grave child rights violations. ▪ Mobilize community first-responders for rapid PFA; assessment; identification and basic support to children at risk. ▪ Activate Child Protection screening desks at the different distribution points, IDP sites. 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland

		<ul style="list-style-type: none"> ▪ Conduct family tracing and reunification for Unaccompanied and Separated Children (UASC) & referral to interim care ▪ Provision of Psychosocial Support (PSS) and Psychological First Aid (PFA) by child protection staff to respond to children and families in mental distress due to the recent displacement; referral to basic and specialized services; 	
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Assess, identify and reinforce safe spaces and outreach for those most vulnerable children in locations of displacement. ▪ Monitor, report and respond to the needs of survivors of grave child rights violations. ▪ Children at risk, including unaccompanied and separated children, are identified, and provided case management services as required. ▪ Children, women, adolescent girls and other vulnerable people are provided with psychosocial support services through structured community-based psychosocial support interventions and through trained social/case workers. 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Re-establish links to community structures and mechanisms, in addition to links with emergency service points ▪ Monitor, report and respond to the needs of survivors of grave child rights violations ▪ Support community mechanisms focused on rapid child protection response and life-saving assistance ▪ Children at risk, including unaccompanied and separated children, are identified, and provided case management services as required. ▪ Children, women, adolescent girls, and other vulnerable people are provided with psychosocial support services through structured community-based psychosocial support interventions and through trained social/case workers ▪ Child Survivors of GBV, including SEA, are identified and referred for multi-sector response services as required 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland.

Gender-Based Violence	From onset - 1 week	<ul style="list-style-type: none"> ▪ Rapid GBV assessments undertaken by the GBV AOR cluster members at locations to determine impact and immediate needs. ▪ Mobilize GBV partners to participate in joint assessments to ensure that tools utilize integrate GBV concerns. ▪ Mobilize GBV partners to conduct safety audit in the target locations within 72hrs to ensure safe access to services for GBV survivors and vulnerable women and girls. ▪ Disseminate results of assessment and follow up on actors to implement recommendations 	Mogadishu, Baidoa, Belet Weyn, Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo Dhuusamareeb, Waajid and Xudur
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Clinical management of rape and PSS actors mobilized and deployed to provide services at GBV one stop centres, family centres/maternity homes and GBV partners in locations. ▪ Work with other clusters to identify vulnerable women and girls and distribute dignity kits and re-usable sanitary pads and other material items for dignity protection. ▪ Undertake mapping in locations affected, update and disseminate referral pathways to provide information on available services and promote timely access 	Mogadishu, Baidoa, Belet Weyn, Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo Dhuusamareeb, Waajid and Xudur
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Provision of specialized services including GBV case management continues. Support for transport for referrals for higher levels of care for severely traumatised women and girls; ▪ Education and sensitization sessions for women and girls on how to prevent and protect themselves from GBV ▪ Support community structures and mechanisms for protection against GBV ▪ Support safe spaces for women and girls for recreation, gbv sensitization and life skills ▪ Support to GBV one centres and GBV partners to undertake service mobilization using existing referral pathways 	Mogadishu, Baidoa, Belet Weyn, Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afamdow, South Gaalkayo Dhuusamareeb, Waajid and Xudur
Explosive Hazards/	From 1 week – 3 months	<ul style="list-style-type: none"> ▪ Community-based teams to deliver Explosive Ordnance Risk Education to communities gathered in the target locations, to enhance their safety awareness regarding explosive hazards/threats. 	Based on current deployment locations of clearance and EORE assets.

Mine Action AOR		<ul style="list-style-type: none"> Community-based Explosive Ordnance Disposal/Clearance Teams on standby to respond to explosive hazards, with the exception of IEDs, if encountered/identified in targeted locations. NB: Deployment of community-based assets dependent upon conducive security environment. 	<p>Clearance: Galgaduud, S/Mudug, Hiraan, Banadir, Gedo, Elbarde, Beletwyene, Yeed, Abudwaq, Mataban, Galdogob</p> <p>Risk Education: Liberated districts in four FMS (Jubaland, Southwest, Hirshabelle and Galmudug) and Banadir</p>
Logistics	From onset - 1 week	<ul style="list-style-type: none"> Mobilization of emergency air transport for cargo and humanitarian staff; road transport to be prioritized if/wherever possible. 	Based on requirement of programmatic clusters
	From 1 – 2 weeks	<ul style="list-style-type: none"> Mobilization of emergency air transport for cargo and humanitarian staff; road transport to be prioritized if/wherever possible. 	
	From 3 weeks - 3 months		

3.2.3 Worse-case scenario multi-sector response strategy

Scenario 2: Worse Case	An estimated 652,000 people are displaced in the hotspot areas of Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland.		
Cluster	Response Timeframe	Activities	Locations Targeted
OCHA FCU	From onset - 1 week	<ul style="list-style-type: none"> Convene <i>ad-hoc</i> RICCG to coordinate multi-cluster/sector assessment Monitor the developing situation as per the scenarios 	All states and districts affected
	From 1 – 2 weeks	<ul style="list-style-type: none"> Follow-up response, monitor the activities, gap analysis Provide inputs to flash alerts 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> Follow-up response, monitor the activities, gap analysis Provide inputs to flash alerts 	

FSL	From onset - 1 week	<ul style="list-style-type: none"> ▪ Objective: To improve immediate access to food through mostly unconditional transfers (e.g. cash/food assistance), to displaced populations for three months. <ul style="list-style-type: none"> ○ Prioritize those experiencing significant consumption gaps. This will be established through rapid food security assessments. ○ Ensure market analysis, harmonized transfer values and local coordination guide partners' cash and market-based responses. ○ Regularly adapt the type and scale of response based on the severity of food insecurity. Particular attention needs to be paid to households with at-risk members like persons with disability or older persons through interventions which are safe, appropriate and accessible, and minimize risk. ○ Strengthen partners' ability to target people most in need, including socially marginalized groups, and their accountability to affected populations. The cluster is working with partners to strengthen inclusion, including through the use of community-based targeting approaches, to ensure targeting is inclusive of marginalized groups. ○ Promote the common use of tools that facilitate beneficiary information management and coordination of assistance to those most in need (e.g. SCOPE platform and mobile money transfer). ○ Jointly analyse, plan and integrate food security responses with Nutrition, WASH and Health Clusters. 	All states and districts affected
	From 1 - 2 weeks		
	From 3 weeks - 3 months		
WASH	Within 72 hours	<ul style="list-style-type: none"> ▪ Emergency water trucking to affected population. ▪ Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution ▪ Caseload 518,641 <ul style="list-style-type: none"> ○ IDPs 441,301 	Belet Xaawo, Doloow, Garbaharey, Kismayo, Afmadow, Galkacyo, Dusamareeb, Adado , Banadir, Afgooye, Xudur, Waajid, Qansax Dheere, Marka, Afmadow, Galkacyo, Dusamareeb and Adado

