

Final Report

On,

Improving Cash Voucher Assistance (CVA) programming in Hard to Reach Areas (HTR) in Somalia

Submitted to;



**SOMALI CASH
CONSORTIUM**

CONCERN
worldwide



European Union
Civil Protection and
Humanitarian Aid

Submitted by;



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1.0 INTRODUCTION

Somalia remains a fragile state facing a deepened humanitarian crisis due to periodic climate shocks coupled with heightened political tensions, high levels of conflict and insecurity, decades of violence, a declining economy, endemic poverty, and disease outbreaks¹. The situation is made worse by the presence of armed groups in some areas of South Central coupled with logistical constraints (USAID 2021).

This is further aggravated by climate change that results in more frequent and intense extreme weather events such as floods and droughts contributing to worsening community tensions and socioeconomic vulnerabilities (ACAPS 2023). The El Niño-Southern Oscillation also contributes to climate variability in Somalia, resulting in interannual and seasonal rainfall variability. The effects are felt more in the agriculture sector which contributes about 75 percent of Somalia's GDP and employs about 72% of its population² (WB 2018; NUPI/SIPRI 2022).

According to IPC (2023), between January–March 2023, nearly five million people experienced acute food insecurity in Somalia, including 1.4 million facing Emergency (IPC Phase 4) levels and 96,000 facing Catastrophe (IPC Phase 5) levels. The situation was worsened by the persistence of drought, conflict, and insecurity, high food prices, disease outbreaks, and insufficient humanitarian assistance.

In addition, Somalia has experienced long-drawn-out disputes over its territory, including with Somaliland, an unrecognized de facto sovereign state in the north that declared independence in 1991, and Al-Shabaab, a militant group that has been fighting against the Somali Government since its founding in 2006. The AS has also been taking advantage of the current drought to advance its operations by attacking relief efforts, destroying critical infrastructure, and imposing taxes on drought-affected communities (NUPI/SIPRI 2022).

As a result, the poverty situation in Somalia is deep and widespread. In 2019, about 69% of the population lived below the poverty line. The situation is currently exacerbated by the Russian-Ukraine war that has led to a rise in global prices leading to a reduction in people's purchasing power (WB 2023).

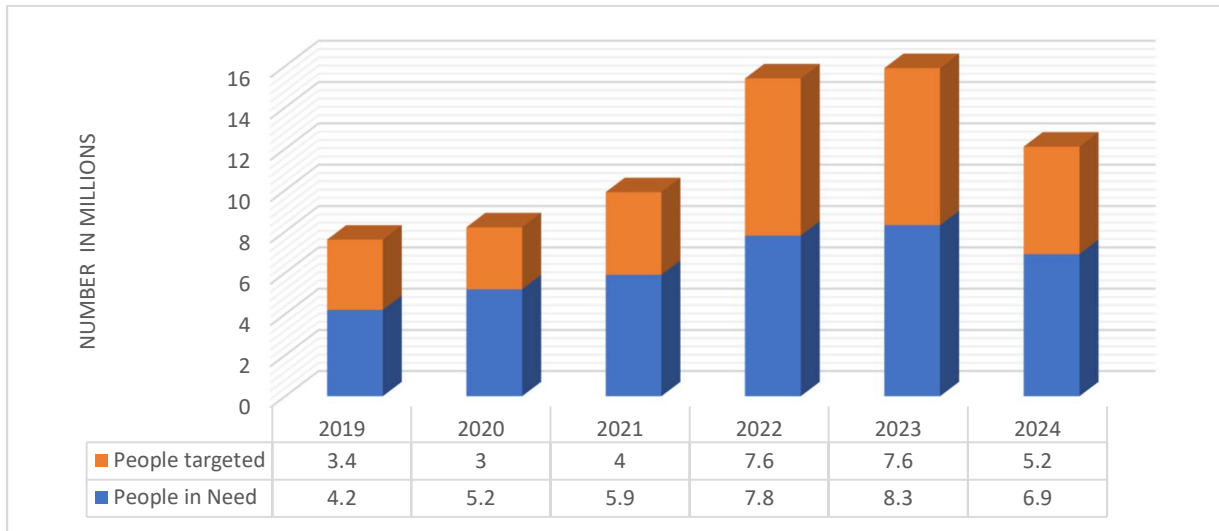
These factors have resulted in high humanitarian needs across the country. It is projected that about 6.9 million people will need humanitarian assistance in 2024 against a total population of 18.7 million. This is down from 8.25 million estimated in 2023³. However, the number targeted in 2024 out of the number in need is 5.2 million with a resource requirement of US\$ 1.6 billion with a total number of 405 operational partners within the humanitarian space (HNRP 2024). Figure 1 shows the trends of people in need and those targeted from 2019 to 2024. The figure shows that the number of people in need dropped from 8.3 million in 2023 to 6.9 million in 2024 reflecting a significant decline.

¹ Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian Needs Overview - Somalia 2022.

