

SOMALIA ACCOUNTABILITY COMPACT

HCT Endorsed Final Version

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INTRODUCTION

This document is intended to serve as a framework for key commitments and the accountability of the Humanitarian Country Team (HCT) members in Somalia towards people in need of humanitarian assistance and protection, towards one another, and to the leadership of the Humanitarian Coordinator (HC). Drawing from the HCT's Terms of Reference, it sets out the key commitments between the HCT members and the HC, enhancing mutual accountability, and reinforcing collective accountability towards people in need of humanitarian assistance and protection focusing on the marginalized population specifically women and persons with disabilities.

It also supports the accountability of the HC to the Emergency Relief Coordinator (ERC), as set out in her/his HC Compact, recognizing that effectiveness in this regard depends on a well-functioning and committed HCT. Each individual HCT member has distinct contributions to make under each of the headings below.

VISION STATEMENT

HCT members in Somalia recognize their ultimate accountability is to the vulnerable populations affected by the ongoing humanitarian crisis. The HCT is committed, first and foremost, to saving lives, alleviating human suffering and protecting the lives, livelihoods and dignity of people in need.

The Somalia HCT will provide strategic direction for collective inter-agency humanitarian action that is consistent with the humanitarian principles of humanity, neutrality, impartiality and independence, International Humanitarian Law, International Human Rights Law, Refugee Law and International Criminal Law; and the broader framework for international humanitarian action, including Security Council Resolutions. In addition, the ICCG will also be guided by the Inter Agency Standing Committee (IASC) five Core commitments on Accountability to Affected Populations (Leadership; Transparency; Feedback and Complaints; Design, Monitoring and Evaluation; Participation), as well as the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action and the related accountabilities. They are also consistent with the commitments of the World Humanitarian Summit and Grand Bargain. The HCT will embody the Principles of Partnership (equality, transparency, inclusivity, results-oriented approach, responsibility, complementarity and mutual accountability). Furthermore, the HCT will ensure the implementation of country-specific commitments including the Centrality of Protection strategy, Joint Operating Principles, Civ-Mil guidelines and the Guidance Note on Humanitarian and Stabilization Efforts in Somalia.

In support of this vision, the Somalia Accountability Compact identifies eleven key areas of accountability (outlined below) which will be monitored collectively on a monthly basis to gauge HCT progress.

ACCOUNTABILITY COMPACT

The HC and the HCT are ultimately accountable to the people in need. The HC leads and chairs the HCT and reports directly to the ERC, forming an annual Compact. HCT membership is conditional on a commitment to mutual accountability among the members. Individual HCT Members and their respective organizations, make a commitment to contribute to the HCT as a collective, and to pursue collective outcomes. This contribution should be considered a key component of the responsibilities and performance of country-level operational leadership of each member agency.

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The HCT and ICCG share collective responsibility for all areas of accountability. The accountability compact outlines specific mutual responsibilities and provides the basis for periodic monthly review of the performance of the HCT and will inform the 2023 HCT work plan.

REVIEW

This document provides a basis for a light internal semi-annual review process, facilitated by the HC, with technical support from OCHA and technical inputs from the ICCG, in which HCT members will assess implementation of these commitments at the individual and collective levels, and any adjustments needed to working methods in this regard. During the review process the HCT will reflect as a group, in a frank, open and forward-looking manner, on the extent to which these collective commitments are being implemented, identifying any challenges and adjustments and/or support needed to overcome them.

These reviews will take the form of monthly scheduled discussions in HCT meetings for the first six months after endorsement. In addition, two HCT meetings during the year will focus on key milestones and overall progress, looking at all areas of accountability together. The purpose of these discussions will be to take stock of progress and challenges, and to adjust strategy or policy as needed based on the evolving situation.