		<ul style="list-style-type: none"> ○ Host 77,340 ▪ Reach 60 percent in Banadir. Kismayo, Dusamareeb, Adado, Belet Xaawo, Doloow 40 percent in Garbaharey, Afamdow, Galkacyo, Afgooye 30 percent the rest 	
	From 1- 2 weeks	<ul style="list-style-type: none"> ▪ Improve access to safe sites /settlements/ communities Installation/ rehabilitation of temporary water points ▪ Emergency water trucking to affected population. ▪ Construction of emergency sanitation facilities ▪ Hygiene promotion campaigns focusing on hand washing with soap and hygiene kits distribution. ▪ Reach 80 percent in Banadir. Kismayo, Dusamareeb, Adado, Belet Xaawo, Doloow 60 percent in Garbaharey, Afamdow, Galkacyo, Afgooye 30percent the rest 	Belet Xaawo, Doloow, Garbaharey, Kismayo, Afmadow, Galkacyo, Dusamareeb, Adado , Banadir, Afgooye, Xudur, Waajid, Qansax Dheere, Marka, Afmadow, Galkacyo, Dusamareeb and Adado
	2 weeks – 3 months	<ul style="list-style-type: none"> ▪ Rehabilitation and/or extension water infrastructures. ▪ Construction of new water infrastructures ▪ Establishment of water management structures ▪ Construction of new sanitation facilities in settlements hosting new displaced population. ▪ Hygiene promoters training and hygiene promotion ▪ Reach 100 percent in Banadir. Kismayo, Dusamareeb, Adado, Belet Xaawo, Doloow 80 percent in Garbaharey, Afamdow, Galkacyo, Afgooye 60 percent the rest 	Belet Xaawo, Doloow, Garbaharey, Kismayo, Afmadow, Galkacyo, Dusamareeb, Adado , Banadir, Afgooye, Xudur, Waajid, Qansax Dheere, Marka, Afmadow, Galkacyo, Dusamareeb & Adado
Nutrition	From onset - 1 week	<p>Same activities with scale up</p> <p>IDP: Children Under 5 years (U5): 68,807, Pregnant and Lactating Women (PLW): 30,963</p> <p>HC: U5: 29,003 PLW: 13,051</p> <p>75 percent will be reached</p>	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afmadow, Jamaame, Sakow, Buale, South Gaalkacyo, Dhuusamareeb, Guriceel, Cadaado, North Gaalkacyo, Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid, Karaan, Afgooye, Marka, Xudur , Waajid , Diinsoor. Qansax Dheere

	From 1 – 2 weeks	IDP: U5: 82,568, PLW: 37,155 HC: U5: 34,803 PLW: 15,661 90 percent will be reached	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afmadow Jamaame, Sakow, Buale, South Gaalkacyo, Dhuusamareb, Guriceel, Cadaado, North Gaalkacyo, Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid, Karaan, Afgooye, Marka, Xudur , Waajid , Diinsoor. Qansax Dheere
	From 3 weeks - 3 months	IDP: U5: 91742, PLW: 41,284 HC: U5: 38,670 PLW: 17,401 100 percent will be reached	Belet Xaawo, Doolow, Ceel Waaq, Garbahaarey, Kismayo, Afmadow Jamaame, Sakow, Buale, South Gaalkacyo, Dhuusamaareb, Guriceel, Cadaado, North Gaalkacyo, Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid, Karaan, Afgooye, Marka, Xudur , Waajid , Diinsoor. Qansax Dheere
Shelter	From onset - 1 week	<ul style="list-style-type: none"> ▪ Rapid assessment (cluster specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of NFI kits to 6,000 people. 	Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid and Karaan
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Rapid assessment (cluster specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of NFI kits to 30,000 people. ▪ Distribution of shelter kits to 12,000 people with basic sit planning where feasible. 	Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid, Karaan, Kismayo, South Galkayo, North Galkayo, Beletweyn, Afgooye, Dollow
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Rapid assessment (cluster specific/multi-cluster). ▪ Registration of beneficiaries. ▪ Distribution of NFI kits to 300,000 people. 	Hodan, Hawlwadag, Wardhigley, Waberi, Wadajir, Bondhere, Shibis, Yaaqshid, Karaan, Kismayo, South Galkayo, North Galkayo, Beletweyn, Afgooye, Dollow

		<ul style="list-style-type: none"> ▪ Distribution of shelter kits to 200,000 people with basic sit planning where feasible. 	
Health	From onset - 1 week	<ul style="list-style-type: none"> ▪ Ambulance services referrals for 1,180 likely to affected to nearest HCF ▪ Mass causality management (MCM) and trauma care for 10,600 ▪ Rapid response teams (RRT) deployment ▪ Medical supplies dispatch from warehouses ▪ Local actor's coordination meeting ▪ Gender-Based Violence/Case Management referral. ▪ Mental Health and Psycho-Social Support (MHPSS)-Psychosocial First Aid (PFA) 	All districts in 3.1
	From 1 - 2 weeks	<ul style="list-style-type: none"> ▪ PHC - Case Management through Mobile medical team for 30,000 ▪ Rapid response teams (RRT) deployment for referrals and active case surveillance ▪ Mass causality management (MCM) and trauma care ▪ Ambulance services for referral. ▪ MHPSS-PFA 	All districts in 3.1
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ PHC - Case Management through Mobile medical team for 120,000 ▪ Surveillance -early warning, response (EWAR) activation ▪ Physical rehabilitation ▪ Vaccination campaigns ▪ Risk Communication and Community Engagement (RCCE) ▪ MHPSS-PFA ▪ COVID-19 screening 	All districts in 3.1
CCCM	From onset - 1 week	<ul style="list-style-type: none"> ▪ Conduct remote service monitoring assessment to capture the evolving needs of all targeted IDP sites (144). 	Kabasa/Qansaxley IDP sites, Doloow, Gedo, Jubaland

		<ul style="list-style-type: none"> ▪ -Receive situation updates on the number of new arrivals, age/gender demographic data and specific vulnerabilities of this caseload. This information will be reported back to service providers to prompt a targeted response. ▪ -Service mapping/service monitoring capturing changes to the IDP site landscape. ▪ Meet with local authorities to agree on locations and advocate for secured land tenure for plots allocated to new arrivals on the periphery of established IDP site 	<p>Kismayo (all four sectors of the city, Lower Juba, Jubaland Daynile/Kahda, Banadir, Beletweyne, Hirshabelle Diinsoor, Bay, South West State Galkaayo, Dhusamareeb, Cadado, Galmudug Garbahaarey IDP sites, Jubaland</p>
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Site-level coordination meetings held allowing for camp management committees, service providers and local authorities to further discuss systemic gaps and plans for responding to these challenges ▪ Joint assessment conducted to determine specific needs and challenges affecting new arrivals 	<p>Kabasa/Qansaxley IDP sites, Doloow, Gedo, Jubaland Kismayo (all four sectors of the city, Lower Juba, Jubaland Daynile/Kahda, Banadir, Beletweyne, Hirshabelle Diinsoor, Bay, South West State Galkaayo, Dhusamareeb, Cadado, Galmudug Garbahaarey IDP sites, Jubaland</p>
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Toolkits that were provided to site maintenance committees and camp management committees to be used facilitating site improvement activities, coordinated remotely 	<p>Kabasa/Qansaxley IDP sites, Doloow, Gedo, Jubaland Kismayo (all four sectors of the city, Lower Juba, Jubaland Daynile/Kahda, Banadir, Beletweyne, Hirshabelle Diinsoor, Bay, South West State Galkaayo, Dhusamareeb, Cadado, Galmudug Garbahaarey IDP sites, Jubaland</p>
Education	From onset - 1 week		
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Distribution of recreational materials 	<p>Belet Hawa, Doloow, Garbaharey, Afmadow, Baidoa, Xudur, Daynille, Kahda, Heliwa,</p>