² <https://www.worldbank.org/en/news/press-release/2018/03/28/agriculture-remains-key-to-somalias-economic-growth-and-poverty-reduction>

³ <https://www.acaps.org/en/countries/somalia#>

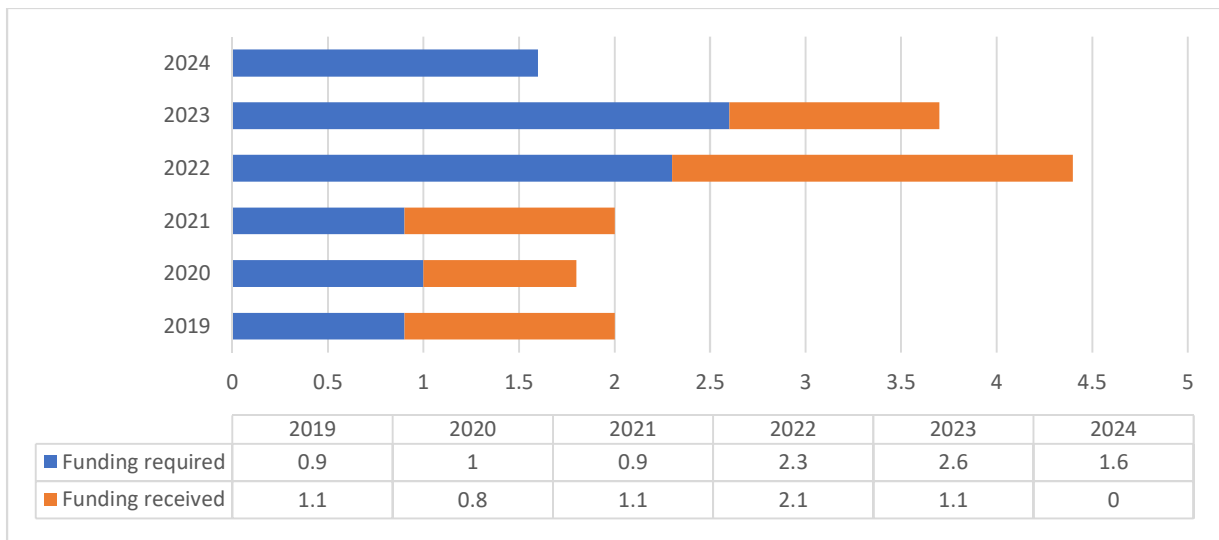
Figure 1: Trends of people in need vis avis those targeted



Source: Somalia 2024 Humanitarian Needs and Response Plan (HNRP)

In terms of funding requirements, Figure 2 shows the trends in funding required vis a vis funding received. The figure shows that the funding gap was negligible and while the funding requirement for 2024 was projected to be lower than the year 2022 and 2023.

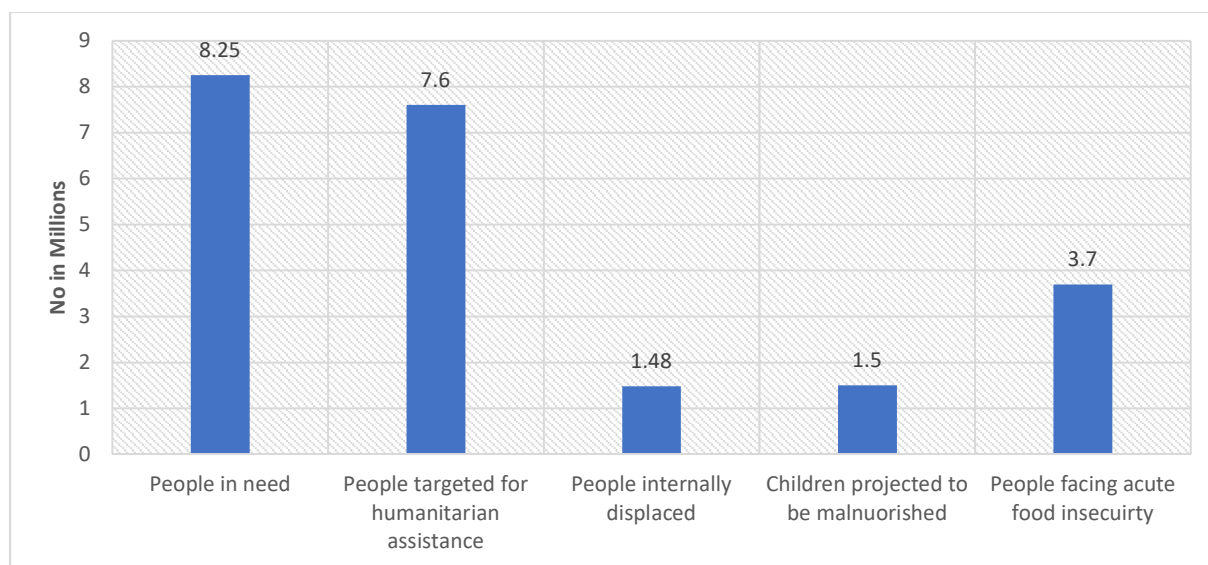
Figure 2: Funding requirements and funding received in Billion USD



Source: Somalia 2024 Humanitarian Needs and Response Plan (HNRP)

Specifically, looking back into 2023, in November 2023, El Nino-fueled rains caused flooding affecting over 1.17 million people in 21 districts across Banadir, Galmudug, Hirshabelle, Jubaland, Puntland, and Southwest states. The flooding temporarily displaced 310,000 people and more than 1.6 million at risk of the impact of rising water levels. Disruptions to roads and bridges constrained access, trapping over 2,400 people in Luuq district and more than 84,000 people in Baardheere from main town. The flooding also affected 400 IDP sites in Galmudug and Puntland (OCHA2023). Figure 1 shows a summary of the key figures as at November 2023.

Figure 1: Key Figures as at November 2023



Source: OCHA (2023) Somalia Situation Report

In December 2023, the number of people affected by the floods had increased to 2.4 million across southern and central Somalia with more than one million displaced and 110 killed in at least 36 districts. This raised the concern of the likely spread of waterborne diseases (OCHA 2023).

In 2024, Cholera cases were on the rise in Somalia. The affected states were Hirshabelle, Puntland, and Southwest. Since January 2024, reported cases tripled compared to the previous three-year average. As of 18th March 2024, there had been over 4,300 cases and 54 deaths reported in 32 districts since January resulting in a 1.2% case fatality rate, which is above the WHO emergency threshold. The outbreak was worsened by high child malnutrition rates, limited access to clean water, open defecation practices, and poor sanitation posing a significant threat to communities at large (OCHA 2024).

