Somalia Humanitarian Country Team - Centrality of Protection[1] Strategy – 2018-2019 [revised and extended for 2020-2021][2]

Rationale and Aim of the strategy

Somalia has made significant political progress in recent years with conclusion of its state formation process, as well as elections for Parliament and President in 2016 and 2017 respectively, and peaceful transition of power. However, a number of challenges remain, including fragile relations between the Federal Government (FGS) and the Federal Member States (FMS), weak rule of law institutions, continued insecurity and a need for further progress in the formation of Somali security institutions, including the Somali National Armed Forces and expansion of governance. Challenges which need to be addressed sin a context of widespread poverty and underdevelopment, as well as continued multi-layered conflict coupled with recurrent drought.

As a result, serious protection concerns persist in Somalia, putting civilians' lives at risk, forcing many to flee, exposing them to multiple risks while displaced, and impeding durable solutions. Human rights and abuses against civilians, including widespread sexual and gender-based violence (GBV), recruitment and use of children by parties in armed conflict, indiscriminate and disproportionate attacks on civilian areas and infrastructure, explosive hazards and forced displacement, assassinations and targeted killings, summary executions, arbitrary arrests and detentions remain a pervasive feature of the conflict in Somalia. Compounding the conflict and its inherent risks to civilians, the extended drought and chronic flooding also have triggered massive displacement, and further exposed civilians to serious protection risks. Women, children, youth and marginalized communities, especially the most vulnerable (older people, persons with disabilities, etc.) among them are at risk and face specific protection concerns. The protection crisis is also characterized by entrenched but fluid societal divisions, aggravated by regular competition for resources between social groups. (*Reference Annex 2- Protection Analysis for further information*)

Three interlinked priority areas where protection is lacking in different parts of Somalia and poses a significant challenge to the entire humanitarian response were identified by the Protection Cluster's analysis in consultation with the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Group (ICCG). These are:

1). 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).

2). 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).

3). 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.

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[1] The Inter-Agency Standing Committee Policy in Humanitarian action **defines protection** as: "… all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))." However, it must be noted that different actors undertake different protection activities, which may range from immediate reactive activities, to remedial, to environment building and if linked to any of these activities in the strategy. Such activities should be considered as protection oriented.

[2] Revision and extension for 2020-2021 was endorsed by the Somalia Humanitarian Country Team at its meeting held on 16th June 2020.

Addressing the above three priorities is the key aim of this Centrality of Protection (CoP) strategy. Through this strategy the Somalia Humanitarian Country Team aims to focus the entire humanitarian system on the identified key protection issues.

In addition to the substantive Protection threats/risks priorities outlined above, the HCT has also identified three priority areas of 'ways of working', which need to be addressed in order to contribute to the aim of this strategy. These are:

1). Strengthening system wide data collection, analysis informing response, and establishing a repository on protection risks/threats, that adhere to global safety and ethical standards[3].

2). Strengthened HCT protection influenced advocacy (including for protection funding), and enhanced communication on protection, tailored to the socio-cultural context of Somalia.

3). Strengthened Protection Mainstreaming, Accountability to Affected Populations (AAP), and Prevention of Sexual Exploitation and Abuse (PSEA) across all sectors of the Humanitarian response.

Scope of the strategy

In line with the Inter-Agency Standing Committee (IASC) Centrality of Protection statement 2013[4] and the IASC Policy on Protection in Humanitarian Action 2016[5], this Somalia HCT Centrality of Protection Strategy seeks to re-affirm that protection is a collective responsibility of the entire Humanitarian Country Team (HCT) requiring system wide commitment. It aims to address the most significant protection risks and violations faced by affected populations that impact the entire humanitarian system in Somalia, requiring common position, joint response and advocacy by the HCT throughout the humanitarian cycle. 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 humanitarian situation of a multi-layered conflict coupled with drought. Lastly, it takes into account the role and contribution of other relevant actors and entities, such as the UN Country Team (UNCT), the UN Mission in Somalia (UNSOM) and development actors, to achieve protection goals.

This CoP strategy provides a basis for the Protection Cluster's own strategy. It is, however, separate from the Protection Cluster's own strategy which is developed and implemented by its members.[6]

Primary Responsibility for Protection

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. The HCT will endeavor to work with the relevant Federal and State authorities and other key stakeholders to ensure effective implementation of the CoP Strategy.