		<ul style="list-style-type: none"> ▪ Distribution of teaching and learning materials ▪ Provision of safe drinking water ▪ Provision of emergency school feeding ▪ 	Dharkeynley, Afgooye, South Galkayo, Dhusamareeb, Cadaado, Jowhar, Belet Weyn, Bulo Burte
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Establishment of temporary learning space ▪ Construction of school latrines ▪ Distribution of teaching and learning materials ▪ Provision of safe drinking water ▪ Provision of emergency school feeding ▪ Provision of emergency teacher incentives ▪ Provision of Teacher training in the TiCC inclusive Education, Protection and Socio-Emotional Learning (Module 1+2) <p>Provision of psychosocial support</p>	Belet Hawa, Doloow, Garbaharey, Afmadow, Baidoa, Xudur, Daynille, Kahda, Heliwa, Dharkeynley, Afgooye, South Galkayo, Dhusamareeb, Cadaado, Jowhar, Belet Weyn, Bulo Burte
Protection	From onset - 1 week	<ul style="list-style-type: none"> ▪ Twelve rapid protection assessments conducted within 72 hours by 48 protection monitors (8 monitors and 2 team leaders in each of the 6 target districts/hotspots) 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Protection monitoring activities are initiated within the first two-weeks to monitor trends and patterns of violation of rights. ▪ Approximately 600 key informants will be interviewed across the target districts/hotspots by the 48 protection monitors. ▪ Provision of Psychological First Aid (PFA) by protection monitors to respond to individuals in mental distress due to the recent displacement; referral to basic and specialized services; cash grant for extremely vulnerable individuals (EVIs). 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Protection monitoring activities continue to monitor trends and patterns of violation of rights and protection risk for the population of concern to inform effective programming and advocacy. 	

		<ul style="list-style-type: none"> ▪ Approximately 1,200 key informants will be interviewed across the targeted districts/hotspots by 48 protection monitors. ▪ Provision of Psychological First Aid (PFA) by protection monitors to respond to individuals in mental distress due to the recent displacement; referral to basic and specialized services; cash grant for extremely vulnerable individuals (EVIs). 	
Child Protection	From onset - 1 week	<ul style="list-style-type: none"> ▪ Support distribution of key protection messaging (specifically ensuring that women/children/mobility restrictions are specifically targeted ▪ Monitor, report and respond to the needs of survivors of grave child rights violations. ▪ Activate and deploy rapid response team immediately to identify sites affected by the emergency from the Protection Sector standby emergency list ▪ Mobilize community first-responders for rapid PFA; assessment; identification and basic support to survivors ▪ Activate Child Protection screening desks at the different distribution points, IDP sites, as well as pop-up desks ▪ Conduct family tracing and reunification for Unaccompanied and Separated Children (UASC) & referral to interim care ▪ Provision of PSS and Psychological First Aid (PFA) by child protection staff to respond to children and families in mental distress due to the recent displacement; referral to basic and specialized services; 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Assess, identify and reinforce safe spaces and outreach for those most vulnerable children in locations of displacement. ▪ Monitor, report and respond to the needs of survivors of grave child rights violations. ▪ Children at risk, including unaccompanied and separated children, are identified, and provided case management services as required. 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland

		<ul style="list-style-type: none"> ▪ Children, women, adolescent girls and other vulnerable people are provided with psychosocial support services through structured community-based psychosocial support interventions and through trained social/case workers. 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Re-establish links to community structures and mechanisms, in addition to links with emergency service points ▪ Monitor, report and respond to the needs of survivors of grave child rights violations. ▪ Support community mechanisms focused on rapid child protection response and life-saving assistance ▪ Children at risk, including unaccompanied and separated children, are identified, and provided case management services as required. ▪ Children, women, adolescent girls, and other vulnerable people are provided with psychosocial support services through structured community-based psychosocial support interventions and through trained social/case workers ▪ Child Survivors of GBV, including SEA, are identified and referred for multi-sector response services as required 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
Gender-Based Violence	From onset - 1 week	<ul style="list-style-type: none"> ▪ Rapid GBV assessments undertaken by the GBV AOR cluster members at locations to determine impact and immediate needs. ▪ Mobilize GBV partners to participate in joint assessments to ensure that tools utilize integrate GBV concerns. ▪ Disseminate results of assessment and follow up on actors to implement recommendations 	Gedo, Mogadishu, Baidoa, Hirshabelle, Puntland
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Clinical management of rape and PSS actors mobilized and deployed to provide services at GBV one stop centres, family centres/maternity homes and GBV partners in locations. ▪ Work with other clusters to identify vulnerable women and girls and distribute dignity kits and re-usable sanitary pads and other material items for dignity protection. 	Gedo, Mogadishu, Baidoa, Hirshabelle, Puntland

		<ul style="list-style-type: none"> ▪ Undertake mapping in locations affected, update and disseminate referral pathways to provide information on available services and promote timely access 	
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Provision of specialized services including GBV case management continues. Support for transport for referrals for higher levels of care for severely traumatised women and girls; ▪ Education and sensitization sessions for women and girls on how to prevent and protect themselves from GBV ▪ Support community structures and mechanisms for protection against GBV 	Gedo, Mogadishu, Baidoa, Hirshabelle, Puntland
Housing Land and Property (HLP)	From onset - 1 week	<ul style="list-style-type: none"> ▪ Support HLP specific advocacy as part of key protection messaging (specifically forced evictions and moratorium extension to cover the election period ▪ Undertake eviction Risk assessment ▪ .Conduct a rapid HLP mapping including analyses 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Conduct information sessions and awareness campaigns on HLP rights and remedies within the context of elections ▪ Strengthen Community based dispute resolution mechanisms to mitigate HLP conflicts ▪ Provide legal assistance and counselling services. 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland
	From 3 weeks - 3 months	<ul style="list-style-type: none"> ▪ Strengthen HLP specific advocacy as part of key protection messaging (specifically forced evictions and moratorium extension to cover the election period) ▪ Support Community based dispute resolution mechanisms addressing HLP specific issues ▪ Provide legal assistance and counselling services. ▪ . Strengthen information sessions and awareness campaigns on HLP rights and remedies within the context of elections 	Mogadishu, Jubaland, South West State, Hirshabelle, Galmudug and Puntland

Explosive Hazards/ Mine Action AOR	From 1 week - 3 months	<ul style="list-style-type: none"> ▪ Community-based teams deliver emergency Explosive Ordnance Risk Education to communities gathered in the target locations, in response to explosive ordnance/landmine accident. ▪ Community-based Explosive Ordnance Disposal/Clearance Teams respond to explosive ordnance/landmine accident, with the exception of IEDs, if encountered/identified in targeted locations. ▪ Survey of surrounding location to confirm presence of explosive hazard contamination and carry out clearance, to prevent further accidents. ▪ NB: Deployment of community-based assets dependent upon conducive security environment. 	<ul style="list-style-type: none"> ▪ Based on current deployment locations of clearance and EORE assets. ▪ Clearance: Galgaduud, S/Mudug, Hiraan, Banadir, Gedo, Elbarde, Beletwyene, Yeed, Abudwaq, Mataban, Galdogob ▪ Risk Education: Liberated districts in four FMS (Jubaland, Southwest, Hirshabelle and Galmudug) and Banadir
Logistics	From onset - 1 week	<ul style="list-style-type: none"> ▪ Mobilisation of emergency air transport for cargo and humanitarian staff; road transport to be prioritised if/wherever possible. 	Based on requirement of programmatic clusters
	From 1 – 2 weeks	<ul style="list-style-type: none"> ▪ Mobilisation of emergency air transport for cargo and humanitarian staff; road transport to be prioritised if/wherever possible. 	
	From 3 weeks - 3 months		

3.3 Preparedness and Stockpiles to meet the response requirements

Similar to the response strategy, the preparedness and stockpiles below is planned with Scenario 1 (most likely scenario) as the primary preparedness scenario and Scenario 2 (worst-case scenario) includes scale-up preparedness activities built on Scenario 1.

