SOMALIA
Humanitarian Country Team:
Centrality of Protection Strategy
September 2025 - September 2026

Executive Summary

Strategic Objectives:

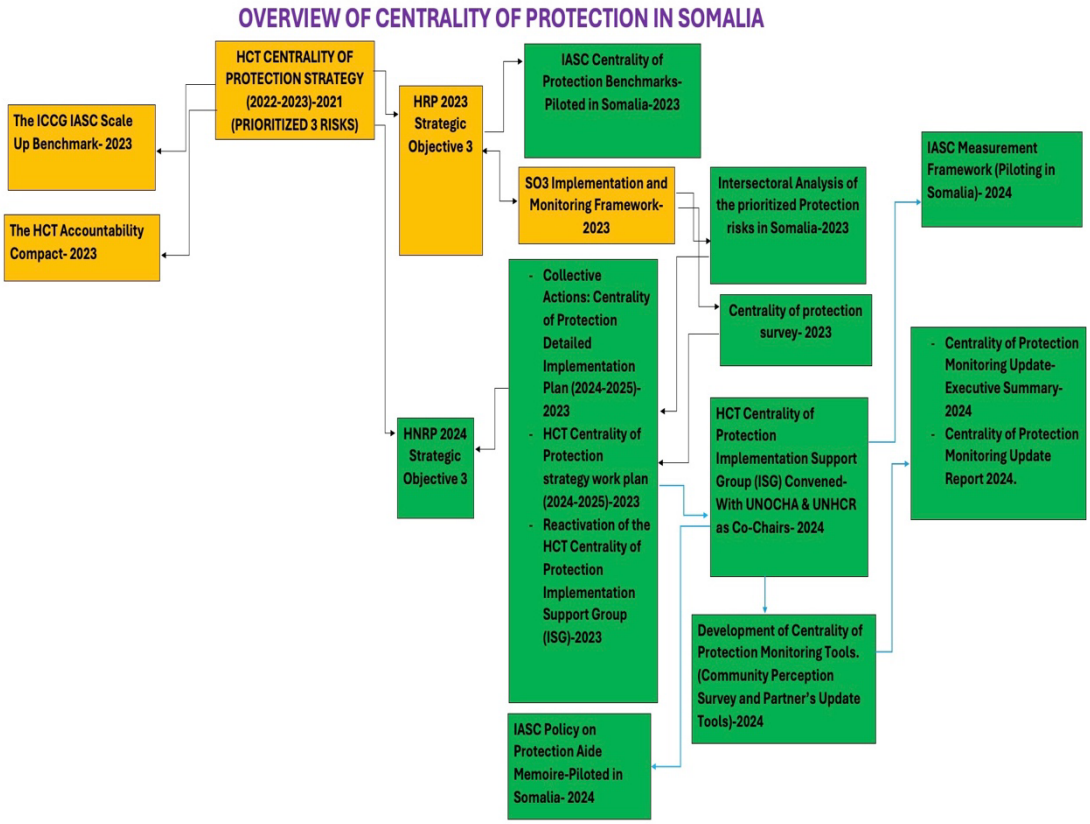
1. Reduce the risk of exclusion and denial of access to assistance.
2. Reduce the risk associated with forced displacement.
3. Reduce the risk of indiscriminate attacks on civilians and civilian objects

Recommendations to the HCT

- **Protection Mainstreaming:** Ensuring meaningful access; safety and dignity and avoiding further harm; accountability; participation and empowerment.
- **Protection Integration:** Incorporate protection objectives into the programming of non-protection sectors.
- **Protection Advocacy:** Engage relevant duty bearers to persuade them to uphold their responsibilities.
- **Protection Specialized Programs:** Coordinate the specialized protection programs intervention jointly (where possible), with non-protection specialist sectors/organization.

Key Inputs

- **Current Humanitarian Landscape**: Funding cuts, humanitarian reset/reforms
- **Centrality of Protection in the humanitarian reset**: Relating the reprioritized humanitarian needs and the critical protection needs.
- **Critical Protection Risks:** Exclusion and denial of access to assistance; risks associated with forced displacement, and indiscriminate attacks on civilians and civilian object



INTRODUCTION

The current HCT Centrality of Protection Strategy is adaptable to the emerging priorities and key strategic decisions made by the humanitarian leadership. Given the current humanitarian landscape, marked by funding cuts and their implication on essential services, the ongoing discussions on the need for humanitarian reset/reforms, the necessity to review the Centrality of Protection Strategy and workplans, is crucial, to ensure its effectiveness and its alignment with the lifesaving interventions in Somalia.

The Integrated Food Security Phase Classification (IPC) April-June 2025[1] reflects acute food insecurity projection. This was based on the changes to humanitarian assistance and other aggravating factors such as conflict and drought-related displacement. Driven by the urgent needs of people facing acute food insecurity (IPC 3 and above), four clusters were reprioritized i.e. Food Security, Nutrition, WASH, and Health, with the commitment on mainstreaming and integrating Protection actions in humanitarian response as envisioned in the IASC Policy on Protection 2016[2] to address critical protection risks.