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[3] Refer IASC Common and Fundamental Operational Data standards & ICRC Handbook on Data Protection in Humanitarian Action.
[4] The Centrality of Protection in Humanitarian Action Statement by the Inter Agency Standing Committee (IASC) Principals, endorsed by the IASC Principals on 17 December 2013.
https://interagencystandingcommittee.org/sites/default/files/centrality_of_protection_in_humanitarian_action_statement_by_iasc_princi.pdf
[5] The IASC protection policy clearly states that for protection to be central to humanitarian action, a system wide commitment is required. In this regard, the policy outlines the responsibilities of the HCT, ICCG, the protection cluster and all clusters in ensuring the centrality of protection (refer P.25 Annex II). In addition to stating that protection is the responsibility of all humanitarian actors and that we should all be working towards protection as an outcome of our actions/activities, the policy also provides definitions of protection mainstreaming, protection integration, and stand-alone protection activities and describes what a protection outcome is (refer pp 4 and 5 of the policy).
https://interagencystandingcommittee.org/protection-priority-global-protection-cluster/documents/inter-agency-standing-committee-policy
[6] Protection Cluster Strategy will be situated in between the HCT Strategy and the Protection Cluster HRP and will guide the work of its members.

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'),[7] in their engagement with affected communities.

HCT members will endeavor to support the robust implementation of this HCT CoP strategy based on their individual accountabilities as enshrined in the HCT's Accountability Compact[8].

Key linkages to CoP strategy

This Strategy seeks linkages with – and builds on – ongoing efforts aimed at improving the protection environment in Somalia currently pursued by the HCT through a number of key strategies/approaches. These key strategies should be read alongside the HCT CoP Strategy for an effective implementation by the HCT of the priorities outlined in the strategy. These are: Humanitarian Needs Overview/Humanitarian Response Plan 2020 and the Humanitarian Response Strategy 2020[9]; Human Rights Upfront Initiative (HRuF)[10]; the NGO Consortium Strategic Plan 2017-2019; the Real Time Accountability Partnership (RTAP); and the *2018 Humanitarian Access Strategy and Action Plan, complemented with the Humanitarian Access Strategy for the COVID19 Response (20 April 2020) (Reference, Annex 1 – Implementation Plan for HCT CoP Strategy, for a detailed reading of how these documents support the priorities of the strategy)*

Complementarities and potential synergies with other on-going initiatives

As noted in both the Senior Transformative Agenda Implementation Team (STAIT) and Emergency Directors Group (EDG) mission reports, from October 2016 and April 2017, the response in Somalia is well-advanced in the efforts towards strengthening the humanitarian, development, and peacebuilding efforts in line with the principles enshrined in the New Way of Working and the outcomes of the World Humanitarian Summit in 2017[11]. Somalia's long-term stability and the ability to uphold the rights and dignity of individuals, will depend on how it is able to operationalise this nexus and break the cycle of recurring humanitarian crises. Several ongoing initiatives at the country level, could be further strengthened to promote complementarity and more efficient use of resources through the identification of collective protection outcomes. Among the initiatives that have a nexus with protection work undertaken by the humanitarian community, are the National Development Plan (NDP); the Durable Solutions Initiative (DSI); Action Plans between the Federal Government of Somalia (FGS) and United Nations to prevent and respond to grave child rights violations; FGS's Gender Policy, which aims to promote the rights of women and girls in Somalia, thus reducing their vulnerability to GBV; and UN Mission in Somalia initiatives such as, Community Recovery and Extension of State Authority (CRESTA/A), UNSOM Rule of Law projects of mobile courts and police training. Engagement with these complimentary initiatives will be guided by humanitarian principles and not all

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[7] Refer, IASC Gender Hand-book in Humanitarian Action and IASC Gender Equality Policy Statement.

[8] HCT Compact, August 2017 for Cluster Lead Agency, NGO Representative and Donor Representative.

[9] Refer: https://reliefweb.int/report/somalia/somalia-2016-2018-humanitarian-strategy

[10] Refer to recommendations of HRUF stock taking exercise in Somalia, adopted on 8 June, 2017.