3.4 Preparedness Activities

Scenario 1: Most Likely	
Cluster/Sector	Preparedness Activities
OCHA	<ul style="list-style-type: none"> ▪ Coordinate and confirm multi-sector assessment for elections-related violence incidents ▪ Prepare response monitoring and response monitoring templates, dashboard structures etc

	<ul style="list-style-type: none"> ▪ Map the pre-positioning and available resources at sub-national levels
FSL	<ul style="list-style-type: none"> ▪ Cash response <ul style="list-style-type: none"> ▪ Implementing partner selection ▪ Beneficiary mobilization ▪ Beneficiary registration (through biometrics). Communities will be engaged throughout the project cycle. They will be consulted during the mobilization and selection processes and will have the opportunity to provide feedback and complaints throughout implementation. ▪ Weekly Market prices are monitoring ▪ Implementation monitoring including use of remote monitoring approaches (mVAM etc)
WASH	<ul style="list-style-type: none"> ▪ Pre-positioning of hygiene supplies at strategic warehouses in Doolow, Kismayo, Banadir, Adado, Luuq, Baidoa and Afmadow. ▪ Rapid WASH assessment in all potentially high-risk areas to map strategic water sources. ▪ WASH partners' response capacity mapping and response gaps analysis ▪ Engagement with sub-national coordination and authorities
Nutrition	<ul style="list-style-type: none"> ▪ Partner's mapping, resource mapping including supplies, calculation and prepositioning of supplies for the initial response and based on the scenarios, training of staff (if needed)
Shelter	<ul style="list-style-type: none"> ▪ Assessment tools, strategy and guidelines are in place. ▪ Sub-national coordination structures are in place. ▪ Pre-positioning of NFI and shelter kits in key locations.
Health	<ul style="list-style-type: none"> ▪ Identification of RRT as surge staff ▪ Training of ambulance/ health care facility staff for mass casualty management ▪ Assessment/pre-planning health facilities available for referral including neighbouring countries ▪ Preposition of medical supplies in accessible and near to hot spot areas ▪ Mapping all local actors

<p>CCCM</p>	<ul style="list-style-type: none"> ▪ CCCM partners to earmark site maintenance/DRR tool kits and equipment for site-level site maintenance committees or camp management committees in case there is a need for remote operations. Toolkits should be located agency warehouses located within the district of operation in case of the requirement to mobilize these resources. ▪ Thorough consultation with camp management committees (CMCs) in established CCCM sites regarding administering remote activities such as service mapping, service monitoring and accessing service provider focal points. This includes the translated service monitoring hardcopy template which should be available for CMCs to communicate via phone to partner organizations. ▪ Establishing data collection methods for camp management committees (CMC). CCCM partners should establish referral systems for new arrivals to the IDP sites. These systems should include a simple headcount tool with age/gender disaggregation in addition to ensuring that data collected for vulnerable new arrivals in obtained. Moreover, CMC members should contact the site managing agency directly when cases of new arrivals arise with CCCM partners deploying to such locations verifying needs and capturing data that may be relevant for other emergency response sectors. CMC members should also have access to health and protection referral contact points and should be trained on when to register a referral based on critical needs that new arrivals may have. ▪ Administer camp management committee (CMC) trainings targeting modules such as emergency management of IDP sites enabling the community governance structure to respond effectively to shocks caused by election turmoil. ▪ Providing phone credit to CMC members or ensuring that all CMC members have reachable mobile devices, and that service maps are updated for managed IDP sites. ▪ Establish complaints feedback mechanism (CFM) hotlines at the site-level facilitating community awareness sessions and broader advertisement to vulnerable members of the IDP community including PwDs. ▪ Provide solar chargers to camp management committees (CMCs) to assure that mobile devices can be fully charged and that CCCM partners can conduct weekly/daily situation reports. ▪ Create site-level plans in partnership with the camp management committees (CMCs) and local authorities when possible on the appropriate locations and recourse for allocating shelter plots for new arrivals
<p>Protection</p>	<ul style="list-style-type: none"> ▪ Hiring and training of protection monitors ▪ Hiring of vehicles for protection monitors ▪ Purchasing of smart phone devices for the protection monitors ▪ Mapping of existing services to ensure updated referral pathways
<p>Child Protection</p>	<ul style="list-style-type: none"> ▪ Monitor, report and respond to grave child rights violations ▪ Develop IEC materials to prevent family separation developed, identified and pre-positioned.

	<ul style="list-style-type: none"> ▪ Identify, mobilise, activate community members in different locations to identify protection needs of children and risks and referrals to service providers and in Psychological First Aid (PFA) ▪ Mobilise and deploy student social workers in affected communities to provide child protection services through help desks ▪ Train child protection staffs "first responders" on basic principles; identification & referral of urgent needs/vulnerabilities ▪ Establish Emergency Referral Pathway based on Safe areas and teams available ▪ Pre-identification of emergency temporary care arrangement for people with needs (children, disabilities, elder) who may be separated ▪ Provide training for caregivers on Psychological First Aid, referral pathways, etc. ▪ Purchasing of Child Friendly Space kits ▪ Hiring of vehicles for child protection staff and case/social workers
Housing land and property (HLP)	<ul style="list-style-type: none"> ▪ Establish help desks to identify HLP specific issues at the onset of displacement ▪ Mapping and analysis of HLP specific issues in target locations ▪ Capacity needs assessment of community-based dispute resolution mechanisms ▪ Organise advocacy events with key actors and HLP stakeholders ▪ Develop IEC materials on HLP and elective politics ▪ Capacity building for right holders, decision makers and duty bearers ▪ Provide information, counselling and legal services on HLP specific cases
Explosive Hazards	<ul style="list-style-type: none"> ▪ Identify locations targeted for elections and carry out community liaison ▪ Community-based Teams informed to stand by for response to explosive hazard threats in the targeted locations
Logistics	<ul style="list-style-type: none"> ▪ Support other Clusters with the prepositioning of items to potential key response locations, based on the need. Road transport to be prioritized wherever possible, airlifts as a last resort.
Education	<ul style="list-style-type: none"> ▪ Mapping capacities of functional schools in the hotspot locations. ▪ Prepositioning education supplies (teaching and learning materials, recreational materials, tents). ▪ Developing action plan for Safe School Declaration.