This situation is more complicated as it creates gaps in timely information about the needs of populations in those regions. Although most of the urban areas can be accessed by humanitarian organizations, the predominantly rural areas are hard to reach. This has cumulatively continued to weaken the population's coping capacity and has resulted in the internal displacement of nearly 3 million people to date, despite the significant socio-economic improvements achieved in recent years.⁴⁵

The central and southern regions of Somalia are the hardest to reach characterized by high levels of needs, insecurity, and limited humanitarian access. These areas also host the largest proportion of internally displaced persons (IDPs). It is estimated that about 54% of the estimated 2.6 million IDPs in Somalia reside in the Central and Southern regions of Somalia. These IDPs settle in camps located around large urban centers. However, accessing data on population needs in these areas is hampered by logistical and security constraints (USAID 2021). As a result, Somalia is characterized by high rates of urbanization in the African region due to repeated waves of displacements in the last decades mainly linked to cycles of violence, food insecurity, and climate-related shocks. Many actors in the humanitarian space have also been cut off from a large proportion of the population due to security constraints even in Mogadishu the capital city⁶.

1.1 An overview of the humanitarian context in Somalia

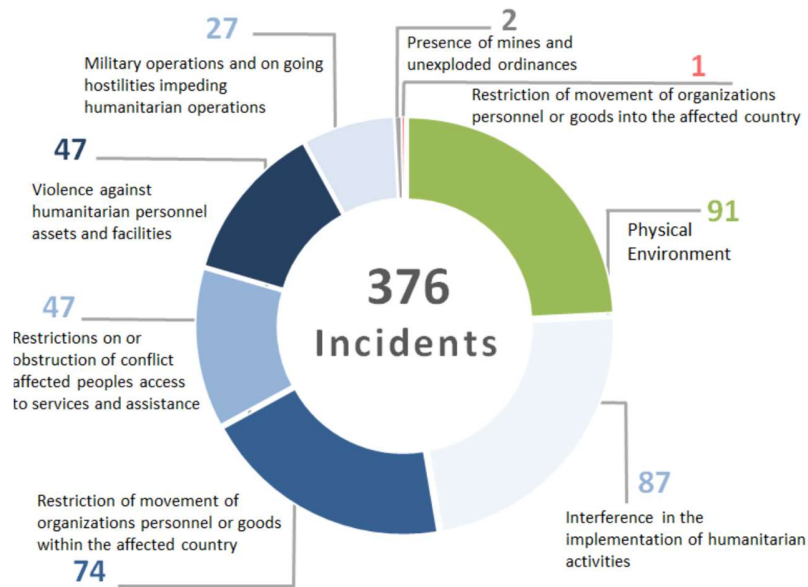
In 2023, most of the HTR areas continued to face humanitarian crises. Humanitarian access remained a challenge throughout 2023 with a total of 376 access incidents reported down from 656 incidents in 2022. This was mainly attributed to a drop in military operations and ongoing hostilities impeding humanitarian operations. All other categories of access constraints experienced an increase in incidents during 2023 indicating a deteriorating access environment. Figure 2 shows the distribution of access constraints.

Figure 2: Distribution of the constraints in 2023

⁴ United Nations High Committee for Refugees (UNHCR). Somalia Population Dashboard. January 2022

⁵ The World Bank. Somalia's Economic Rebounding from 'Triple Shock'. September 2021

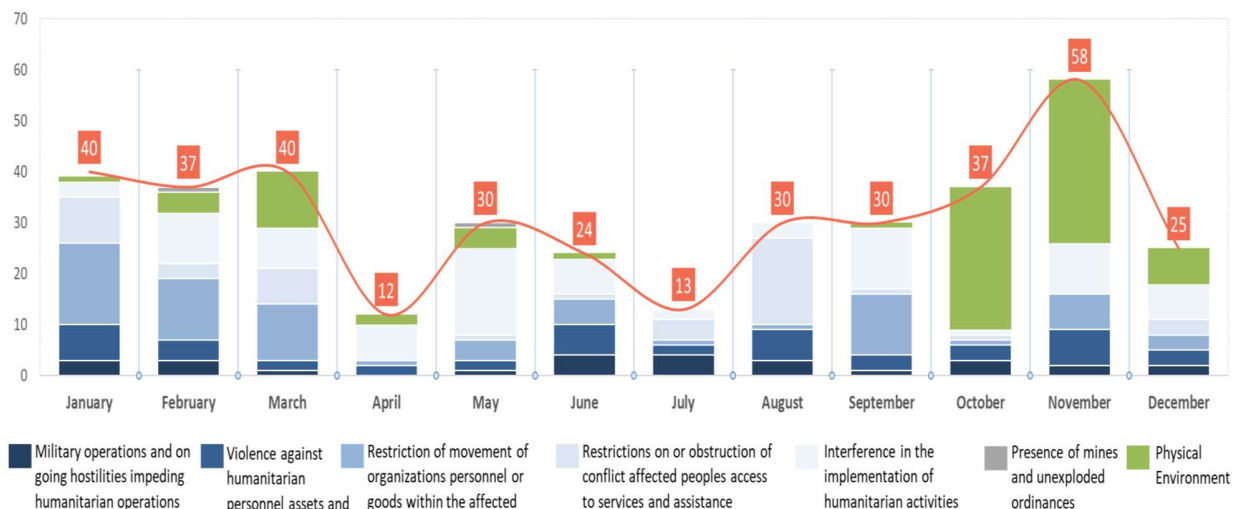
⁶ <https://reliefweb.int/report/somalia/no-going-back-new-urban-face-internal-displacement-somalia>



Source: OCHA Somalia (2023) Annual Humanitarian Access Overview

A look at the top constraints showed that 24 percent (91 incidents) were related to the physical environment of which 86 incidents were directly attributed to floods that occurred at the end of 2023 hindering humanitarian aid workers from accessing locations and disrupting human activities. Interference in the implementation of humanitarian assistance accounted for 23 percent (87) of reported constraints leading to the suspension of activities and programming. In addition, 20 percent (74) of the reported incidents were restrictions on the movement of personnel or goods reflecting a 42 percent increase compared to 2022. However, bureaucratic hurdles, security concerns, and flooding significantly impacted the movement of humanitarian partners to most parts of the country with critical missions canceled or postponed calling for a change of modalities of delivery (OCHA 2023b). Figure 3 shows the total number of monthly incidents by access constraint type in 2023.