[11] Reference can also be made to the Secretary General's 2030 agenda http://undocs.org/A/72/124 to under-pin the convergence of new ways of working. In promising to leave no one behind, the 2030 Agenda challenges policymakers, development practitioners and multilateral bodies to look far more deeply at data and the people behind the aggregated statistics. It calls for a universal approach that recognizes that the pursuit of the Goals affects, albeit in different ways and to different degrees, every person around the globe. Fulfilling the commitment to leave no one behind will imply interrogating national averages and country typologies based on national income through reliable, disaggregated data and a stronger focus on ending exclusion. It will require calibrating the necessary support for each country through multidimensional approaches, regardless of a country's income status.

humanitarian actors will necessarily engage directly with some of these initiatives. *(Reference, Annex 1 - Implementation Plan for HCT CoP Strategy, for a list of these complimentary initiatives)*

Key Protection Priorities for the HCT

The identified priorities have been divided into three over-arching but interlinked protection threats/risks to be addressed by the entire humanitarian system (including, the Inter Cluster Coordination Group (ICCG), individual clusters, individual organizations and the communities themselves) led by the HCT. In addition, there are three cross-cutting process oriented priorities on 'ways of working' to be adopted by the HCT and humanitarian system it leads, in order to improve response to the over-arching protection threats/risks. The identified protection risks/threats may overlap or may be confined to a particular geographic area or group of individuals. The 'ways of working priorities' are cross-cutting and important for all the protection priorities identified in the HCT CoP strategy.

The HCT CoP Strategy provides a framework for two years (2018-2019), extended for two additional years (2020-2021) given the protracted nature of the Somalia situation and the numerous actions that need to be undertaken. The actions listed here are not exhaustive but suggested as being critical at the initial stage, and may be subject to revision as implementation of the Strategy progresses. Not all actions listed here are new, in a number of cases they are already ongoing, while others may be initiated during the timeframe of this strategy. (*Reference Annex 1- Implementation Plan for HCT CoP Strategy)*

The HCT CoP strategy should be treated as a living document, which based on identified changes in the situation, can be adjusted as required. This will be done on the basis of the Protection Risk Analysis which will be kept alive through regular updates to the HCT based on quantitative and qualitative analysis of the evolving situation. (*Reference Annex 2 – Protection Risk Analysis*)

A. Key protection Priorities: Risks/Threats to be prevented, mitigated, and/or addressed collectively

(Note: The below are over-arching key protection risks/threats that affect the whole humanitarian response in Somalia, in some cases overlapping, and in other cases concentrated in geographical pockets or affecting only certain communities or individuals within communities)

Priority A1. Enhancing ways to identify and address differential forms of exclusion, including those based on societal discrimination, power structures, vulnerability, age, and gender;
and strengthening inclusion of and ensuring accountability by community based and other non-traditional humanitarian responders, for more effective protection to affected populations.

Issue: The issue of exclusion[12] is complex in the context of Somalia, particularly in the humanitarian sector. There is need for a better understanding of the risk/threat of exclusion and identification of those in need of assistance and protection, either due to poorly defined vulnerability and targeting criteria, manipulation of humanitarian processes, lack of understanding of distribution modalities (e.g. phone cash transfers), biases inherent in the humanitarian architecture, and/or deliberate denial of assistance including, in form of economic or physical blockages, etc.

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[12] DG ECHO definition: 'Social exclusion is defined as a process and a state that prevents individuals or groups from full participation in social, economic and political life and from asserting their rights. It derives from exclusionary relationships based on power resulting from social identity (e.g. race, gender, ethnicity, caste/clan/tribe or religion), or social location (areas that are remote, stigmatised or suffering from war/conflict).' Other actors define it as 'marginalized communities, defined by clan, culture (pastoralist vs agricultural), physical appearance, occupational group, or perceived ethnicity or caste, which are excluded from power and resources either on the basis of identity, or because the group is a minority in a particular geographic area'.

In addition, the humanitarian system led by the HCT needs to more proactively ensure inclusion of marginalised communities' and IDPs' voices and their wider networks, including, community based and local governance mechanisms, and others such as diaspora networks, who contribute remittances and other support. Any such engagement needs to be undertaken while keeping in mind a 'do no harm' approach, while stimulating awareness and adherence to humanitarian principles.

Persons with disabilities in Somalia face additional barriers and risks and are often excluded from humanitarian assistance either due to lack of exploitation, pre-existing discrimination and stigma or due to lack of adequate consideration. The HCT commits to increase efforts to identify barriers, risks and enablers for people with disabilities and takes concrete steps to strengthen the inclusion of people with different types of disability.