Rationale and Aim of the Strategy

The strategy is a revision and continuation of the HCT Centrality of Protection 2022-2023. The risk reduction activities for the three critical protection risks[3] listed below have been amended slightly based on the findings from the Centrality of Protection Monitoring Update Report- Somalia 2024 and the One-pager recommendation from the HCT and HCT Centrality of Protection Implementation Support Group (ISG). The amendments also address gaps in risk reduction efforts within the specialized Protection programs, which have arisen because of funding cuts and the shift in the recent humanitarian needs.

Centrality of Protection in the Humanitarian Reset/Reforms

Discriminatory practices and exclusion are key drivers of food insecurity, as they limit access to essential assistance. Crisis-level food insecurity, often worsened by forced displacement, raises risks of violence and exploitation. Flooding further reduces food availability, intensifying hunger in affected communities. The highest rates of acute food insecurity and malnutrition occur in conflict-affected areas. Attacks on civilians and critical infrastructures, undermine livelihoods, erode food security and worsen hunger.

Compounding these hazards and drivers, funding cuts have reduced organizations' capacities, making reprioritization necessary. To achieve better outcomes for the affected populations, protection must be integrated as a collective humanitarian responsibility.

System-Wide Protection Efforts in Somalia

As part of a system-wide effort to reduce critical protection risks in Somalia, all non-Protection clusters, including the four reprioritized clusters (Health, Food Security, Nutrition and WASH) will:

- Integrate protection risks and key cross-cutting messages into their programming.
- Support community-based structures in prevention and response to protection risks.
- Target and provide assistance to vulnerable individuals beyond the SADD (Sex and Age disaggregated Data) vulnerabilities.
- Facilitate additional assistance for victims/survivors of protection risks.

The Protection Cluster will play a key role by providing specialized protection activities and technical support.

In addition, thematic working groups under the Somalia NGO Consortium and Durable Solution programming aligned around these collective priorities, have been mapped, as opportunities for collaboration and to solicit their contributions towards addressing the prioritized risks and needs.

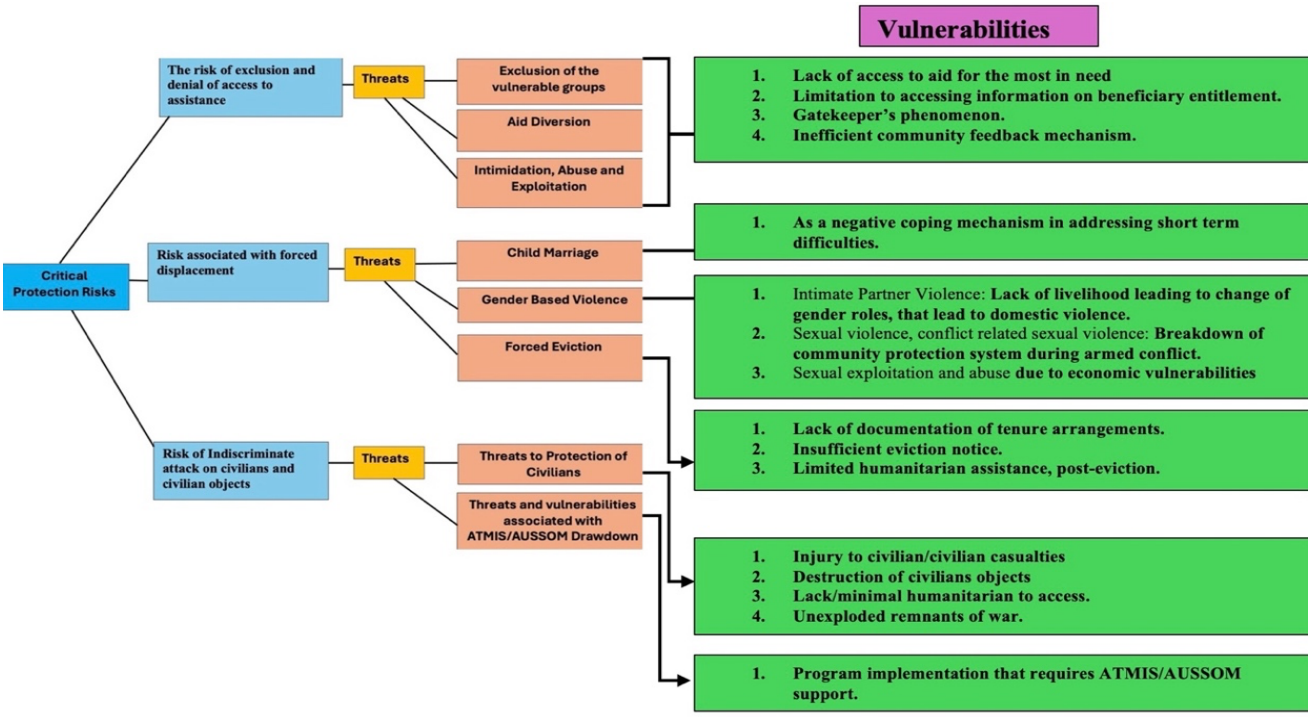
Measuring Outcomes

The Humanitarian Country Team (HCT) must systematically measure the outcomes of collective protection efforts against the intended goals. Using the 5Ws and 3Ws as well as the quarterly Centrality of Protection surveys (Including the Community Perception Survey), progress will be assessed and shared. This will enable learning and adaptation across humanitarian operation.

