Humanitarian Country Team Centrality of Protection Strategy 2022-23

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Rationale and Aim of the Strategy

Somalia remains a protracted humanitarian and protection crisis. The increasing impact of environmental shocks and conflict continue to expose individuals and communities to a grave range of protection threats, putting civilians' lives at risk, forcing repeated and prolonged displacements, exposing people to multiple risks while displaced, and impeding durable solutions.

This aim of this strategy is to focus on interlinked priority areas that pose a significant challenge to the entire humanitarian response and a severe threat to the rights and life of crisis affected people in the country. The Strategy is a revision and continuation of the HCT endorsed Centrality of Protection Strategy (2019-2021). The three priority protection risks listed below were identified in the previous iteration of the strategy and have been amended slightly through a consultative process to reflect the current country context and the experience of implementing the strategy itself.

The Centrality of Protection in Humanitarian Action

The protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.[1] The centrality of protection is a mandatory responsibility of the humanitarian leadership in country[2] and this strategy is a means to unify actors around common strategic and operational aims. The task of the HCT is to mobilize multi-disciplinary stakeholders, including non-humanitarian actors to ensure collective protection outcomes. The HCT must monitor and ensure actors have taken specific joint actions to reduce the risks posed priority issues identified below. Collective protection outcomes impact all sectors of the response, including durable solutions, strengthening basic social services, and reducing the impact of climate-induced hazards. The centrality of protection then is a system-wide effort to reduce risks, address vulnerabilities and strengthen capacities of the Somali people to cope in the face of crisis. To achieve this and be fully

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[1] IASC Centrality of Protection in Humanitarian Action (2013)

[2] The four HCT mandatory responsibilities included in the IASC standard terms of reference (endorsed in February 2017) for Humanitarian Country Teams are collective approaches to: (1) centrality of protection; (2) accountability to affected people (AAP); (3) protection from sexual exploitation and abuse (PSEA); and sexual and gender-based violence (SGBV).

accountable, the humanitarian response must begin from the perspective of the crisis affected communities in Somalia.

Priority Protection Risks

Three overarching risks continue to affect the dignity, safety and security of crisis affected communities and vulnerable individuals in the country. To reduce these risks a structured and systematic attempt to address them and reduce the threat they pose is necessary. The key risks are;

1. **Reducing the risk of exclusion and denial of access to assistance** - The issue of exclusion 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 (including characteristics that increase this risk; disability, gender and minority and marginalised clan status) and difficulties in the accurate identification of those in need of assistance and protection, either due to poorly defined vulnerability and targeting criteria, manipulation of humanitarian processes, including fraud and taxation, etc, lack of understanding of distribution modalities (e.g., phone cash transfers), biases inherent in the humanitarian architecture including favouritism, and/or deliberate denial of assistance including, in form of economic or physical blockages, etc. In addition, the humanitarian system led by the HCT needs to proactively ensure the inclusion of minority and other marginalized communities as well as IDP voices, and their wider networks of community based, local governance mechanisms, and 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 information, inappropriate mechanisms to facilitate their inclusion, pre-existing discrimination, stigma, and lack of adequate consideration. The HCT commits to increase efforts to identify barriers, risks, and enablers for people with disabilities and to take concrete steps to strengthen the inclusion of people with different types of disability. There is evidence that members of minority clans also face additional barriers in equitably accessing humanitarian support. The HCT needs to commit to increasing efforts to identify barriers, risks, and enablers for members of minority clans and to take concrete steps to address these.

2. **The impact of continued and prolonged displacement -** Protection analysis highlights the extremely difficult situation in IDP settlements across the country, in light of growing displacement, due to floods, 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 labour, 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.

However, IDPs are not the only community affected by such risks, hosting areas and communities, are also at risk of increased protection threats, both in rural and urban areas and any principled response must take a broad, holistic approach that understand and meets the need of the most vulnerable communities in high-risk areas.

3. **Failure to sufficiently protect civilians and their assets from indiscriminate attack -** 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.

Scope and Implementation

This 24-month strategy affirms that protection is a collective responsibility of the entire Humanitarian Country Team (HCT) and requires system wide commitment.[3] It addresses the most significant protection risks and violations faced by affected populations that impact the entire humanitarian system in Somalia. They require a common position, a joint response and collective and sustained advocacy by the HCT throughout the humanitarian programme cycle and the cycle of this strategy. The Centrality of Protection remains a strategic objective of the humanitarian response and is outlined in detail in the Humanitarian Response Plan 2022. The strategy also acknowledges the role and contribution of *nexus* actors, the UN Country Team (UNCT), the UN Mission in Somalia (UNSOM) and development actors, to achieve protection goals and will increase collaboration on the priorities across the nexus. The strategy has a 'living' implementation plan, monitored by an inter-agency Implementation Support Group (ISG). The group will provide quarterly updates to the HCT. The implementation plan should be adjusted as required, based on changes to the country context and emerging system-wide, protection threats.

Key Protection Priorities for the HCT[4]

The key protection priorities listed below are agreed as identifying risks/threats that can only be prevented, mitigated, and/or addressed collectively by the humanitarian response.

1. **Reducing exclusion and denial of assistance** - Identifying and addressing differential forms of exclusion that is based on age, gender, ability, ethnicity, or clan affiliation through principled, equitable and quality humanitarian assistance.

2. **Reducing the risks associated with displacement -** Addressing critical protection concerns that persist due to protracted displacement in sites and the lack of appropriate solutions (local integration, return, or settlement elsewhere) for the displaced.

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[3] Refer to the Inter-Agency Standing Committee (IASC) Centrality of Protection statement (2013) , IASC Policy on Protection in Humanitarian Action (2016)

[4] The priorities 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.

3. **Reducing indiscriminate attacks on Civilians and civilian assets** - Engaging with conflict affected communities and parties (national and international) to the conflict in order to minimize the targeting of civilians and civilian assets. Community-based protection mechanisms are strengthened, assistance is provided, and the risks for children and youth being associated with armed actors or injured due to conflict or explosive hazards is reduced.

Ways of Working

The HCT has agreed priority areas of 'ways of working' which are essential to the success of this strategy. They rely on efforts to ensure system wide efforts of collaboration, joint analysis, risk prevention and strengthening global best practices to Mainstream Protection, to Prevent Sexual Exploitation and Abuse (PSEA) and continue efforts in Accountability to Affected Populations. These priorities emphasise the safe and dignified delivery of humanitarian assistance through;

1. 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. This includes a focus on data concerning minority clans and other marginalized communities.

2. Advancing HCT protection influenced advocacy on protection tailored to the context of Somalia.

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

In this iteration of the strategy, it is essential each of these ways of working directly informs the actions taken in the implementation of the strategy rather than be approached as distinct interventions in themselves. This approach has been reflected in the Implementation Plan (see Annex 1). The Protection Cluster's strategy also prioritises across cluster efforts in protection mainstreaming but it is important to note that the cluster's strategy is designed to inform the ways of the working of the protection cluster itself, while the Centrality of Protection strategy, owned by the HCT, prioritises the key protection priorities that all clusters and areas of the response must collectively address in order to overcome the risks they pose to the day to day lives of crisis affected people.

List of Annexes

Annex 1 – Implementation Plan

Annex 2 – Protection Analysis

Annex 3 – Implementation Support Group Terms of Reference and Membership List

Annex 4 – Evaluation of the 2020-21 Strategy