Suggested actions by HCT:

(i) Strengthen inclusion of marginalised communities in humanitarian response by including a question on clan affiliation/membership in marginalised communities in annual JMCNA 2020 to identify impact on vulnerability and needs and provide analysis to clusters, after consultation on possible resulting risks (with OCHA, protection cluster, REACH and Minority Rights Group); mapping IDP sites hosting marginalised communities, and facilitating the exchange of lessons learned among agencies on access of marginalised communities to their programmes (from adhoc evaluations and AAP mechanisms)

(ii) Ensure the meaningful access of people with disabilities to humanitarian assistance through training and capacity building support to clusters on disability inclusion and strengthened data collection on people with disabilities reached, in line with IASC guidelines

(iii) Strengthen gender and disability inclusion in humanitarian programming (including through strengthened review of project proposals in HRP or SHF) and develop a guide for humanitarian partners on access to funding to promote disability and gender inclusion in humanitarian programming

(iv). Development of an HCT position paper on assistance targeting and a common definition of vulnerability in the Somalia context, which contextualizes the different needs of women, men, boys, and girls, taking into account age, gender, and diversity factors, including social background and disability. Further, a system for monitoring compliance to be developed.

(v). Mapping of current risks and occurrences of exclusion, in order to understand its manifestations and dynamics across sectors, and identifying what are the appropriate mitigation steps. Different initiatives could inform this mapping, for example, one such initiative the government-led, World Bank-funded Shock Responsive Safety Net for Human Capital Project (SNHCP), with UNICEF, WFP and the Ministry of Labour and Social Affairs.

(vi). HCT to support standardized integration of Protection Risk Analysis approaches in program design and minimum requirements for ongoing community consultation, including for Cash-Based Transfer programs.

(vii). Expanding the engagement with non-traditional humanitarian actors who provide humanitarian assistance and protection, including community based and local governance mechanisms, diaspora, outh volunteer groups, private humanitarian aid providers and foundations. Such engagement should emphasize introduction to humanitarian principles, protection capacity building and supporting on protection lens insertion (e.g. defining vulnerability) and community based programming, while keeping 'do no harm' in mind:

-HCT to discuss avenues and merits of engagement with diaspora communities including, for protection programming. One project to explore could be the Diaspora Emergency Action and Coordination project (DEMAC)[13].

- HCT to discuss and identify the way forward for engagement on the issue of gatekeepers, building on recommendations for example, from the DFID TANA report[14] and the Human Rights Watch report[15].

-HCT to ensure commitment to the provisions of the 2009 NGO Position Paper on Operating Principles and Red Lines[16]and the draft 2017 Operating Principles, Green and Red lines.

- HCT to engage with private humanitarian aid and foundations to promote protection in humanitarian assistance and advocate for the adoption of a protection mainstreaming guidance standards.

(viii). HCT to define humanitarian engagement with non-state actors and also engagement with (local) Government entities[17].

(ix). Humanitarian and UN political actors enhance/sustain sectoral coordination and to share information and develop a baseline analysis of non-state armed groups (NSAG) covering actors, key influencers, conflict dynamics, etc. This should be done while maintaining distinction/separation in the operationalization of engagement itself, in order to protect the humanitarian space and ensure adherence to humanitarian principles. This information will enable the HCT to have one united voice and a consistent approach vis-à-vis NSAGs.

(x). HCT to stipulate its support for community based programming (CBP) across all sectors to enable improved targeting and ensuring community involvement, by tasking the ICCG to develop a guidance document on integrating community based approaches/programming in humanitarian assistance delivery in the Somalia context; and encouraging funding allocations through the Somalia Humanitarian Fund(SHF) and other donors for this purpose. Consider the dissemination Food Security Cluster guide on community based targeting to other humanitarian activities, based on lessons learned from food security partners.