AREAS OF ACCOUNTABILITY

1. *Accountability to Affected People*

Members of the HCT recognize their ultimate accountability is to the people in Somalia affected by disasters and humanitarian crises. HCT members commit to ensuring that affected people are at the center of any humanitarian response, and that collective mechanisms are in place to ensure that they are able to provide feedback on their own priorities and concerns around humanitarian action, and that these priorities and concerns are considered and addressed in humanitarian action in a meaningful way.

HCT members commit:

- a) To seek preferences of the affected people on information, service modality, community feedback and safe locations for assistance.
- b) To facilitate the development of a collective response-wide system for analysis and reporting on complaints and feedback data using localized, safe and confidential systems to inform strategic discussions on response planning.
- c) To present analysis of complaints and feedback data to HCT on monthly basis and lead discussions on HCT commitments for adjusting response based on affected people's feedback.
- d) To upholding a rights based, community empowerment and awareness approach in providing protection and assistance to the affected population.
- e) To ensure that affected people are at the centre of the humanitarian response participate in the decisions that affect their lives, are properly informed and consulted, and have their views acted upon and that feedback on the views and priorities of affected people are incorporated into all stages of the 2023 Humanitarian Programme Cycle.

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- f) To coordinate and facilitate joint monitoring missions with participation of HCT members and other relevant organizations for assessments and for collective support.
- g) To continuous learning, improvement and application of best practices on aid delivery and humanitarian assistance to the affected population.

2. *Participation and Partnership*

HCT members recognize that membership of the HCT comes with responsibilities beyond individual organizations' mandates and priorities with an orientation towards results and impact for people in need of humanitarian assistance and protection.

HCT members commit:

- a) To work together as equals to implement collective decisions, and continually work to enhance collective efficiency, creativity, collegiality, transparency and mutual accountability, with the primary goals of saving lives, alleviating human suffering and protecting the lives, livelihoods and dignity of people in need with a focus on women, persons with disabilities and other marginalized groups. obtaining results and impact for people in need of humanitarian assistance, protection, and ensuring that such actions are delivered in line with the Principles of Partnership and the Somalia Joint Operating Principles.
- b) To follow up and implement HCT recommendations in a timely manner.
- c) Participate actively, account to each other, and represent their respective constituencies at the highest possible level in all HCT meetings.
- d) Engage proactively, constructively, with mutual respect and in a coordinated manner with external actors, including people of all gender and age groups and diversities affected by the crisis, the host government, other relevant authorities, donors and other Member States, consistent with agreed collective priorities and common messages.
- e) Better incorporate and include NGO perspectives and concerns in deliberations and discussions.

3. *Strategic Vision and Plan*

Drawing from the HCT's Terms of Reference, it sets out the key commitments of the HCT members towards the Humanitarian Coordinator (HC) and one another, enhancing mutual accountability, and reinforcing collective accountability towards people in need of humanitarian assistance and protection.

HCT members commit:

- a) Ensure evidence driven response based on a shared analysis of humanitarian needs as outlined in the 2023 Humanitarian Needs Overview (HNO) and updated based on situational monitoring, including the specific needs of women, men, boys and girls, communities with minority affiliation, persons with disabilities, and other vulnerable and marginalized groups.
- b) To provide strategic direction in support of achievement of the strategic objectives outlined in the 2023 Somalia Humanitarian Response Plan (HRP) to respond to the collectively identified humanitarian needs:

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- 1) Prevent loss of life of the most severely vulnerable people, including children under 5, pregnant and lactating women and girls, the elderly and the sick by decreasing the prevalence of hunger, acute malnutrition, public health threats, and outbreaks, and the impact of armed conflict.
 - 2) Support people to sustain their lives and contribute to building resilience, by ensuring safe, equitable, inclusive and dignified access to livelihoods and essential services.
 - 3) Uphold commitments to collective action to address critical protection risks by reducing the risks of exclusion, the risks associated with displacement, sexual and gender-based violence, and indiscriminate attacks on civilians and their objects.
- c) Uphold ways of working as set out in the HCT Terms of Reference and work plan emanating from the HCT Retreat with respect to mutual commitment to strategic decision making.
 - d) Agree on collective prioritization (beyond geographic prioritization) within the framework of the HRP informed by severity of needs and risks of further deterioration of the situation.

