



**SOMALIA RESPONSE PLAN FOR
YEMEN CRISIS**

April - September 2015

May 2015

Cover photograph: UNHCR/A. Strand Holm

Strategic Overview

Period	April – September 2015
Current Population	9,279 (as of 27 May 2015)
Population Planning Figures	43,000
Target Beneficiaries	Refugees, Somali returnees, third country nationals and host community
Financial Requirements	USD 64,468,097
Number of Partners	16

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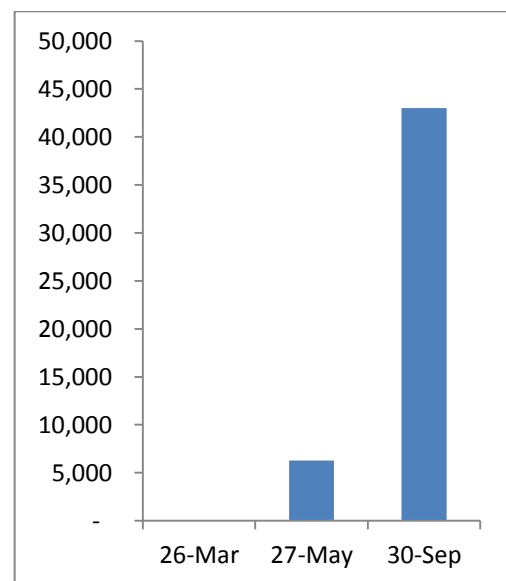
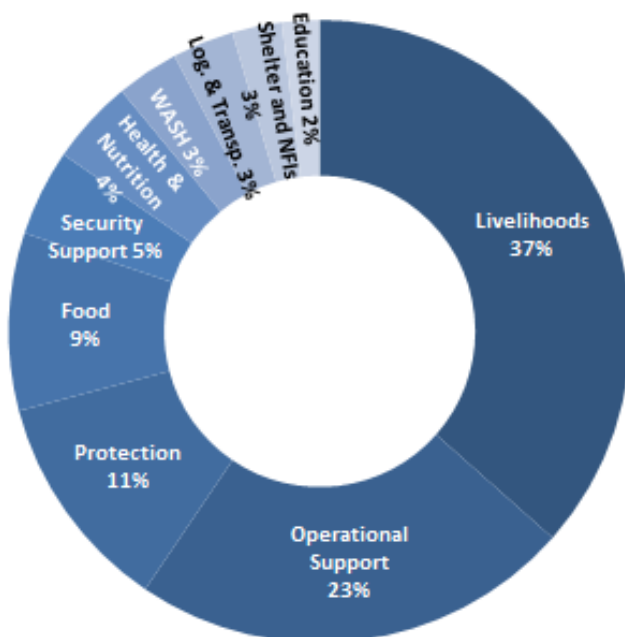
SOMALIA RESPONSE DASHBOARD



Printing date: 29 May 2015 Sources: UNCS, UNHCR
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. * Number of arrivals as of 27 May 2015.

Financial Requirements (US dollar)
64,468,097

Population Planning Figures



Background and Achievements

With instability and violence continuing across Yemen, and the conflict having escalated significantly since 26 March 2015, Yemenis, as well as refugees and economic migrants have started fleeing the country in larger numbers. Prior to the recent upsurge in violence, there were 257,645 registered refugees in Yemen, mostly Somalis, who now require humanitarian assistance; Somali refugees are living in precarious conditions either in Kharaz refugee camp, or in urban areas. In addition, it is estimated that Yemen hosts a similar number of irregular migrants and 1 million undocumented Ethiopian migrants. While the situation in the country continues to deteriorate, outflows towards neighbouring countries are likely to continue provided routes remain open to allow people to flee in search for safety and security. Somali refugees in Yemen are forced to make the difficult decision to return to Somalia, despite the associated protection risks.

In parallel, Somalia has itself experienced one of the world's largest displacement crises with almost 1 million registered Somali refugees in the Horn of Africa and Yemen region, and an estimated 1.1 million people displaced within the country. The impact of nearly two-and-a-half decades of armed conflict is compounded by recurrent natural hazards, notably drought, which have challenged the resilience and coping mechanisms of Somalia's most vulnerable communities. New arrivals from Yemen will place an additional burden on the country.



The majority of arrivals from Yemen to *Somaliland*, *Puntland* and *South Central Somalia* are women and children (up to 76 per cent) UNHCR / A. Strand Holm

On 28 March, a first boat reached the port of Berbera (*Somaliland*) with 32 Yemeni nationals. By 27 May 2015, 9,279 individuals (8,514 Somali nationals, 688 Yemenis, 63 Ethiopians, six Djiboutians, five Syrians, two Americans and one Kenyan) had arrived in Somalia. Since a growing number of Somali refugees have shown interest in assisted evacuation from Yemen, in April 2015 the Government of Somalia requested IOM to assist with evacuations of Somali nationals.