*Priority A2. **Addressing critical protection concerns with persisting displacement towards IDP sites, including, heightened protection risks/threats that have emerged as a consequence of the multiple obstacles to ending displacement through appropriate solutions (local integration, return, and settlement elsewhere).***

Issue: The protection analysis highlights the extremely difficult situation in IDP settlements across the country, in light of growing displacement, due to drought and conflict and continuing protracted and secondary/multiple displacement situations (including the particular challenges facing refugee returnees who get displaced again). The IDPs in these displacement locations frequently live in undignified and hazardous circumstances, where they face multiple protection risks/threats such as, unlawful evictions, overcrowded and unsanitary environments with limited access to basic services, exposure to explosive hazards, increased risk of Gender Based Violence (GBV), negative coping mechanisms such as child marriage and child labor, and tension with the host community. Children and young people (mainly male) in displaced situation, particularly those from Al-Shabaab controlled areas face risks of arbitrary arrest once out of those controlled areas, and therefore live in fear and sometimes isolation. Lastly, IDPs continue to struggle to end their displacement and pursue voluntary, informed, safe, and dignified durable solutions based on their individual and household needs. By utilizing the reach, capacity, and weight of the whole humanitarian system, the safety, dignity, and well-being of these displacement affected populations (including, the heavily burdened host communities) can be strengthened.

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[13] DEMAC (Diaspora Emergency Action and Coordination project) Consortium project implemented by DRC, AFFORD-UK and Berghof Foundation, funded by ECHO. Facilitating improved coordination between institutional and diaspora humanitarian actors. Project period: 2015-on going 2017 – Applied in Somalia, Syria and Nigeria. http://www.demac.org. Already engaged with UNCT Somalia.

[14] TANA, "Engaging the gatekeepers Using informal governance resources in Mogadishu", 2017.

[15] Human Rights Watch, "Hostages of the Gate-Keepers", 2013.

[16] Refer: http://archive.somaliangoconsortium.org/ .

[17] An example of this is the Joint Operating Principles from the Syria situation, outlining core humanitarian standards and does and don't including, red-lines: https://www.humanitarianresponse.info/en/operations/stima/document/joint-operating-principles-protocol-engagement-parties-conflict .

Suggested actions by HCT:

(i) Conduct safety audits of IDP sites to identify gaps in camps settings , shelter conditions and access to services and security which impact negatively on the physical safety and integrity of IDPs, including women and children, and mobilise resources to fill identify gaps.

(i). HCT to endorse strengthened referral systems for services and case management; and establishment of inter-sectoral referral and information pathways, led by protection and CCCM actors in IDP sites.

(ii). HCT to develop a common position, including advocacy opportunities, on the issue of evictions from IDP settlements and collective centers; and promotion of land tenure security and legal representation for IDPs and marginalized groups at the onset of an emergency.

(iii). HCT to affirm all three durable solutions for IDPs as being of equal priority; and advocating for early recovery, development and state building processes to consider the same.

(iv). HCT to develop a common position on engagement with and principles governing potential IDP registration initiatives, including those led by authorities at all levels.

(v). HCT to support the framework of the Durable Solutions Initiative (DSI) by encouraging humanitarian actors to minimize actions that risk institutionalizing displacement, promote self-reliance, and contribute to assessment and mapping of intentions, needs and protection risks/threats of displaced and displacement affected communities in the displacement context, as well as in areas of possible return or reintegration.

(vi). HCT to support issues related to normative frameworks (Kampala Convention, IDP strategy and mainstreaming displacement into all relevant laws), through robust advocacy.

Priority A3. *Engaging with conflict affected communities and parties (national and international) to the conflict, in order to minimize disproportionate and indiscriminate targeting of civilians and civilian assets vital for survival, including through, enhanced delivery of assistance and support to community based self-protection mechanisms.*

Issue: A focus of the humanitarian response and provision of protection services has been on areas accessible for humanitarian organizations (thus forcing IDPs to move to find assistance) or in drought impacted communities in accessible, less conflict prone areas. Areas with active conflict, while benefitting from some measure of the humanitarian response, have seen minimal protection engagement through the efforts of some highly motivated individual organizations, including, some local partners. The humanitarian system led by the HCT should engage further in conflict affected areas through various actions including but not limited to: (i). engaging the various fighting forces in dialogue for protection of civilians; (ii). preservation of humanitarian space and humanitarian principles; (iii). coordinating approaches and/or leveraging ongoing programs to counter the impact of limited presence in conflict zones; (iv). piloting community centered approaches along with - and in lieu of - NGO and UN presence in these inaccessible or hard to reach areas, in order to enable protection programming at the community level and strengthening of communities' own self-protection mechanisms and resilience; (v). Ensuring clearance operations, information sharing and risk awareness around explosive hazards; and (vi). ensuring more robust information sharing and evidence based advocacy on Protection of Civilians (POC) issues. Risks of violence in the context of elections should also be identified and anticipated.