Figure 3: Total number of incidents per month by access constraint type in 2023



Source: OCHA Somalia (2023) Annual Humanitarian Access Overview

Further, obstruction or restriction of conflict-affected populations' access to services and assistance remained prevalent accounting for 12.5 percent (47) of reported incidents in 2023. Incidents of violence against humanitarian aid workers, facilities, and assets were also on the rise from 37 incidents in 2022 to 47 incidents in 2023. During this period six aid workers lost their lives while 18 others sustained injuries. The poor and deteriorating physical infrastructure also posed a risk for aid workers. For instance, an aid worker lost his life in a fatal road accident during the rainy season in Kismayo (OCHA 2023b). Figure 4 also present the number of access incidents by region.

Table 4: Number of access incidents by region

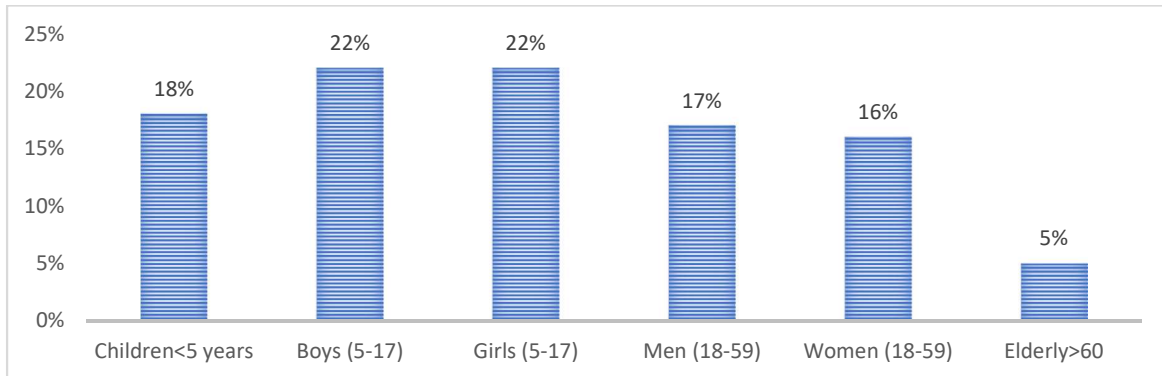
State	# of Incidents	Region	# of Incidents
Banadir	86	Banadir	86
Jubaland	72	Gedo	41
		Lower Juba	31
		Middle Juba	0
South West	61	Bakool	12
		Bay	25
		Lower Shabelle	24
Hirshabelle	48	Middle Shabelle	25
		Hiraan	23
Puntland	37	Bari	11
		Nugaal	26
Galmudug	31	Mudug	21
		Galgaduud	10
Disputed Area	26	Sanaag	7
		Sool	11
		Togdheer	8
Somaliland	15	Woqooyi Galbeed	15
		Awdal	0

Source: OCHA Somalia (2023) Annual Humanitarian Access Overview

The table shows that in 2023 more access incidents were in Banadir followed by Jubaland, Southwest, and Hirshabelle.

In 2023 there was a humanitarian crisis in Somalia characterized by severe drought, hunger, disease, and violence among others. An estimated 8.25 million people (1.5 million children under five, 1.8 million girls (five to 17 years), 1.8 million boys (five to 17 years), 1.3 million women, 1.4 million men, and 412,000 elderly) required humanitarian assistance at the time. Figure 5 shows the key figures of those in need by age group in 2023.

Figure 5: Proportion of people in need by age group

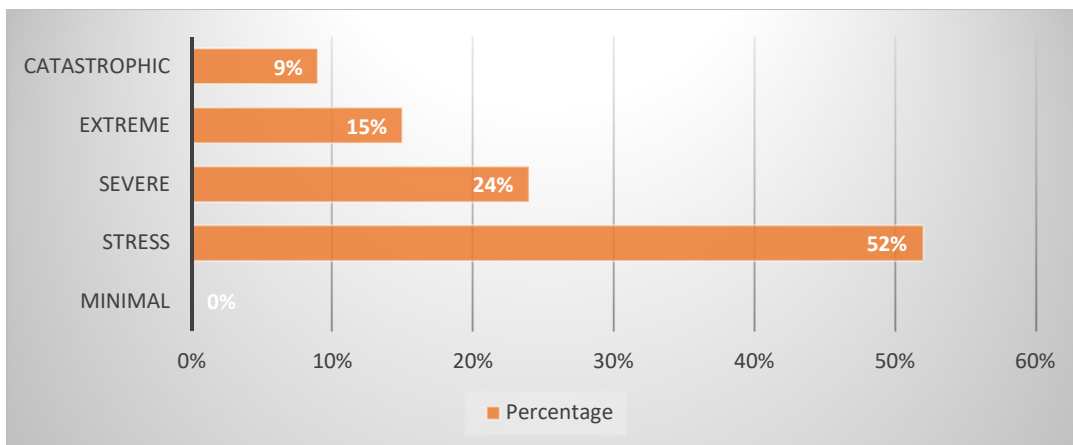


Source: <https://www.calpnetwork.org/web-read/the-state-of-the-worlds-cash-2023-chapter-2-cva-volume-and-growth/>

In addition, in terms of groups in need, in 2023, newly displaced people were at 752.4 thousand followed by refugees, asylum seekers, and returnees at 51.4 thousand. Protracted IDPs were at 1.1 million while shock-affected populations in rural and urban areas were at 4.9 million and 3.3 million respectively.