In the past, the Federal Government of Somalia (FGS) had expressed concerns that any large-scale return of its nationals could hinder the durability of such returns and undermine the country's fragile stability. However, in view of the life-threatening situation in Yemen, the FGS authorities have stated that all Somali nationals from Yemen are welcome to return home.

With regard to refugees, Somalia is a party to the 1951 Refugee Convention and is obligated under international law to allow asylum-seekers to seek asylum. However, there is no national legislative framework for refugees in Somalia nor any established procedures for reception of mass influxes. The *Somaliland* and *Puntland* authorities, which have granted *prima facie* status to Yemeni nationals, will require support and capacity building for the reception and assistance of new arrivals.

Reception centres have been identified jointly with the local authorities and are functional in Bossaso, *Puntland*, and Berbera, *Somaliland*. At the reception centres, the newly arrived people are registered and provided with protection. The Government of Somalia, UNHCR and IOM screen, profile and register the new arrivals. After the registration and profiling, they receive assistance and basic services, including accommodation for up to three nights, non-food items, water, food and healthcare.

The majority of the new arrivals so far are Somali nationals who intend to return to their areas of origin to join families. However, the absorption capacity in areas of origin is limited and far from conducive for substantive and sustainable returns. New arrivals will place additional pressure and strain on the limited resources and existing infrastructure. Once the absorption capacity of host communities reaches saturation point, the Government and humanitarian partners will have to explore alternative arrangements to provide accommodation and basic services for the affected populations. Access to basic services (healthcare, education, water and sanitation, shelter, food, etc.), and livelihood opportunities in the receiving areas need to be significantly enhanced. The Government's reintegration efforts for returnees need to be reinforced through coordinated and comprehensive support from a wide range of UN agencies and partners.

The inter-agency response will require sustained support from various donors to address critical humanitarian needs both at respective points of entry and in areas of return. The assistance will focus on supporting persons of concern with access to basic services in areas of return, and ensuring that they are not perceived by the host communities as competing for limited resources. Cash grants, initial livelihood packages and cash-for-work opportunities will be provided until development actors are able to establish their presence in areas of return and include support for returnees in their respective development plans. Capacity building of the local authorities and close cooperation with them will continue.



A boat from Yemen arrives at Bossaso, *Puntland*. Photo: UNHCR

Since the start of the current conflict in Yemen in March 2015, all refugees, returnees, migrants and third-country nationals (TCNs) have been allowed to enter Somalia.

On the 1 April 2015, the Humanitarian Country Team (HCT) established a task force for the influx from Yemen to support the efforts of relevant authorities in addressing the most critical needs. The task force is led by UNHCR and IOM.

New arrivals were initially screened at the port by the immigration authorities and transferred to designated transit centres. Further detailed screening, which includes screening for malnutrition and identification of persons with specific needs, and registration takes place at the reception centres.

Protection, food, non-food items, water, healthcare, including vaccinations and temporary accommodation, were provided by the humanitarian agencies.

Help desks were established to provide Somali nationals with information about the routes, conditions of roads and about areas of origin, to help them make informed decisions about their onward movement, particularly to areas of *South-Central Somalia*.

The majority of returning Somalis were able to move on from the reception centres to their places of origin with the help of their families. In close coordination with Government counterparts, the humanitarian partners have provided targeted support to vulnerable families. This support included a transport allowance, food and non-food items for the onward journey, and a cash grant of USD 100 per person.

According to the needs and established criteria, the new arrivals were given access to emergency maternal healthcare, services for SGBV survivors, psychosocial support, as well as dignity kits with hygiene materials.



Registration of new arrivals from Yemen. Photo: UNHCR

Needs and Vulnerabilities

Due to the ongoing deteriorating political and security situation in Yemen, it is likely that outflows of people from Yemen will continue, including Yemeni nationals, registered Somali refugees, Somali and Ethiopian migrants, and third-country nationals. According to trends of recent years, and owing to their geographical proximity to Yemen, countries surrounding the Gulf of Aden, including Djibouti and Somalia, are expected to receive large numbers of people fleeing from Yemen. Additional displacements will continue and it is estimated that over 36,000 new arrivals will reach the shores of Somalia in the six months from April to September 2015.

Major population movements between Somalia and Yemen take place mainly through the ports of Bosasso, *Puntland*, and Berbera, *Somaliland*. It is anticipated that the majority of Somalis who return will choose to move on to their places of origin.