Suggested actions by HCT:

(i). HCT to support and strengthen regular, and structured protection related dialogue within the frame-work of Civil-Military Coordination (UN-CMCOORD) through robust engagement of the Protection Cluster and OHCHR along with OCHA, involving the AMISOM Legal Advisor , AMISOM Humanitarian focal points and AMISOM Human Rights and Protection Cluster, Somali National Army (SNA), other actors (including

international forces) engaged in supporting AMISOM and SNA, and other fighting forces operational in Somalia[18]. This includes:

- increased field presence of UN-CMCOORD staffing through OCHA to engage in all geographical areas as needed, and advocacy for extension of its mandate beyond coordination with AMISOM.
- Enhanced engagement of the Protection Cluster and other relevant actors in pre-deployment and in-country trainings of AMISOM and SNA on protection; and in early stage involvement with operational preparation of military operations by UN-CMCOORD, AMISOM CIMIC and AMISOM Humanitarian Liaison Unit.

(ii). HCT to engage in consultations and provide inputs into Security Council Resolutions and the African Union Peace and Security Council Communiques, including regarding the value of incorporating a Protection of Civilians clause in AMISOM's mandate and supporting an effective protection of civilians' strategy by AMISOM and SNA.

(iii). HCT members to support the implementation of mitigation measures related to AMISON and SNA and other Somali security sector institutions[19], identified in the framework of Human Rights Due Diligence Policy (HRDDP)[20]. Including through:

-The implementation of HRDDP through joint advocacy for the implementation of relevant measures, especially when those relate directly to the physical protection of civilians.

-Information sharing in the framework of HRDDP, in order to improve analysis relating to barriers in accessing humanitarian assistance and human rights and protection issues; and to influence the behaviour of AMISOM and Somali security institutions and their compliance with IHR, IHL and RL.

- Informing the HRDDP secretariat of any support being provided to non-UN security forces like AMISOM and Somali security forces, to assess the applicability of HRDDP and conduct a risks assessment and identify mitigation measures where necessary.

- Enhance monitoring and reporting capacity of HCT and protection cluster members for timely identification of human rights and protection concerns affecting vulnerable groups/civilians so as to facilitate advocacy with authorities and response interventions.

(iv). Prevention of child recruitment and other grave child rights violations, as well as the arrest of children. HCT to support the efforts of the Country Taskforce on Monitoring and Reporting Mechanism to strengthen the data collection on grave child rights violations[21]and to conduct joint advocacy to ensure accountability and facilitate release of children where possible. Efforts should be made to provide children with safety nets in order to reduce the risk of coerced or voluntary enrolment into armed forces and groups.

(v). Enhanced provision of assistance and protection services into conflict zones:

-Engagement of the HCT through its Access Task Force to see how the access strategy can be oriented towards allowing communities to access services without displacing[22].

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[19] That is, Somali National Army, Somali Police Institutions and National Intelligence and Security Agency.

[20] The UN Human Rights Due Diligence Policy on UN support to non-UN security forces underscores that any support by UN entities to non-UN security forces must be consistent with the UN's obligations under International Law to respect, promote and encourage respect for international human rights, humanitarian and refugee law. The UN must exercise due diligence to avoid actual or perceived complicity or association with violations and needs to assess those risks, identify mitigation measures to be implemented by the UN provider or the recipient of support e.g. AMISOM, the Somali National Army, the Somali National Police, and Ministries such as Defence and Internal Security. The Standard Operating Procedures for HRDDP implementation in Somalia stipulates that UN entities providing support to non-UN security forces like AMISOM and Somali security forces have a responsibility to conduct a HRDDP risk assessment to identify the risks of providing support and put in place mitigation measures. The HRDDP secretariat, hosted by UNSOM Human Rights and Protection Group, can provide technical guidance on this and support UN entities in developing such risk assessments.

[21] Child recruitment & use, abduction, killing & maiming, sexual violence, denial of humanitarian access and attacks on schools and hospitals.

[22] Somalia Access Strategy and Response Plan, Sep 2016- Aug 2017.