The most affected population by drought were in Baidoa and Burhakaba Rural districts as well as IDPs in Baidoa and Mogadishu. However, within a year 1.5 million people had transitioned from facing severe and extreme food insecurity to catastrophic levels of food insecurity thus pushing an ever-greater number of people into reliance on humanitarian assistance for survival (UN, 2023). Figure 6 shows the proportion of people in need by category.

Figure 6: People in need by severity categorization



Source: <https://www.calpnetwork.org/web-read/the-state-of-the-worlds-cash-2023-chapter-2-cva-volume-and-growth/>

1.2 Key Humanitarian Issues in Somalia

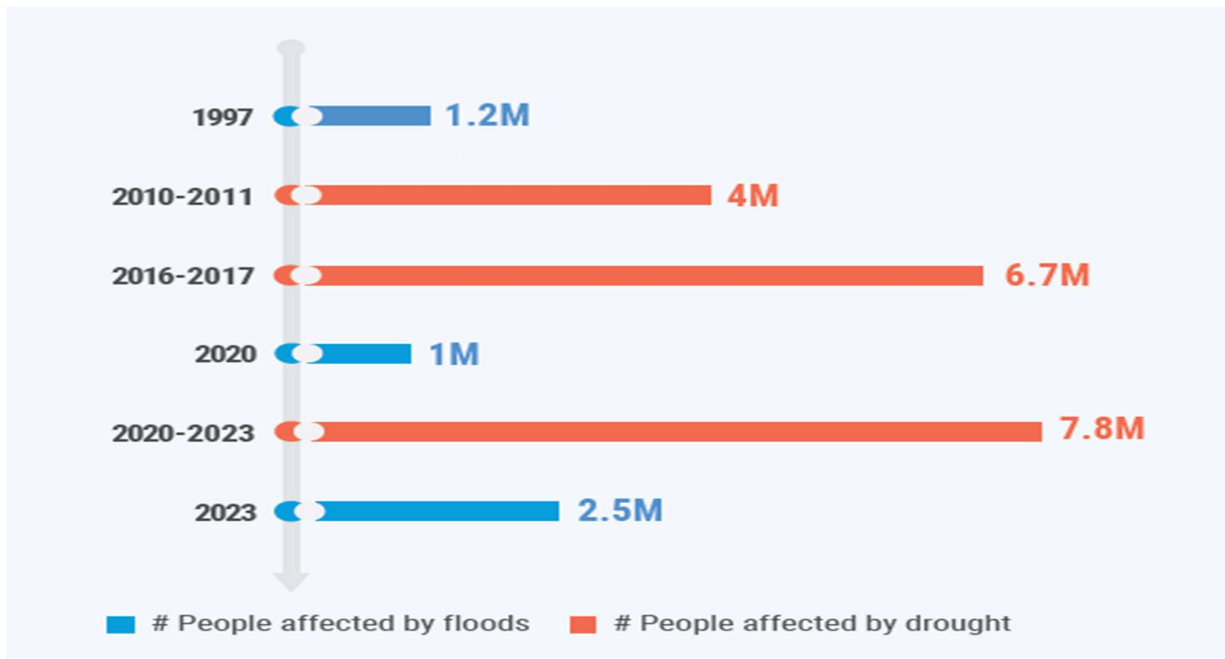
The humanitarian issues continue to grow every passing day. The increasing scale and severity of needs are worrying. As previously stated within one year, 1.5 million people had transitioned from facing severe and extreme food insecurity to catastrophic levels of food insecurity. Some of the key humanitarian issues within Somalia are explained in the next section.

1.2.1 Drought and Floods

Somalia faced the longest and most severe drought that exceeded 2010/2011 and 2016/17 droughts in terms of duration and severity. This exposed more to additional risk in 2023. As a result, about eight million people lacked access to safe water and sanitation facilities. Further, drought-induced displacement increased fivefold since the beginning of 2022 with more than 1.3 million people displaced by the end of 2022 (UN 2023). In 2022, an estimated 43,000 excess deaths are estimated to have occurred in 2022 alone, half of them children under the age of five (HNRP 2024).

The Deyr flooding also caused significant losses to agriculture, livestock, and critical infrastructure and by the end of November 2023, almost half of the country's districts had recorded flooding, with riverine and flash flooding greatest along the Shabelle and Juba Rivers in the South and South West (WHO/UNICEF 2023; HNRP 2024). 2.5 million people were affected and more than 1.5 million hectares of farmland were inundated. Critical water, sanitation, health, education, and logistics infrastructure were destroyed reversing infrastructural investment gains (OCHA 2023d; HNRP 2024). Figure 7 shows the timelines of the worst climate extremes in Somalia.

Figure 7: Timeline of worst climate extremes in Somalia



Source: Somalia 2024 Humanitarian Needs and Response Plan (HNRP)

In addition, climate change and variability continue to be a major driver of conflict as the struggle for dwindling resources exacerbates clan divisions and interclan conflict. The disruption of rural livelihoods results in rapid rural urban migration leading to high rates of forced evictions. According to UNHCR (2023), climate shocks and conflict displaced a record 2.9 million people in 2023 alone. The vast majority who fled their homes about 2.3 million or 75 percent were displaced by climate shocks (1.7 million by flooding and 531,000 by drought).