The needs of the population of concern related to the Yemen crisis are multiple. Individuals arrive after many hours at sea in urgent need of food and water, and emergency healthcare. They also need to be registered so that specific needs can be catered for.

Those who cannot make their own way to their areas of origin or need transitional accommodation require safe and secure facilities where they can stay until they are assisted or arrange for their own travel. During this transit period, arrivals also require access to food, health, water and sanitation facilities, and transportation to their area of origin. Vulnerable returnees need access to additional assistance, in the form of a cash grant and/or provision of food. Given the limited absorption capacity of host communities, additional support through community-based activities that focus on increasing access to basic services and livelihoods will help people of concern meet their basic needs and avoid heavy dependency on assistance.

The overall operational environment in Somalia remains challenging, given the volatile political and security situation which persists, despite some positive developments in certain areas.

Response Strategy and Priorities

On the basis of the contingency plan for the influx from Yemen, estimated to reach 36,000 new arrivals from April to September 2015, the Humanitarian Country Team (HCT) together with the Government of Somalia have prepared a response plan targeting **43,000 beneficiaries** with the breakdown as follows:

- 14,700 Yemeni refugees;
- 1,400 refugees of other nationalities;
- 20,450 Somali returnees;
- 6,540 host communities.

The main objectives of the response include: the provision of initial reception assistance, support for transportation to areas of origin; improvement of the absorption capacity of host communities; and support for host communities. Capacity building of government institutions should be mainstreamed wherever possible to ensure sustainability and improve the Government's response capabilities.

New arrivals from Yemen will be screened and registered at the ports; and provided with food, water and medical assistance. Persons identified as in need of further assistance will be transported to the reception centres, where they will be screened and profiled according to their vulnerability and needs. Vulnerable individuals will receive assistance to find shelter, taking into consideration family composition and gender; as well as food, water and sanitary supplies and access to medical services.



Distribution of supplies. Photo: UNICEF.

In partnership with the Ministry of Health, UNFPA will continue supporting a medical team in Bossaso to provide emergency maternal health and services to SGBV survivors. The team consisting doctors, nurses and midwives will provide referrals for women to the Maternity Waiting Home in Bossaso, as well as psychosocial support.

Vulnerable people of concern who express an interest in moving on to their area of origin, but cannot make their own way, will be provided with transportation assistance in the form of a cash grant, as self-organized transport is the most feasible option in Somalia. Returnees will be provided with a non-food item (NFI)/shelter kit, a cash grant and three months of food rations (or equivalent cash grant).

In order to mitigate the risk of tensions and increase the absorption capacity of host communities, humanitarian actors will provide transportation assistance, integration assistance and community-based recovery and stabilization assistance in the communities with the highest number of arrivals.

For those areas that are not accessible by the UN, IOM or other humanitarian partners, IOM will provide returnees with the onward transportation and cash grants.

Partnership and Coordination

The coordination of the response for the Yemen emergency is undertaken by the Government of Somalia together with UNHCR and IOM. The Response Plan aims at strengthening functional interagency/ inter-governmental coordination already in place and is part of the 2015 Somalia Humanitarian Response Plan. The Humanitarian Country Team (HCT) includes UNFPA, UNHCR, UNICEF, WFP; IOM, ILO and NGOs. An inter-agency task force was established for the development of a contingency plan which provides a framework for emergency coordination in the event of a refugee influx. The latter is informed by the Somali National Disaster Management Policy and National Disaster Risk Management Plan (NDRMP). The process is transparent and inclusive; all members of the HCT are invited to the task force.

The lead agencies will adopt an approach of complementary areas of response. In addition to the established offices in Mogadishu, Gaakacyo, Bossasso, Garowe, and Hargeisa, a UNHCR field presence has been established in Dhobley, Kismayo, Baidoa and Luuq. IOM has offices in Hargeisa, Bossasso, Garowe, Mogadishu and Dhobley and has operational capacity in Kismayo, Baidoa, Luuq, Doolow, Afgoye, Jowhar and Beletweyne.

IOM has committed to focusing on Mogadishu and Qoroyale for this operation, while undertaking rapid feasibility assessments to support returns in other 'newly liberated' areas.

Humanitarian partners are present at all assigned locations of response for which the Government leads the coordination of assistance at the national and regional levels.

The coordination efforts are mainstreamed through the existing sectorial approach to ensure a more efficient utilization of resources. Also, coordination aims to ensure that cross-cutting issues such as protection, gender and environment are taken into consideration by all actors. Inter-agency meetings on sectorial interventions are held regularly both in the field, Mogadishu and Nairobi, Hargeisa and Bossaso.