-HCT to develop a position paper on delivering better for protection and assistance delivery, addressing what, beyond access, are the parameters of engagement in conflict zones (including maintaining humanitarian space as needed). To include: lessons learnt till date; undertaking a mapping of presence of humanitarian actors in conflict areas in order to identify ways of complementing each other (voluntary); and discussing how to leverage each other's work by joining efforts, such as using community out-reach workers for humanitarian principles sensitization or protection monitoring (including referral mechanisms); and lastly, supporting programming and funding to community based self-protection initiatives.

-Support robust protection oriented advocacy and communication with parties to the conflict on civilian casualties, explosive hazards and explosive remnants of war and destruction of civilian assets, as well as the need for an enhanced AMISOM CCTARC.

(vi). HCT to reinforce activities that focus on women and their agency within communities, as an enabler for protection outcomes in conflict affected areas by leveraging women's roles and leadership in expanding the humanitarian space, ultimately promoting community resilience, and furthering protection of civilians and civilian assets. The HCT to recognize women as key stakeholders and ensuring their role in the communities is taken into account.

(vii) Risks of violence against civilians in the context of elections planned in 2020-201 should be mapped, and a protection plan be developed in consultation with UNSOM

B. Key Protection priorities: Improving the ways of working for the Humanitarian Country Team and the humanitarian system

(The below are process oriented priorities which will enable the HCT and the humanitarian system to work more effectively to address the over-arching protection risks/threats identified above; and also ensure protection considerations become a regular and systematic part of the HCT and the humanitarian systems' work)

Priority B1. *Strengthening system wide data collection and analysis to ensure an effective response, and establishing a repository on protection risks/threats: thereby enabling an overarching protection picture of the humanitarian crisis, including the national picture, the sub-national picture and the local picture.*

Issue: *There is a large number of data collection and estimation efforts in Somalia, however they are not coordinated nor necessarily analysed in a manner that provides the HCT with a comprehensive picture of protection issues across sectors (including trends and severity), impacting affected populations in drought or conflict etc. Further, data and analysis often are not informed by gender and other categories of social variables, as a result their use and effectiveness remain sub-optimal. Despite gradual improvements in 2017, limited sharing of information among various actors further hampers comprehensive analysis, while (perceived) assessment fatigue presents another barrier.*

Suggested actions by HCT:

(i). Enhanced protection analysis (including disaggregated data by age, gender, and diversity) using PMRN, DTM, DSA community site level data, MRM and information on GBV patterns and trends, and linking this with OHCHR analyses, FSNAU data and other non-humanitarian systems such as, CRESTA/A's Fragility Index and Maturity Model (FIMM)[23], which could include protection relevant information, should be initiated through IM Sub-Working Group of the HCT. Create online portal to existing protection information resources on Somalia and develop protection profiles for key geographic hotspots (at district level for instance).

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[23] Community Recovery and Extension of State Authority and Accountability (CRESTA/A) is the UN's approach to stabilization in Somalia. The overall intent is to support the FGS at federal, states, and district level to promote coherence in programmes and prioritise activities around four areas of the Government's stabilization strategy: community recovery; social reconciliation; local governance, and; Rule of law. The FIMM provides a dash board and narrative analysis on progress and conditions in a specific district, looking at politics/governance, security/Rule of Law, and socio-economic conditions.

Additional considerations on data include: data coordination between Somalia and refugee hosting countries should be improved; protection analyses need to be supported by local contextual conflict and political economy analyses and joint analyses with political and human rights components of UNSOM and relevant security actors; and development of key benchmarks and indicators to measure progress and achievements, including commitments to data sharing should be agreed.

(ii). Strengthen joint analysis with a protection lens of assessment, 4W, Post Distribution Monitoring and feedback mechanisms data, to ensure targeting and access are optimal, including an agreement on common protection indicators for post distribution monitoring that can be included in agency/NGO surveys. Commitments to sharing of especially, PDM results need to be made. (see also priority 3B below)

(iii) Strengthen protection analysis of food insecurity situation and on inclusion of IPC groups in humanitarian response, in consultation with the protection cluster

(iv). Clear action-oriented bi-monthly updates to the HCT based on information gathered through protection situational analysis by OCHA and the Protection Cluster.