4. *Fit-for-Purpose Coordination*

HCT members commit to ensure that coordination structures are fit for purpose in relation to the context. This includes ensuring that clusters at the national and sub-national levels are empowered and have the necessary capacity to fulfil their responsibilities. HCT will provide strategic guidance for clusters and the Inter-Cluster Coordination Group (ICCG) and contribute to an atmosphere in which cluster coordinators prioritize collective as opposed to sector or organization-specific outcomes.

HCT members commit:

- a) To holding CLA's accountable for ensuring all national and sub-national cluster lead and co-lead roles are consistently filled in a timely fashion.
- b) To ensure clusters at national and state-level are adequately resourced and capacitated, including information management staff, to carry out their coordination role
- c) To enhance continuous engagement and representation of ICCG members at the HCT as well as commit to organizing quarterly HCT-ICCG forums for direct engagement
- d) To empower clusters and ensure that they remain the center of coordination and response in line with IASC guidance ensuring that operational discussions take place at the ICCG-level where the ICCG makes recommendations for HCT consideration.
- e) To ensure that inter-cluster information sharing on critical life-saving interventions of different sectors are well supported and coordinated.
- f) To hold Cluster leads accountable for achieving the six core functions as outlined in the IASC Reference Manual for Cluster Coordination at Country Level, with a focus on strategic and operational gap analysis, planning, assessments, and results.
- g) To periodically review the existing coordination architecture to ensure that it remains fit-for-purpose (coordination and response) in view of the evolving situation and priorities.
- h) To conduct quarterly updates of the cluster capacity mapping exercise highlighting cluster staffing gaps.

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- i) To ensure up-to-date contact lists of all national and state-level cluster staff are provided on a monthly basis.

5. *Cluster Lead Agencies*

HCT members are responsible for operational performance in their role as cluster lead agencies as per the IASC guidance, in line with response targets established in the 2023 HRP.

Cluster lead agencies as members of the HCT have the responsibility of representing the work, priorities and goals of their respective area(s) of responsibility in addition to their own organisations.

Cluster lead agency members commit:

- a) To holding cluster leadership accountable for achieving the six core functions as outlined in the IASC Reference Manual for Cluster Coordination at Country Level.
- b) In addition to supporting the six core functions of the cluster, the designated Cluster Lead Agency is the Provider of Last Resort (POLR). This means that, where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfil crucial gaps identified by the cluster and reflected in the HC-led Humanitarian Response Plan.
- c) To holding cluster leadership accountable for achieving the minimum gender commitments that reflect IASC policy accountabilities
- d) To recognize that they represent a constituency of organizations in the HCT, which comes with responsibilities beyond individual organizations' mandates and priorities
- e) To resource, capacitate and empower their teams at national and subnational level to ensure that they deliver against response targets, and provide the necessary support to the cluster system, including dedicated capacity at national and state level, and robust information management capacity which lies at the foundation of effective coordination
- f) To ensure accountability in the timely implementation of HCT, ICCG and S-ICCG decisions and action points
- g) To ensure integration of response operations and life-saving interventions where feasible and ensure accountability
- h) To respect the “neutral broker” role of their coordination teams, and refrain from imposing their priorities or leveraging coordination resources towards supporting their own programmatic work
- i) To place the protection of all persons affected and at risk at the center of the humanitarian decision-making and response, including in engagement with States and non-State parties to conflict.
- j) To engage with the collective through the mechanisms existing in the cluster system, in particular the Strategic Advisory Groups (SAGs), to ensure their views in the HCT represent the sector as a whole and not a specific organization
- k) To actively engage with and seek to empower Non-Governmental Organisations (NGOs) in sharing cluster leadership duties on systematic basis at both national and sub-national levels.