UN agencies are working on the ground with the following partners: CARE, Comprehensive Community-based Rehabilitation In *Somalilands* (CCBRS), Gruppo Per Le Relazioni Transculturali (GRT), Danish Refugee Council (DRC), General Assistance and Volunteers Organisation (GAVO), HEAL, Horn Youth Development Association (HYDA), International Rescue Committee (IRC), Kaalo Aid and Development, *Médicins du Monde* (MDM), Norwegian Refugee Council (NRC), *Puntland* Elders Network, Save The Children International (SCI), Tadamun Social Society (TASS), University of Hargeisa Legal Clinic.

In addition to the projects implemented through the agreements with the United Nations, four NGOs (DRC, IRC, NRC and SCI) seek additional funding for their projects in support of refugees and host communities.

A web information-sharing portal at <http://data.unhcr.org/horn-of-africa/country.php?id=197> will provide updated statistics. Regularly updated emergency response information will be shared amongst partners, the humanitarian community and the media.

Planned Response

Protection

- Establish/ repair reception centres at ports of entry;
- Enhance capacity of the three functional; help desks in the main areas of entry (Bossaso, Berbera, and other locations, as necessary);
- Establish inter-agency standard operating procedures (SoPs) for registration and documentation of persons of concern;
- Provide training to government staff and partner staff on registration and documentation of persons of concern;
- Register and document all new arriving persons of concern;
- Provide detailed information to persons of concern on rights, remedies and entitlements and on the current situation in their place of origin with regard to security, governance and livelihoods;
- Provide information services for people affected by displacement;
- Facilitate access to legal assistance and referrals to relevant service providers for beneficiaries facing specific obstacles in the IDP/asylum system - specifically legal and civil documentation, registration and access to humanitarian services, housing, land and property rights;
- Monitor number of arrivals, and referrals to relevant agencies for assistance;
- Monitor and report on situation, including training on rescue at sea
- Enhance emergency inter-agency SOPs for SGBV and CP response and conduct a joint needs assessment on SGBV and child abuse;
- Address violence against women, men and children in transit sites return routes and in areas of return through community engagement strategies;
- Procure post-exposure prophylaxis (PEP) and post-rape kits for SGBV clinical management and essential medicines;
- Provide psychosocial counselling for survivors of SGV incidents;
- Strengthen the capacity of medical/health providers and refugee women camp managers to identify, support and refer survivors of SGBV for appropriate services;
- Provide medical and transportation expenses from the reception centre to health centres for victims of SGBV, physical assault or other medical cases as per the PRMN protocol;
- Ensure medical/ health providers coordinate with case managers to ensure survivors' best interests, wishes as per the 'confidentiality' and 'do not harm' principles;
- Conduct training on SGBV prevention and responses to refugees and host communities;
- Conduct technical training for key stakeholders on SGBV at community level;
- Identify unaccompanied, separated, and other children at risk (UASC) and improve inter-agency coordination in supporting UASC through regular monitoring and reporting;
- Provide a comprehensive child protection structure including case-management, psychosocial support, alternative and/or community-based care and protection in an age and gender sensitive manner;
- Provide access to food services (communal cooking) for children at risk;
- Establish and strengthen community-based child protection structures;
- Develop youth-led organizations and find solutions to protection risks that adolescent youth face;
- Provide child protection training for partners, staff and key stakeholders.
- Establish child friendly spaces for children who are inside and outside the reception centre/ IDPs centre;
- Provide a protective environment for children;
- Identify and support people with special needs (PWSN) including the elderly, people living with disabilities, pregnant mothers, and people living with chronic illnesses to have equal access to basic services;
- Increase social cohesion between persons of concern and host community by organizing community works in the transit sites and host community;
- Deploy volunteers at arrival sites to offer telephone services for returnees/refugees to contact their relatives in Yemen or in Somalia/Somaliland.