*Priority B2. **Strengthened HCT protection influenced advocacy (including for protection funding) and enhanced communication on protection tailored to the context of Somalia.***

Issue: The HCT is the 'voice of principled action and the humanitarian imperative' and should raise the difficult issues in a practical and actionable way with change makers. It should also promote communication and understanding of protection and this should be undertaken in a culturally relevant way to the Somali context. It should also actively seek to link to other broader initiatives that may be contributing to a enabling a protection environment for affected populations.

Suggested actions by HCT:

(i). Development of an evidence based HCT advocacy strategy with assigned leads for protection advocacy. Identify synergies and leverage the roles and capacities of other relevant actors for protection outcomes, including beyond the HCT. Develop advocacy notes with key messages for HCT members on priority protection issues

(ii). HCT public communication to be done in Somali using Somalia contextualized messaging. In order to achieve this, conduct a mapping of how protection (and non-protection) communication can be undertaken in the clan/socio-cultural context of Somalia; and examine why and how the HCT would undertake such communication.

(iii). Dialogue with key stakeholders, including the UN Mission and civil society in Somalia on how to take forward advocacy related to civilian protection in a principled, practical, and constructive manner.

(iv). Funding for protection, including, advocating for protection as a lifesaving response (to be incorporated in emergency preparedness planning) and funding for activities out-lined in this strategy.

(v). Inclusion of protection as a standing agenda item in the HCT with various actors updating each month from their perspective (including from outside the HCT, if relevant for informed decision making).

(vi) Disseminate HCT centrality of protection strategy among humanitarian partners and other stakeholders through adequate communication materials.

*Priority B3. **Strengthened Protection Mainstreaming, Accountability to Affected Populations (AAP), and Prevention of Sexual Exploitation and Abuse (PSEA) across all sectors.***

Issue: There is a need for a system wide Accountability to Affected Populations framework (including communicating with communities) and a need to support Protection Mainstreaming and Prevention of

Sexual Exploitation and Abuse across the Humanitarian system and beyond, through awareness raising/trainings, incorporation of principles into on-going programming, and situational analysis, linking it to funding mechanisms and robust impact monitoring.

Suggested actions by HCT:

Protection Mainstreaming

(i). HCT to mandate the development of an inter-cluster plan on Protection Mainstreaming with 6 month plans building upon existing/ongoing mainstreaming initiatives (different sectors could be treated as priority) – ICCG Coordinator and Protection Cluster Coordinator to be tasked and to report back to HCT on a regular basis. This includes, clusters/sectors revisiting their existing sector performance indicators (through the development of a protection mainstreaming index) and development of a basic Protection Mainstreaming training package**,** including for the mainstreaming of GBV prevention and response across the humanitarian response

(ii). HCT to encourage, Somalia Humanitarian Fund (SHF) and other humanitarian funding mechanisms to include Protection Mainstreaming as one of the criteria for funding of all clusters and organizations.

Accountability to Affected Populations **(AAP)**

(iii). Commit to collective approaches to community engagement and accountability in order to ensure that HCT decision-making and strategic planning is informed by feedback data from affected communities, including, proactive efforts to include the voices of women and girls, as well as vulnerable and marginalized groups. Linkages to be sought between the collective AAP analysis system proposed by the HCT Community Engagement and AAP Working Group, the UNICEF coordinated Communication and Community Engagement Initiative (CCEI), closely collaborating with the Protection and CCCM Clusters especially and the PSEA coordination. Analysis should also support the HCT commitment to prevent exclusion as prioritized under this strategy (see priority A1 above)

(iv). Provide guidance to humanitarian partners on effective complaints and feedback mechanisms and accountability at the community level, and HCT to encourage the SHF and other humanitarian funding mechanisms to include AAP as one of the criteria for funding of all clusters and organizations.

Prevention of Sexual Exploitation and Abuse (PSEA)

(v). HCT to re-affirm its support for PSEA through the accountability compact of the HCT and request for periodic updates on PSEA, including development of a PSEA network and clear guidance and follow up mechanisms for PSEA allegations, including engagement with the UN Mission and AMISOM on this issue.

> *Annex 1 of this strategy contains the implementation framework for the strategy.*
>
> *Annex 2 of this strategy contains the protection analysis of the situation in Somalia.*
>
> *Annex 3 of this strategy contains a restatement of COP priorities in the COVID 19 response*