- Mapping of marginalisation dynamics in the targeted community

Scenario 2: Worst Case Scenario	
Cluster	Preparedness Activities
OCHA	<ul style="list-style-type: none"> ▪ Coordinate and confirm multi-sector assessment form elections related violence incidents ▪ Prepare response monitoring and response monitoring templates, dashboard structures etc ▪ Map the pre-positioning and available resources at sub-national levels
FSL	<ul style="list-style-type: none"> ▪ Cash response <ul style="list-style-type: none"> ▪ Implementing partner selection ▪ Beneficiary mobilization ▪ Beneficiary registration (through biometrics). Communities will be engaged throughout the project cycle. They will be consulted during the mobilization and selection processes and will have the opportunity to provide feedback and complaints throughout implementation. ▪ Weekly Market prices are monitoring <p>Implementation monitoring including use of remote monitoring approaches (mVAM etc)</p>
WASH	<ul style="list-style-type: none"> ▪ Pre-positioning of hygiene supplies at strategic warehouses in Doolow, Kismayo, Banadir, Adado, Luuq, Baidoa and Afmadow. ▪ Setting temporary facilities to store additional hygiene supplies ▪ Replenishment of hygiene supplies at the strategic warehouses ▪ Rapid WASH assessment in all potentially high-risk areas to map strategic water sources. ▪ WASH partners' response capacity mapping and response gaps analysis ▪ Engagement with sub-national coordination and authorities to support/ coordinate response

Nutrition	<ul style="list-style-type: none"> ▪ Partner's mapping, resource mapping including supplies, calculation and prepositioning of supplies for the initial response and based on the scenarios, training of staff (if needed)
Shelter	<ul style="list-style-type: none"> ▪ Assessment tools, strategy and guidelines are in place. ▪ Sub-national coordination structures are in place. ▪ Pre-positioning of NFI and shelter kits in key locations.
Health	<ul style="list-style-type: none"> ▪ Identification of RRT as surge staff ▪ Training of ambulance/ health care facility staff for mass causality management ▪ Assessment/pre-planning health facilities available for referral including neighbouring countries ▪ Preposition of medical supplies in accessible and near to hot spot areas ▪ Mapping all local actors
CCCM	<ul style="list-style-type: none"> ▪ CCCM partners to provide site maintenance/DRR tool kits and equipment to site-level site maintenance committees or camp management committees in case there is a need for remote operations. Toolkits should be in community centers or with a designated CMC member who will be responsible for these items. ▪ Thorough consultation with camp management committees (CMCs) in established CCCM sites regarding administering remote activities such as service mapping, service monitoring and accessing service provider focal points. This includes the translated service monitoring hardcopy template which should be available for CMCs to communicate via phone to partner organisations. ▪ Establishing data collection methods for camp management committees (CMC). CCCM partners should establish referral systems for new arrivals to the IDP sites. These systems should include a simple headcount tool with age/gender disaggregation in addition to ensuring that data collected for vulnerable new arrivals is obtained. Moreover, CMC members should contact the site managing agency directly when cases of new arrivals arise with CCCM partners deploying to such locations verifying needs and capturing data that may be relevant for other emergency response sectors. CMC members should also have access to health and protection referral contact points and should be trained on when to register a referral based on critical needs that new arrivals may have. ▪ Administer camp management committee (CMC) trainings targeting modules such as emergency management of IDP sites enabling the community governance structure to respond effectively to shocks caused by election turmoil. ▪ Providing phone credit to CMC members or ensuring that all CMC members have reachable mobile devices, and that service maps are updated for managed IDP sites. ▪ Establish complaints feedback mechanism (CFM) hotlines at the site-level facilitating community awareness sessions and broader advertisement to vulnerable members of the IDP community including PwDs.

	<ul style="list-style-type: none"> ▪ Provide solar chargers to camp management committees (CMCs) to assure that mobile devices can be fully charged and that CCCM partners can conduct weekly/daily situation reports. ▪ Create site-level plans in partnership with the camp management committees (CMCs) and local authorities when possible on the appropriate locations and recourse for allocating shelter plots for new arrivals
Protection	<ul style="list-style-type: none"> ▪ Hiring and training of protection monitors ▪ Hiring of vehicles for protection monitors ▪ Purchasing of smart phone devices for the protection monitors ▪ Mapping of existing services to ensure updated referral pathways
Child Protection	<ul style="list-style-type: none"> ▪ Monitor, report and respond to grave child rights violations ▪ Develop IEC materials to prevent family separation developed, identified and pre-positioned. ▪ Identify community members in different locations to be trained to identify protection needs of children and risks and referrals to service providers and in Psychological First Aid (PFA) ▪ Mobilise and deploy student social workers in affected communities to provide child protection services through help desks ▪ Train child protection staff as "first responders" on basic principles; identification & referral of urgent needs/vulnerabilities ▪ Establish Emergency Referral Pathway based on Safe areas and teams available ▪ Pre-identification of emergency temporary care arrangement for people with needs (children, disabilities, elder) who may be separated ▪ Provide training for caregivers on Psychological First Aid, referral pathways, etc. ▪ Purchasing of Child Friendly Space kits and play and recreational materials ▪ Hiring of vehicles for child protection staff and case/social workers
Housing Land and Property	<ul style="list-style-type: none"> ▪ Establish help desks to identify HLP specific issues at the onset of displacement ▪ Mapping and analysis of HLP specific issues in target locations ▪ Capacity needs assessment of community-based dispute resolution mechanisms ▪ Organise advocacy events with key actors and HLP stakeholders ▪ Develop IEC materials on HLP and elective politics ▪ Capacity building for right holders, decision makers and duty bearers

	<ul style="list-style-type: none"> ▪ Provide information, counselling and legal services on HLP specific cases
Explosive Hazards	<ul style="list-style-type: none"> ▪ Identify/travel to elections locations for community liaison ▪ Community-based Teams deployed in response to occurrence of explosive ordnance/landmine accident(s) in the targeted locations
Logistics	<ul style="list-style-type: none"> ▪ Support other Clusters with the prepositioning of items to potential key response locations, based on the need. Road transport to be prioritized wherever possible, airlifts as a last resort.
Education	<ul style="list-style-type: none"> ▪ Mapping capacities of functional schools in the hotspot locations. ▪ Prepositioning education supplies (teaching and learning materials, tents). ▪ Developing action plan for Safe School Declaration. ▪ Mapping of marginalization dynamics in the targeted community ▪ Developing key messaging on enrolment campaigns.

3.4.1 Prepositioning

The pre-positioning materials section indicates the number of materials currently available in Somalia and the amount needed to pre-position to meet the response requirements stated above for most-likely scenario; and the scale-up required for the worst-case scenario if the situation escalates. The primary pre-positioning stock is for the Scenario 1 (most likely) pre-positioning stock that is stated below. The second pre-positioning stock related to the further stock scale-up required should the situation deteriorate to Scenario 2 – Worst Case.

3.4.1.1 Current available resources in Somalia

Cluster	Preposition Stock Type and Amount
FSL	Cash-based response = no pre-positioned stock
WASH	45,000* hygiene kits can be allocated to emergencies if needed from regular response (7,000 in Adado, 7500 in Luuq, 1,300 Elwak, 7,400 in Doble, 18,000 in Banadir)
Nutrition	Earmarked material with partners and can be allocated for emergencies (if can be replenished)

Shelter	NFI kits: 2,551 NFI kits located in Mogadishu and Kismayo which can be allocated to election related displacement if needed from current response?
Health	No materials
CCCM	No materials
Protection	GBV: Kit 3 (rape kits) in Mogadishu, 6000 re-usable sanitary pads in Mogadishu, 1,000 dignity kits prepositioned in Hargeisa.
Logistics	All necessary logistics assets are in place to support whenever required
Education	No materials

3.4.1.2 Pre-positioning resources needed for Contingency Plan

Scenario 1: Most Likely			
Cluster	Preposition Stock Type	Number of items	Location
FSL	No pre-positioning of materials due to cash-based response strategy	NA	NA
WASH	Hygiene kits	60,000 kits	Doolow, Elwak, Kismayo, Doble, Adado, Banadir
	Water systems (pipes, pumps)	28,000 units	
	IEC materials for RCCE (hygiene promotion)		
Nutrition	BSFP supplies, TSFP supplies, OTP and SC supplies, awareness raising and social mobilization material		Jubaland, Galmuduug ,Banadir, Hirshabelle South West