1.2.2 Diseases

Somalia's health system is under-resourced, fragmented, ill-equipped, and in some parts of the country non-existent thus a challenged to provide preventive and lifesaving services. With only 19 percent of health facilities fully functional, access to health care is severely limited. The HTR areas are more predisposed especially famine risk districts. In areas where private-sector health services exist, they remain out of reach for millions of vulnerable people due to high prices. According to the HNRP (2024) report, the top three barriers to accessing health care are the absence of a functional health facility (40%); unaffordability of treatment or medicines (20%); and lack of required medicines, treatment, or services (14%) (MSNA 2023). These were worsened with more than 10 percent of Somalia's health facilities reported damaged or submerged during the Deyr floods (OCHA 2023d).

As a result, Somalia's most vulnerable population continued to experience disease outbreaks such as measles and cholera that resulted into significant deaths. The high epidemic risks are attributed to low vaccination coverage, poor WASH coverage, a shortage of functional health facilities, low capacity for surveillance and rapid response to alerts, especially in HTR areas. In addition, increasing food insecurity and declining water availability and quality further led to outbreaks of acute watery diarrhea (AWD) and cholera in many parts of the country. As of December 2022, 13,430 cumulative suspected AWD cases and 73 deaths were reported. Similarly, more than 16,000 cumulative suspected cases of measles were reported, 77 percent among children below five years of age (UN 2023).

By the end of November 2023, cholera caseloads had climbed to almost 60 percent above the three-year average with more than 29 districts affected (WHO 2023). The number is projected to increase by 20 percent to at least 22,000 compared to the end of November 2023 (HNRP 2024). This should be a major concern for humanitarian players since the case fatality rate for cholera in Somalia has historically been above the regional or global case fatality rate average (Lubongo et al. 2023) with children and pregnant /lactating amongst the population groups who are most at risk. Outbreaks of measles, dengue and rift valley fever as well as malaria will still be a major concern in 2024 (HNRP 2024).

The cases of Cholera and AWD outbreaks are also expected to spread to areas where cholera had not been observed in 2024 the increase is due to the Deyr flooding having damaged WASH facilities and health/cholera treatment centres and polluting water sources such as boreholes and shallow wells.

1.2.3 Food insecurity

The climate shock incidences in Somalia have often led to conflict, inflation of water and food prices, and displacement. One in every two Somalis often face food insecurity. As of June 2023, about 49 percent of the population faced acute food insecurity, about 1.8 million children under five were exposed to acute malnutrition, and about 513,000 people were expected to be severely malnourished. The cumulative levels of excess mortality could be as high as in 2011 when almost 260,000 people lost their lives, at least half of them children. In 2022 alone, 1,049 children died in nutrition centres, and many more without even accessing the centres. In addition, over 1.3 million children received treatment for malnutrition between January and November 2022. At the same time, 1,049 children have died in nutrition centres since January 2022 following related complications. Many more may have died without being able to receive treatment.

Further, in 2024, as a result of the climate shocks, an estimated 6.9 million people i.e. almost 2 in five Somalis remain in need of humanitarian assistance. This is a 17 percent decrease compared to 2023 attributed to a slight reduction in food insecurity and malnutrition levels (HNRP 2024). However, 4.3 million people remain acutely food insecure in a context where 54 percent of households already live below the national poverty line (HNRP 2024). The 4.3 million people were classified as facing IPC Phase 3 or worse outcomes between October to December 2023. In 2024, acute food insecurity is projected to persist driven by the lingering impacts of the 2020-2023 prolonged drought and the adverse impact of El Nino flooding (HNRP 2024). In addition, almost a quarter of the population remain acutely food insecure in 2024. Internally displaced people are in most severe need, with 13 percent classified as having emergency food insecurity levels (IPC phase 4). In 2024, the target is to support 2.7 million of the 4.3 million people classified as in acute food insecurity with a resource requirement of US \$ 560 million and with support from 256 partners(HNRP 2024).Food insecurity and malnutrition are expected to particularly increase in the five southern regions most affected by the Deyr floods (Banadir, Bay, Lower Shabelle, Lower Juba, and Middle Shabelle). Before the floods, five (of 18) regions alone accounted for over half of the population in IPC phase 4 and of severely malnourished children under five years of age (HNRP 2024).

1.2.4 Economic Pressure

In 2023 the World Bank projected an economic growth rate of 2.8 percent down from an earlier projection of 3.6 percent (World Bank 2022). This was occasioned by the drought that devastated the agriculture sector which accounts for up to 26 percent of Somalia's gross domestic product, 90 percent of its informal employment and 90 percent of its exports. Inflation was also projected to be above nine percent with food inflation reaching 17.5 percent thus increasing the pressure on households. High food prices thus distort markets affecting disproportionately poor households including IDPs and further increasing inequality.

Further, lack of purchasing power remains a key concern, with half of all households reporting income reductions due to loss of employment, livestock, and other productive assets during the drought (World Bank 2023). At the same time, food prices, while now below their highs in 2022, remain above the five-year average. The most vulnerable households spend more than 70 percent of their income on food, limiting their ability to afford services such as healthcare or education, or

critical items such as mattresses and soap. According to 2023 MSNA findings, 30 percent of households reduced essential healthcare expenses and 20 percent sold critical productive assets/means of transportation to acquire food in the 30 days before data collection. Three in four households are also indebted and 28 percent have exhausted emergency coping strategies, such as selling the last productive animal, drastically reducing future income sources and capacity to cope with shocks. Newly displaced people are most frequently forced to rely on emergency coping mechanisms, including scavenging and begging for food/money (34 percent) (MSNA 2023; HNRP 2024).