6. *Collective Resource Mobilization*

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HCT members commit to working together in a coordinated and joined-up manner to mobilize resources for the HRP (or any rapid onset humanitarian emergency), in a manner consistent with the needs on the ground, including regularly defining collective resource mobilization priorities that are based on the most pressing needs and not on the specific mandate or agenda of any single organization.

HCT members commit:

- a) To work together as an HCT to mobilize resources for the 2023 HRP, including regularly defining collective resource mobilization priorities based on the most pressing needs
- b) To actively determine resource gaps and priorities for funding to ensure critical, life-saving needs are met.
- c) To work together in a coordinated and joined-up manner to mobilize and allocate resources for the HRP, in a manner consistent with need informed by affected people, and as independently and regularly assessed by humanitarian actors.
- d) To regularly define collective resource mobilization priorities that are based on the most pressing needs, in pursue of defined collective humanitarian outcomes, and not on the specific mandate or agenda of any one organisation.
- e) Under the leadership of the Humanitarian Coordinator, to work together to diversify the donor base.

7. Humanitarian Access

HCT members commit to working together to ensure that humanitarians can access affected people wherever they are, and affected people can access humanitarian assistance and protection in a safe, timely and sustained manner, and to align advocacy and operational planning and response accordingly. HCT members recognise that maximizing access opportunities and the reach of the humanitarian operations demand creativity and pooling of information, expertise and capacities.

HCT members commit:

- a) To uphold the humanitarian principles of humanitarian delivery (independence, neutrality, impartiality and based on need), and hold the collective accountable to avoid the politicization of humanitarian action as per endorsed HCT guidance, including Joint Operating Principles, Civ-Mil guidelines, and Guidance Note on Humanitarian and Stabilization Efforts in Somalia.
- b) To develop, amplify key messages and take concerted action on access and broader operational challenges impeding the effective, timely and principled delivery of humanitarian assistance, including development and implementation of response plans to reach people in inaccessible areas and persons at risk of exclusion.
- c) To address any mismanagement of humanitarian funding, including aid diversion, extortion, corruption, and fraud, to ensure assistance reaches the intended recipients by holding the operational organizations delivering assistance accountable
- d) To develop response wide risk mitigation approaches and ensure compliance with mitigation measures collectively defined, including for risks incurred by beneficiaries post-distribution of assistance/entitlements.

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- e) To foster greater complementarity and impact between efforts to improve humanitarian access and those to strengthen protection for and with people affected by the conflict and drought with inclusivity.
- f) To ensuring that any grave violation on humanitarian space, actors and assets, bureaucratic impediments, and or interference in delivery of humanitarian response, will be documented and reported to the HCT in a timely manner and met with a timely and appropriate response to create a conducive and accountable environment in which aid can be delivered safely.

8. *Centrality of Protection*

HCT members commit to ensure the centrality of protection across humanitarian action in Somalia, recognizing that this is the responsibility of all actors and that effective protection requires the commitment and engagement of all sectors, agencies and donors. This will involve regular HCT discussions on cross-cutting protection challenges, strategic guidance, coordinated advocacy and messaging.

HCT members commit:

- a) To prioritize protection updates in the planning of HCT agendas by having a standing agenda item on protection focusing on women, persons with disabilities and other marginalized population once a month.
- b) To demonstrate progress against the third strategic objective of the HRP focusing on Centrality of Protection: *“Uphold commitments to collective action to address critical protection risks by reducing the risks of exclusion, the risks associated with displacement towards IDP sites and indiscriminate attacks on civilians and their objects across the humanitarian response”*. This is to include safety, protection risks faced by beneficiary populations post-distribution of assistance.
- c) To take stock of the implementation of the HCT 2022-2023 Centrality of Protection Strategy, based on the recommendations of the CoP Implementation Support Group, and determine priority actions to strengthen progress in key areas.
- d) To support the integration of adapted protection response among key life-saving components of the first-line and second-line multi-sectorial response, including in hard-to-reach areas.
- e) To minimize the exclusion and denial of assistance to minority and marginalized groups (and other vulnerable groups) by setting clear benchmarks for proactive and widespread hiring of persons from these groups, partnerships with minority-led NNGOs, improved targeting and inclusive programming.
- f) To follow up on the tailored actions of the *Guidance for Humanitarian Leadership on the Protection of Civilians* approved by the HCT on 29 November 2022 and in the following upcoming updates to this guidance.