Shelter	NFI kits	22,000	Mogadishu, Kismayo, Doolow, Bossaso, Gaalkacyo and Belet Weyne.
	Shelter kits	22,000	
Health	Interagency Emergency Health Kit (IEHK) Complete, with malaria module	7	Doolow, Kismayo J, Banadir,, South Gaalkacyo, Dhuusamareeb -Galmudug, Belet Weyne, -Hirshabele
	Trauma care Kit and Mass casualty management (MCM)	16	
	MISP (RH Kits) Community Level/Health Post	5	
	MISP (RH Kits) Primary health care level	2	
CCCM	<p>Site maintenance/DRR tool kits prepositioned at the district level in agency offices.</p> <p>Tool Kit composition:</p> <p>Pickaxe</p> <p>Shovel</p> <p>Digging bar (1.2 m)</p> <p>Claw hammer</p> <p>Carpentry saw (bone-saw)</p> <p>Trowel for plastering</p> <p>Spirit level (600 mm)</p> <p>Wheelbarrow</p> <p>Steel measuring tape (5m)</p> <p>Pliers (combination - medium)</p> <p>Pliers (long nose)</p> <p>Hand Saw – Metal (aka Hacksaw)</p> <p>Cutters (diagonal or wire)</p> <p>All IDP sites managed by CCCM partners, if not all IDP sites in at-risk districts</p>	96 Toolkits	<p>Kabasa/Qansaxley IDP sites, Dollow, Gedo, Jubbaland</p> <p>Kismayo (all four sectors of the city, Lower Juba, Jubbaland</p> <p>Daynile/Kahda, Banadir</p> <p>Belet weyne, Hirshabelle</p> <p>Diinsor, Bay, South West State</p> <p>Gaalkacyo, Dhusamareeb, Cadado, Galmudug</p> <p>Belet Weyne, Hirshabelle</p> <p>Garbahaarey IDP sites, Jubaland</p>

	Assurance that CMC focal points have access to service monitoring/service mapping tools in paper version. Prepositioned at the site level		
	Phone credit provided available at district-level, prepositioned in agencies offices.	Airtime with a value of \$5 supplied to each CMC leader/focal point in targeted IDP sites (96 IDP sites).	
Protection	Child Protection: CFS kits, tent, child friendly NFI, dignity kits,	CFS kits-100 Tent, light weight, rectangular 42m ² - 30 Dignity kits: 1000	
Explosive Hazards	One EORE Facilitator per district One Community Liaison Officer per region One Clearance/EOD team, dependent on task site		Clearance: Galgaduud, S/Mudug, Hiraan, Banadir, Gedo, Elbarde, Beletwyene, Yeed, Abudwaq, Mataban, Galdogob Risk Education: Liberated districts in four FMS (Jubaland, Southwest, Hirshabelle and Galmudug) and Banadir
Logistics	n/a – transport / storage support can be provided	n/a – transport / storage support can be provided	Storage: Doolow, Kismayo, Gaalkacyo, Dhushamareeb, Mogadishu, Bossaso, Berbera, Hargeisa
Education	Education Supplies		Doolow, Kismayo, Baidoa, Hudur & Marka, South West State, Jowhar and Belet Weyne, Hirshabelle, Dhushamareeb, Gaalkacyo, Galmudug state,

			Garowe and Bossaso, Puntland, Mogadishu
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Pre-positioning scale up for worse-case scenario (once scenario 1 stock is depleted or scenario 2 is triggered)			
Cluster	Preposition Stock Type	Number of Items	Location (City, District, State)
FSL	No pre-positioning of materials due to cash-based response		
WASH	Hygiene kits	90,000Kits	Doolow, Elwak, Kismayo, Doble, Adado, Banadir
	Water systems (pipes, pumps)	28,000 units	
	IEC materials for RCCE(hygiene promotion)	850,000	
Nutrition	BSFP supplies, TSFP supplies, OTP and SC supplies, awareness raising and social mobilization material		Jubaland ,Galmuduug , Banadir, Hirshabelle, South West Puntland
Shelter	NFI kits Shelter kits	21,845 21,845	Mogadishu, Kismayo, Dollow, Bossaso, Gaalkacyo and Belet Weyne.
Health	Interagency Emergency Health Kit (IEHK) Complete, with malaria module	18	Doolow, Belet Xaawo- Kismayo JL
	Trauma care and Mass casualty management (MCM)	38	Banadir, South, Gaalkacyo, Dhuusamareeb -Galmudud
	MISP (RH Kits) Community Level/Health Post		
	MISP (RH Kits) Primary health care level	12	Bele Weyne, Hirshablele

		4	
CCCM	<p>Site maintenance/DRR tool kits prepositioned at the district level in agency offices</p> <p>Tool Kit composition:</p> <p>Pick axe</p> <p>Shovel</p> <p>Digging bar (1.2 m)</p> <p>Claw hammer</p> <p>Carpentry saw (bone-saw)</p> <p>Trowel for plastering</p> <p>Spirit level (600 mm)</p> <p>Wheelbarrow</p> <p>Steel measuring tape (5m)</p> <p>Pliers (combination - medium)</p> <p>Pliers (long nose)</p> <p>Hand Saw – Metal (aka Hacksaw)</p> <p>Cutters (diagonal or wire)</p>	144 Toolkits	<p>Kabasa/Qansaxley IDP sites, Doolow, Gedo, Jubaland</p> <p>Kismayo IDP sites (all four sectors of the city), Lower Juba, Jubaland</p> <p>Daynile/Kahda IDP sites, Banadir</p> <p>Gaalkacyo, Dhusamareeb, Cadado, IDP sites Galmudug</p> <p>Afgoye IDP sites, Afgoye, Lower Shabelle, South West State</p> <p>Xudur, Diinsoor IDP sites, Bay/Bakool, South West State</p> <p>Garbahaarey IDP sites, Jubaland</p>
	<p>Assurance that CMC focal points have access to service monitoring/service mapping tools in paper version. Prepositioned at the site-level</p>	All IDP sites managed by CCCM partners, if not all IDP sites in at-risk districts	
	<p>Phone credit provided available at district-level, prepositioned in agencies offices.</p>	Airtime with a value of \$5 supplied to each CMC leader/focal point in targeted IDP sites (144 IDP sites).	