1.2.5 Conflict

The security situation in Somalia remains volatile in most areas especially areas under the control of AS and those under the control of FG/ATMIS or AS. In addition to ongoing political and inter-clan tensions, the recent escalation of the military offensive against Al-Shabaab resulted in significant humanitarian impacts including increased displacement and reprisal attacks. Protection concerns include widespread forced family separation, indiscriminate attacks against civilians, freedom of movement restrictions, forced recruitment, abductions, and destruction of civilian infrastructure. The ongoing military operations offer both an opportunity for expanded access into areas previously under Al-Shabaab control as well as the increased likelihood of widespread insecurity and acute deterioration of humanitarian access.

In addition, following the sharp increase in civilian casualties in 2022 due to an escalation of hostilities, the trend continued in 2023 with almost 1,300 civilian casualties recorded between January and September 2023⁷. Somalia also remained among the countries recording the highest violations against children worldwide. Between January and September 2023, 1,742 grave violations against 1,660 children were verified. Further critical civilian infrastructure protected under the international humanitarian law continued to be targeted including 34 schools and 18 hospitals attacked between January and September 2023⁸.

The dynamic security landscape as a result of the drawdown of ATMIS and the potential for shifting patterns of insecurity thus requires adaptability by humanitarians to stay and deliver and promote acceptance for humanitarian interventions. Partners therefore need to exercise flexibility in programming to adapt to shifting insecurity to assess and provide assistance in newly recovered areas as well as to engage in coordinated advocacy for the protection of civilians.

1.3 Global Efforts towards Humanitarian Assistance through Cash Voucher Assistance

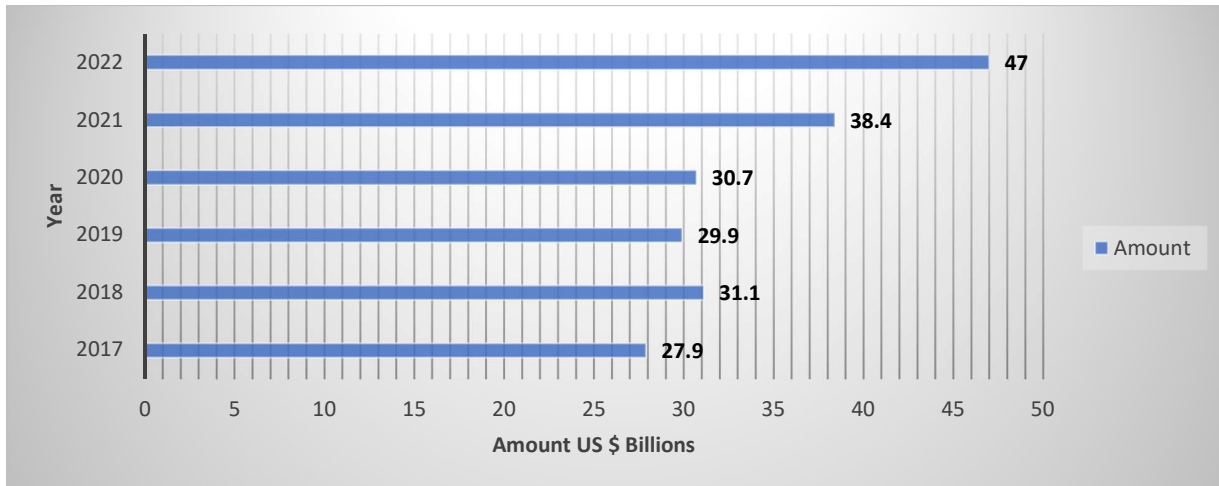
There has been a global effort towards the provision of humanitarian assistance not only in Somalia but also in other countries. In 2022, the global volume for CVA programming expenditure increased by 41% to US\$ 10.0 billion up from 2021 with US\$ 7.9 billion transferred as CVA to crisis-affected people. This was mainly driven by large-scale use in Ukraine. In 2022, CVA represented 21% of international humanitarian assistance compared to 20% in 2020. In addition,

⁷ Statement by the UN Special Representative for Somalia to the Security Council, 19 October 2023

⁸ Monitoring and Reporting Mechanism Somalia (MRM), Q1-3 2023

cash increased relative to vouchers as a proportion of CVA from 72% to 81% between 2021 and 2022. Figure 7 shows the estimated amount of CVA of total International Humanitarian assistance.

Figure 7: Estimated percentage of CVA of total international humanitarian assistance

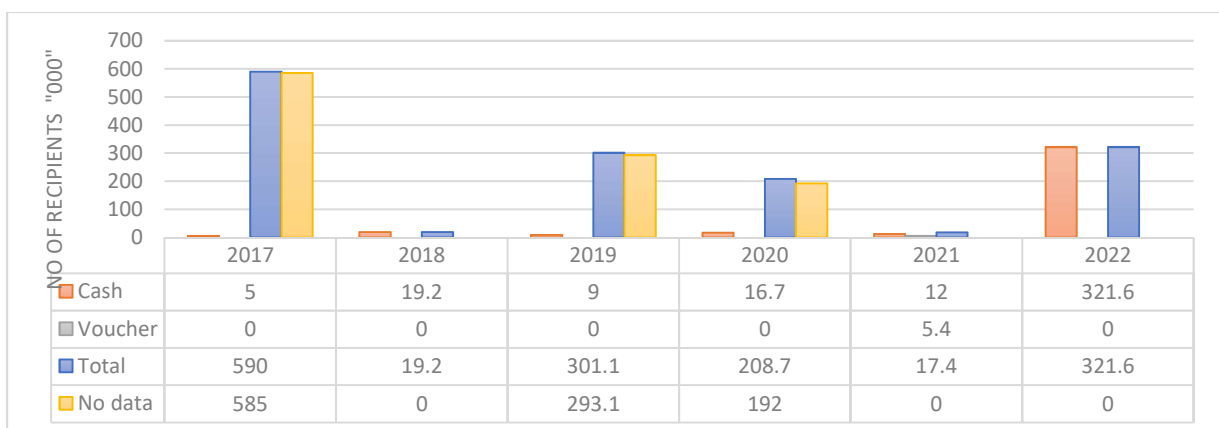


Source: <https://www.calpnetwork.org/web-read/the-state-of-the-worlds-cash-2023-chapter-2-cva-volume-and-growth/>