9. *Gender Equality and Gender-Based Violence*

HCT commits to the Convention on Elimination of All forms of discrimination against Women (CEDAW) and to other key International and National gender equality frameworks where Gender Equality is recognized as a strategy towards achieving Humanitarian and development priorities in the Country as well as the goal. In particular, HCT members recognize that addressing Gender-based Violence (GBV) and discriminatory practices against women is a collective responsibility, cutting across all sectors and organizations. HCT members commit to ensuring the

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implementation of the IASC GBV Guidelines, and to maintain HCT discussions on key GBV-related concerns and approaches to address them.

HCT members commit:

- a) To promote Gender Quality Women's Empowerment in all Humanitarian interventions
- b) To ensure that a multi-cluster gender analysis is planned and budgeted as part of the needs assessment process
- c) To ensure sex, age and disability disaggregated data (SADD) is collected, analyzed, reported and published in information products
- d) To support the integration of adapted GBV interventions as the first and/or second line of response and advocate/commit increased funding to address key GBV needs
- e) To accelerate/support advocacy with the government and other key stakeholders accountable for the enactment of implementation of Sexual offenses bills to improve legal protection for women and girls
- f) To establish and implement mechanisms/actions to improve multi-sectoral response focusing on psycho-social, legal protection and response to GBV
- g) To continue to uphold mainstreaming/integration of GBV concerns across key clusters of response
- h) Adopt and implement Gender and Age Marker (GAM) in call for applications, review of proposals and award of grants and projects;
- i) To promote gender parity in all committees, humanitarian and camp coordination mechanisms;
- j) To improve gender representation in humanitarian coordination forums.

10. *Protection from Sexual Exploitation and Abuse by humanitarian workers*

HCT members recognize that collective, system-wide efforts must be taken to ensure prevention of and protection from sexual exploitation and abuse by humanitarian workers. HCT members commit to establish, capacitate, and actively engage with the necessary mechanisms in this regard, building on existing practice and responsibilities, including within the UN system and NGOs, and to ensure an effective and efficient response in the event that it occurs. HCT members resolve to undertake concerted and concrete measures to implement an approach that is survivor-centered and engages with humanitarian workers.

HCT members commit:

- a) Guide implementation of prevention of sexual exploitation and abuse (PSEA) standard operating procedures (SOP) in humanitarian response, engaging with any necessary mechanisms and building on existing approaches, including within the UN System
- b) Create a database of PSEA cases to promote accountability and prevent re-engagement
- c) Ensure due follow up of cases raised through the report mechanisms and provide adequate response to survivors of SEA
- d) Ensure PSEA risk assessments are conducted for all 2023 HRP partners

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- e) Ensure regular PSEA trainings and awareness raising are conducted with all 2023 HRP partners

11. *Data and Information sharing*

HCT members recognize the importance of sharing data and information on improving the quality of programmes, assessing progress and delivery, enhancing coherent engagements with authorities, humanitarian partners, and staff compliance with collectively recognized norms.

HCT members commit:

- a) To sharing critical information between members, including escalating to the HC if and when necessary.
- b) To proactively engage in inter-agency and inter-cluster data sharing based on the Somalia Information Sharing Protocol (ISP) to reduce assessment duplication and to inform integrated response planning and quality programming.