Protection	Child Protection: CFS kits, tent, child friendly NFI, dignity kits,	CFS kits-100 Tent,light weight,rectangular,42m ² -30 Dignity kits: 1000	
Logistics	n/a – transport / storage support can be provided	n/a – transport / storage support can be provided	Storage: Doolow, Kismayo Gaalkacyo, Dhushamareeb, Mogadishu, Bossaso, Berbera, Hargeisa Transport: Belet Xaawa, Doolow, Garbarhey, Kismayo, Afmadow, Galkayo, Dhushamareeb, Cadaado, Guriceel-Galgaduud, Daynille, Kahda, Heliwa, Dharkeynley, Belet Weyne, Jowar, Afgoye, Marka, Xudur, Wajid, Dinsoor, Qansadhere, Baidoa, Mataban, Balad, Warsheikh, Adale
Education	Education Supplies		Doolow, Kismayo, Baidoa, Hudur & Marka, South West State, Jowhar and Belet weyne, Hirshabelle, Dhushamareeb, Gaalkacyo, Galmudug state, Garowe and Bossaso, Puntland, Mogadishu

3.4.2 Budget needed for Preparedness and Pre-positioning Activities (on top of planned HRP 2021 budget)

The below budget reflects the budget amounts needed by each Sector to meet the response and preparedness measures as stated above in Part 3. The budget below is developed within the following considerations:

- The budget below **denotes the (gap) needed to deliver the appropriate response stated in Part 3 for three months, in addition to the budgeted activities under the upcoming HRP 2021 and ongoing emergency/relief programmes.**
- The budget for Scenario 1 is the primary budget needed for preparedness activities including pre-positioning for the upcoming elections for three months of response. The second part of the budget is the scale-up budget required if the situation deteriorates from 258,790 people being affected/displaced and an additional 393,210 people are added to the caseload. The total denotes the amount in need for full preparedness and scale-up for both scenarios to reach a 652,000 newly displaced and affected people with emergency life-saving assistance within a period of three months.

Sector	Scenario 1: Most Likely (for 258,790 people) response for 3 month					Scale-up (for Worse Case Scenario) from likely scenario (for additional 393,210 people) for 3 months					Total Budget Requirement for primary preparedness and scale-up
	Preparedness Activities Gap Budget		Support Budget Gap	Total	Budget needed for onset - 1 week (1 month for WASH, FSL and Shelter)	Preparedness Activities Scale-up		Support Budget scale-up	Total	Budget needed for onset - 1 week (1 month for WASH, FSL and Shelter)	
	Other Preparedness activities	Prepositioning Materials Gap				Other Preparedness Scale-up	Prepositioning Scale-up				
FSL	13,198,290 (full cost recovery)			13,198,290.00	4,399,430*	20,053,710(full cost recovery for 393,210 people)			20,053,710	6,684,569*	33,252,000
WASH	1,100,000	2,130,000	1,140,000	4,370,000	1,748,000*	1,800,000	1,960,000	1,600,000	5,360,000	2,948,000*	9,730,000
Nutrition	380,000	912,000	228,000	1,520,000	532,000	853,000	2,047,000	512,000	3,412,000	1,194,200	4,932,000
Shelter		7,400,000	1,850,000	9,250,000	5,850,000*		8,500,000	2,150,000	10,650,000	1,380,000*	19,900,000
Health	860,400	652,670	114,720	1,627,790	132,000	2,016,563	1,573,646	268,875	3,859,084	333,000	5,486,874
CCCM	9,226	27,680	56,125	93,031	37,212	13,839	41,520	84,187	139,546	55,818	232,577
Protection	30,000		135,000	165,000	65,000	20,000	-	90,000	110,000	130,000	275,000
Child Protection	30,000	60,000	90,000	180,000	150,000	30,000	60,000	150,000	240,000	200,000	420,000
GBV	10,000	30,000	25,000	65,000	40,000	25,000	30,000	40,000	95,000	55,000	160,000
Housing Land and Property	90,000	-	91,500	181,500	145,200	30,000	-	30,500	60,500	48,400	242,000
Education	1,035,880	621,528	414,352	2,071,760	621,528	2,358,540	1,415,124	943,416	4,717,080	1,415,124	6,788,840
Logistics		150,000	150,000	300,000	140,000		200,000	200,000	400,000	210,000	700,000
TOTAL	3,545,506	11,983,878		33,022,371	13,860,370	7,146,942	15,827,290		49,096,920	14,654,112	82,119,291

*DENOTES 1 MONTH RESPONSE INSTEAD OF 1 WEEK

PART 4: PRINCIPLES OF RESPONSE

Centrality of Protection

Centrality of Protection is a collective responsibility that aims to address the most significant protection risks and violations faced by affected populations. It articulates and identifies the complementary roles and responsibilities among humanitarian actors to contribute to protection outcomes, by using all available tools and mechanisms to effectively protect those affected by the complex humanitarian situation in Somalia. The primary responsibility for protection rests with the national authorities, in accordance with national and international legal instruments. In addition, non-state actors in situations of armed conflict are also obliged to protect persons affected during conflict as stipulated in International Humanitarian Law. Humanitarian actors have an essential role to protect and assist people in need by prioritizing interventions based on vulnerability and severity of need, acting according to humanitarian principles, ensuring interventions 'do no harm' and adhering to the principles of equality ('different needs-equal opportunities'), in their engagement with affected communities.

Three interlinked priority areas where protection is lacking in different parts of Somalia and poses a significant challenge to the entire humanitarian response are:

- Identifying and addressing differential risks of exclusion and discrimination, including those based on societal discrimination, power structures, vulnerability, age, and gender (and the need for inclusion of all relevant responders in order to prevent exclusion).
- Addressing critical protection concerns with the persistent displacement towards IDP sites, including heightened protection risks/threats that have emerged in the failure to end displacement through appropriate solutions (local integration, return, and settlement elsewhere).
- Enhancing the protection of communities in conflict zones, who are affected by indiscriminate and disproportionate targeting of civilians and civilian assets vital for survival, through engagement of these communities in their self-protection, and robust engagement with parties to the conflict.

Do No Harm

The humanitarian community is cognizant of the high level of needs in Somalia should the likely or worse-case scenario trigger, both for existing IDPs and host communities. Equitable assistance and community-based approaches will be critical. To ensure a commitment to the do-no-harm principle, assistance given to the IDPs should be commensurate for all groups. When high capacity is identified to respond to IDPs, efforts will be made to re-direct this assistance to other people in need who may need additional support.

Accountability to Affected Populations

All humanitarian actors across the sectors are accountable to the people they serve. Community-based approaches, even during emergency response, should be incorporated by all Clusters/Sectors to ensure the IDPs and host community members are involved in decision-making and services that impact their lives. All responding humanitarian actors should ensure that accountability, feedback and complaints mechanisms are included in their emergency response and most importantly that the communities in which they are working are aware of these mechanisms and understand how to safely access them.

PART 5: OPERATIONALISING RESPONSE

Multi-Sector Rapid Needs Assessments

All OCHA sub-national offices have in place a generic Rapid Needs Assessment tool for initial investigation of any disaster / emergency to ascertain the nature of the disaster, the number of people impacted, the nature of the impact and the initial needs. OCHA will work with cluster focal points to gather this initial information and trigger an initial response. This is the same tool that cluster focal points have used for other emergencies. A more detailed assessment will be undertaken when the situation has improved and allows for humanitarian stakeholders to safely assess and provide adequate response.

Humanitarian Access and Operational Challenges

The operational environment in Somalia is both challenging and unpredictable for humanitarian organisations. Insecurity hampers the ability of humanitarians to reach people in need and to sustain operations for the delivery of much-needed humanitarian assistance and protection services, while conversely also hampering people's ability to access basic services and assistance. Outside of major urban centres, the accessibility of some districts, particularly in southern and central regions of Somalia (including Jubaland and Hirshabelle), remains limited due to the insecurity along main supply routes as well as the presence and control of non-state armed groups including sanctioned groups such as Al Shabaab (and, in Puntland, ISIL). Clan-related hostilities which frequently erupt into violence also limit humanitarian operations across Somalia including Galmudug, Hirshabelle and in the disputed areas between Puntland and Somaliland. In Banadir, humanitarian access to districts at the outskirts of Mogadishu that host IDP camps is very challenging due to infrastructure and the security situation. In addition, bureaucratic and administrative challenges resulting from requirements set by various authorities at the federal, state, region and district level complicate the timely and unimpeded conduct of humanitarian operations, creating additional access challenges. Physical constraints related to the absence of, or poor condition of infrastructure such as roads and bridges also compound the already difficult access situation. Climatic events such as flooding during the rainy seasons and cyclones, further restrict humanitarian movements. In summary, the full spectrum of access constraints including safety and security concerns, movement restrictions, military operations and ongoing hostilities, interference in the implementation of humanitarian activities, physical constraints such as limited infrastructure and formal and informal policies instituted by some state and non-state actors continue to impact the operations of humanitarian organisations.