Critical/Priority Protection Risks in Somalia

Three overarching critical protection risks continue to impact the safety and dignity of the crisis-affected population:

[1] Somalia: Acute Food Insecurity Projection Update April - June 2025
[2] Centrality of Protection in Humanitarian Action 2016 Review
[3] Intersectoral Analysis of Protection Risks in Somalia-August 2023-Update on Centrality of Protection



HCT Commitments

To reduce the risk of exclusion and denial of access to assistance

Enhance vulnerability-based targeting to include marginalized and minority affiliated groups at risk of exclusion and address threats posed by gatekeepers/third-parties, threats of aid diversion, and sexual violence, exploitation and abuse (SEA), that denies the crisis affected population, access to assistance.

Recommendations to the HCT include:

- Protection Mainstreaming: The HCT must
  - Ensure assistance prioritizes the vulnerable groups beyond the SADD (Sex and Age disaggregated Data) vulnerabilities.
  - Communicate essential information with the community, and avenues for feedback/complaints.
  - Engage community structures in protection risk prevention and response.
  - Regulate/define the roles of gatekeepers/third parties with a limitation.

Protection Specialized Programs[4]: The HCT must

- support survivors of sexual violence and sexual exploitation and prevent further harm.

To reduce the risk associated with forced displacement

Increase efforts to address the immediate needs of the displaced population while preventing forms of negative coping mechanisms and prevent secondary displacements that may heighten multiple compounding protection risks to individuals.

Recommendations to the HCT:

- Protection Integration: The HCT must
  - prevent negative coping strategies through multi-purpose cash assistance and distribution,
  - lead a multi-sector response to forced eviction,
  - prevent and respond to protection risks through community-based structures.
  - Communicate essential information with the

[4] See also Annex 2 for cases associated with abuse and exploitation-GBV AoR Contribution to Centrality of Protection.

community, to prevent protection risks and further harm.

- Protection Advocacy: The HCT must
  - Prevent forced evictions through advocacy efforts with the local authorities.
- Specialized Protection program: The HCT must
  - Secure alternative land/tenancy.
  - support survivors of violence and prevent further harm,
  - respond to individual's specific needs where no assistance has been offered (Targeted Individual Assistance),

To reduce the risk of indiscriminate attack on Civilians and Civilian Objects

Prevent and mitigate the threats to protection of civilians, through SWOT informed advocacy, humanitarian response and enabling access to humanitarian assistance in areas of conflict and sites of displacement.

Recommendations to the HCT:

- Protection Mainstreaming: HCT must
  - address access constraints for humanitarians and ensure safe access to humanitarian assistance, by the crisis affected communities.
  - lead a SWOT informed preparedness and response with the support of UNOCHA-CMCOORD
- Protection Advocacy: The HC/HCT must
  - Lead a collective approach in engagement of the duty bearers and the warring parties/parties to the conflict, to secure full and unhindered access for civilians and humanitarian assistance; and to ensure safety and well-being of affected population.
  - put in place measures to address protection concerns from ATMIS/AUSSOM drawdowns and exit.
- Specialized Protection Programs: The HCT must
  - address threats posed by explosive remnants of war.

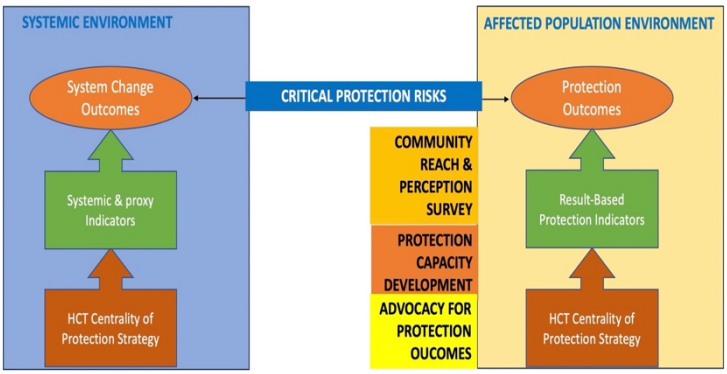
Scope and Implementation

This is a 12-month strategy and requires a system-wide commitment. It addresses the most significant protection risks and related violations faced by affected populations that impact the overall humanitarian risks and needs in Somalia.

The strategy has a revised implementation plan, that will be adjusted as required, based on changes to the country context and emerging system-wide protection threats, monitored by an inter-agency Implementation Support Group (ISG). .

The ISG will provide quarterly updates to the HCT .

Ways of Working



Somalia's risk reduction strategy, takes a collective and localized approach, building on lessons learned on aid effectiveness from Centrality of Protection Monitoring Reports, encompassing a broad range of actors(protection and non-protection), contributing to risk reduction and the Community Perception Surveys that are locally led to enable learning, improve the quality and accountability of aid.