	<ul style="list-style-type: none"> - Support family tracing services through training of Tracing Relay community team leaders; - Construct listening posts shelters in the arrival sites; - Develop community orientation and psychosocial activities.
Education	<ul style="list-style-type: none"> - Provide access to quality education opportunities for returnee children, including preschool-age children, girls and other vulnerable children; - Sensitize parents on the importance of education in the context of emergencies; - Provide learning, teaching and other scholastic material; - Conduct teacher training on interactive teaching and child-centred methodology; - Provide incentives for school teachers; - Include returnee children in the G2S and other ongoing activities; - Develop peace education forums and material in order to prevent new displacement.
Environment and Livelihoods	<ul style="list-style-type: none"> - Distribute energy-saving stoves; - Provide seeds and livestock for refugees; - Provide agricultural inputs to returnees.
Food	<ul style="list-style-type: none"> - Distribute food rations for three months to vulnerable families wishing to return to their place of origin; - Provide cash assistance for vulnerable families; - Establish supplementary feeding programmes for malnourished children; - Provide three meals per day in reception centres for a maximum of three days per persons.
Health and Nutrition	<ul style="list-style-type: none"> - Initiate health screenings at ports upon arrival; - Provide health services at reception centres; - Provide immunizations of children 6-15 years; - Provide health checks, emergency health care, case referrals, psychosocial support, dignity kit distribution and Fitness for Travel; - Provide vitamin A supplementation for children; - Support referrals to secondary health care services; - Dispatch and distribute Plumpy Doz to all children under-five and BSFP rations to all pregnant and lactating women; - Integrate arrivals into existing safety net/nutrition programmes; - Ensure access to maternal health for pregnant women; - Ensure appropriate management services for returnee children and women with acute malnutrition.
Logistics and Transport	<ul style="list-style-type: none"> - Ensure transport of arrivals to reception centres; - Provide transportation grants to new arrivals in need.
Non-Food Items (NFI)	<ul style="list-style-type: none"> - Distribute standard non-food item (NFI) kits for vulnerable new arrivals and host families accommodating Somali returnees who are unable to return to the areas of origin.
Shelter and Infrastructure	<ul style="list-style-type: none"> - Construct reception centre; - Distribute family tents to vulnerable families; - Provide shelter kits and NFI kits for vulnerable returnees and for arrivals in transit accommodation; - Assist new vulnerable arrivals in rental apartments in urban shelter space; - Increase the absorption capacity of host families through shelter material distribution.
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Establish a water trucking system in reception centres; - Construct male/female latrines in accordance with SPHERE standards; - Provide water at arrival points and reception centres; - Distribute hygiene kits to vulnerable returnees ; - Conduct hygiene promotion activities in reception centres ; - Provide WASH assistance for arrivals in transit accommodation; - Establish laundry areas in reception centres; - Distribute hygiene kits to Yemeni and third-country nationals; - Improve access to WASH through community-based programming.

Financial Requirements Summary

Financial Requirements by Agency (in US dollars)

Organization Name	Total
Danish Refugee Council (DRC)	3,021,920
Food and Agriculture Organization of the United Nations (FAO)	7,956,000
International Rescue Committee (IRC)	5,052,672
International Labour Organisation (ILO)	5,440,000
International Organization for Migration (IOM)	12,130,843
Norwegian Refugee Council (NRC)	601,120
Save the Children International (SCI)	952,952
United Nation Population Fund (UNFPA)	1,600,000
United Nations High Commissioner for Refugees (UNHCR)	13,894,051
United Nations Children's Fund (UNICEF)	6,948,086
World Food Programme (WFP)	6,870,452
Total	64,468,097

Financial Requirements by Sector (in US dollars)

Sector	Total
Protection	7,354,246
Education	1,260,257
Food	5,944,005
Health and Nutrition	2,842,398
Livelihoods	23,552,819
Logistics and Transport	2,063,600
Shelter and NFIs	1,665,030
WASH	2,095,420
Operational Support	14,792,137
Security Support	2,898,185
Total	64,468,097

Annex 1: Financial Requirements by Agency and Sector *(US dollars)*

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Security Support	Total
DRC	666,000		301,000	25,000	1,050,000	136,000	44,000		666,600	133,320	3,021,920
FAO					5,850,000				1,755,000	351,000	7,956,000
IRC	103,200			215,000	3,268,000			129,000	1,114,560	222,912	5,052,672
ILO					4,000,000				1,200,000	240,000	5,440,000
IOM	90,000		839,266	128,424	5,400,600	1,835,200	558,319	68,000	2,676,064	534,970	12,130,843
NRC	162,500					62,400	82,000	135,100	132,600	26,520	601,120
SCI	198,000	104,000		110,000	80,000	30,000	70,200	108,500	210,210	42,042	952,952
UNFPA	300,000			1,000,000					300,000		1,600,000
UNHCR	4,402,646	100,000		150,000	3,904,219		910,511		3,688,896	737,779	13,894,051
UNICEF	1,431,900	1,056,257		965,910				1,654,820	1,532,666	306,533	6,948,086
WFP			4,803,739	248,064					1,515,541	303,108	6,870,452
Total	7,354,246	1,260,257	5,944,005	2,842,398	23,552,819	2,063,600	1,665,030	2,095,420	14,792,137	2,898,185	64,468,097