Information Management during response

The Information Management Unit (IMU) has developed the basic principles for inter-agency and multi-cluster information management in response to emergencies. The document is intended to guide the suggested way forward for developing robust information management support to actors engaged in any response. Aligned with this contingency plan, the following measures are in place:

- Make ready platforms for information sharing and knowledge exchange, that can improve multi-lateral information flows without causing exchange fatigue, where the time or complexity burden of information sharing becomes too onerous:
- For internal use, using SharePoint as a simple platform or protocol for establishing exchange of data. For external use, the platform options could include existing platforms such as Dropbox, or HDX.

- In the second stage this should include agreement on the use and sharing of data (i.e Information Sharing Protocol (ISP) that is in process.
- Requirement to engage key stakeholders through engagement in the IM Assessment Working Group (IMAWG). This would help in the identification of data availability, sharing needs, information needs and analysis by key information and response actors.
- Support multi-cluster rapid assessments and using existing tools and methodologies.
- Development of agreed minimal indicators for regular analysis by the IM Working Group (IMWG).
- Support in providing statistics on population within the IDP working group which operated under the IMAWG.
- Provide guidance and tools to harmonise ongoing data collection by humanitarian actors. This can include guidance on indicator coverage by sector, methodology support, assistance on mobile data collection, and trainings organised by the IMAWG on the above.
- Proactive development of a registry of assessments, and analysis of core indicator coverage by geographic area (district or below), including development of reliability and credibility scoring.
- Assist in publication of available reports and datasets, including tiered/ controlled access if this enables greater confidence in sharing.
- Update and consolidate CODs, bringing in Somali Statistical and Disaster Management authorities where relevant.
- The IMAWG commits to including progress on all objectives and action points within the regular meetings of the group.
- The IMWG will identify key emergency indicators, as outlined above, which will be analysed on a bi-weekly basis, depending on data availability. Where possible this analysis will be a joint enterprise by IMAWG members.
- The IMWG commits to appropriate control of usage and sharing of data from sources. Data will remain the property of sharing partners, all analysis, publication and sharing of data will be within the requirements of the owning agency.
- Providing interactive platforms for easy access to information.
- Make available all CODs, baseline data, P-codes, reference and thematic mapping, survey of surveys, population and population movement datasets.

Coordination during response

OCHA has a network of field offices that work with stakeholders and partners on the ground to monitor and ascertain the emergency management. In the event that the situation deteriorates in a particular area when the crisis trigger has been activated:

The OCHA Head of Office is alerted and he in turn advises the Humanitarian Coordinator to trigger the activation of the Contingency Plan

- The Humanitarian Coordinator triggers the Contingency Plan and informs:
- The Humanitarian Country Team (HCT)

- The Emergency Response Coordinator (ERC)
- Upon activation, OCHA and the Cluster Lead Agencies initiate the appropriate action to the emergency, based on the operating environment.
- Cluster Coordinators work with OCHA to coordinate assessments and response as appropriate. Since each Cluster Coordinator focuses on a particular sector, it ensures that all needs will be covered.
- Prior work has already been done to identify potential needs, prepositioning of stocks and related response contingencies based on planning assumptions.
- For accountability purposes, constant feedback / reporting goes to the cluster lead agencies who in turn update the Humanitarian Coordinator. At the same time Cluster Coordinators share information with OCHA, who consolidates it and shares a consolidated picture with the Humanitarian Coordinator. The HC in turn keeps the ERC apprised of the situation in Somalia.

Funding Contingencies

The Somalia Humanitarian Response Plan (HRP) will be launched on 15 February. It outlines the funding requirements for 2021 which includes considerations for the elections within its plan in terms of planning scenarios but not the required funding. OCHA has alerted its headquarters of a possible Central Emergency Response Fund (CERF) rapid response request to provide seed money for immediate response to the elections, if required. In addition, the Humanitarian Coordinator has set aside a small emergency reserve in the SHF to complement any response and provide seed money for front line response through partners. In line with the funding strategy, the Humanitarian Coordinator and OCHA Head of Office have planned visits in February to traditional and non-traditional donors in Nairobi to highlight the situation and raise funds. During that trip, there will also be a dedicated meeting for Somalia Humanitarian Fund donors to emphasise the need for urgent funding and continued support.

PART 6: ADVOCACY STRATEGY

Key Advocacy Messages for all parties

- Tensions, violence and intensified pressures by NSAGs due to the ongoing election situation in Somalia expected to affect and displace about 258,000 people in the likely scenario and 652,000 people in the worst-case scenario, specifically in hotspot areas such as Mogadishu and Jubaland. Call on all parties to continue the dialogue and resolve elections related issues in a peaceful manner to eliminate and mitigate the risk and impact of possible violence on civilian population
- Encourage all parties to ensure compliance with and promotion of international humanitarian and human rights law and to ensure protection of civilians whilst resolving issues related to the elections. The primary responsibility for protection rests with the national authorities, in accordance with national and international legal instruments. In addition, non-state actors in situations of armed conflict are also obliged to protect persons affected during conflict as stipulated in International Humanitarian Law.
- Urge all parties to take all necessary measures to prevent security and safety instruments from perpetrating violence against women and girls, and to take appropriate steps to safely and comprehensively investigate all related allegations. Call on the Ministry of Defense and the Somali National Army to strengthen its mechanisms to prevent, mitigate and investigate civilian casualties, through working closely with the Ministry of Women and Human Rights Development.
- Protection of the most vulnerable, such as women and children, during armed conflicts should be prioritised by safety and security instruments of the government and private entities.
- Calls on Somali authorities to work with relevant partners to ensure protection for all from sexual and gender-based violence, including sexual exploitation and abuse and conflict-related sexual violence, to take appropriate steps to investigate allegations, strengthen legislation to support accountability. To prevent all grave violations against children in accordance with the 2020 Working Group Conclusions on Children and Armed Conflict in Somalia.
- To ensure and confirm unimpeded, principled and impartial access to humanitarian aid by those affected and civilian populations by any elections related conflict and violence
- To ensure that those displaced due to elections related violence and conflict should be granted the right to freedom of movement and choice of place of displacement
- To address the forced eviction situation in Somalia as an urgent matter at the forthcoming elections. Similarly, the authorities must act on the serious concerns raised by the International Community on Adequate Housing in respect of the ongoing and massive evictions in Somalia.
- Call for continued support from the UN, as well as renewed commitment from the Federal Government of Somalia and Member States to the implementation of the Arms Embargo as a means to cut off the supply chain of IED components, contributing to the reduction of the threat.

- Humanitarian actors have an essential role to protect and assist people in need by prioritizing interventions based on vulnerability and severity of need, acting according to humanitarian principles, ensuring interventions 'do no harm' and adhering to the principles of equality ('different needs-equal opportunities'), in their engagement with affected communities.