1.4 Trends in Cash and Voucher Assistance Programming in Somalia

An analysis of trends in the number of recipients of CVA in Somalia in the last 5 years is presented in Figure 8. The figure shows that between 2017 and 2020 the major problem in CVA programming was the lack of data on recipients of CVA. It is also evident that CVA programming in Somalia is mostly through cash. The gloomy picture of lack of data on cash transfers due to inaccessibility of some areas persisted in 2018 with data showing only 19,200 people were reached through cash however, the trend improved in 2021 and 2022. In 2022, more recipients were reached through cash transfers compared to the previous years with every amount being accounted for.

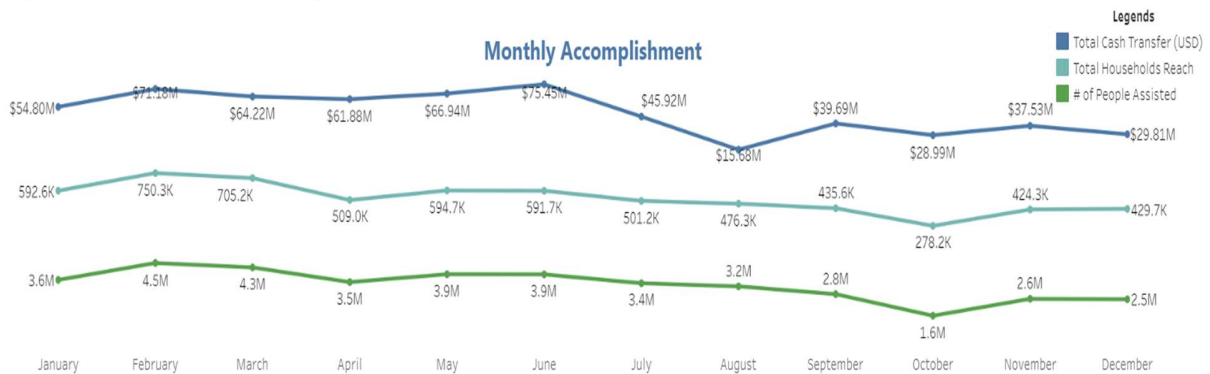
Figure 8: No of recipients of CVA in the last five years



Source: <https://cash-hub.org/resources/cash-maps/>

As at the end of 2023, The Somalia Cash Working Group reported a total cash transfer of US \$ 592.10 million benefiting 866,930 households and assisting 5.32 million people through the support of 82 partners. In terms of the transfer mechanism, US \$ 408.97 million was transferred through mobile money reflecting a 69% of the transfer mechanism. Figure 9 shows the monthly accomplishments in 2023.

Figure 9: Monthly Accomplishments in 2023



Source: Somalia Cash Working Group Dashboard 2023

To address the humanitarian crisis arising from various factors, the Somali Cash Consortium (SCC)⁹ aimed to provide cash transfers to vulnerable households affected by conflict, displacement, and natural disasters in Somalia and implement both short-term humanitarian assistance and long-term social safety net programmes. The total number of beneficiaries reached by the SCC since 2018 is 299,222 households. The cash transfers are provided to allow beneficiaries to purchase urgently needed items such as food, shelter, or other basic necessities. The cash transfer targeted a total of 5,635 HHs with 3 consecutive months of Unconditional Cash Transfers (UCT) across 7 districts: Wajid in Bakool region, Afgoye and Kurtunwaarey in Lower Shabelle region, Belet Hawo and Doolow in Gedo region and Jamaame district in Lower Juba region. This is done to empower beneficiaries to make their own choices and support local markets. This is done in collaboration with local partners and community-based organizations to ensure that the cash transfers reach those who need them most in line with the humanitarian principles of: humanity, impartiality, neutrality, and independence. This was to be implemented without disregard for people in hard-to-reach areas where accessibility is poor due to various factors such as lack of roads and insecurity concerns. In addition, SCC also monitors the program implementation to ensure that the programme is effective and meets the needs of the beneficiaries.

⁹ The Somali Cash Consortium (SCC) is a group of humanitarian organizations working together to provide cash-based transfers to vulnerable households in Somalia. The SCC is led by Concern Worldwide (Concern) as the lead agency and its Implementing Partners (IPs) Save the Children International (SCI), ACTED, COOPI, Norwegian Refugee Council (NRC), Danish Refugee Council (DRC) and IMPACT Initiatives.

It is against this backdrop that the study seeks to identify the most effective and efficient ways to deliver CVA in HTR areas and reach out to the most vulnerable groups and to develop a policy/advocacy brief to share with key humanitarian stakeholders to guide CVA programming in HTR.

2.0 METHODOLOGY

This study adopted a mixed method approach comprising both qualitative and quantitative approaches where possible. Specifically, the study used the following approaches: desk review of the related literature and publications, Area of Knowledge approach which provides an indicative overview of the situation in inaccessible areas in Somalia, Key informant interviews, focus group discussions, and household interviews. The districts and number of KIIs, FGDs, and individual interviews covered per district is presented in Table 1.

Table 1: Summary of the FGDs held and their location

State	Target Locations	Sampled Districts	Number of KIIs	No of KIIs conducted	Number of FGDs	No of FGDs held	Target No of individual interviews	No of individual interviews done	Profile of Potential Respondents (KIIs/FGDs)
Galmudug	Galgadud	El Buur	3	2	0	0	15	1	Community leaders – 2 (KII)
	Hobyo	Hobyo	3	3	4	4	10	15	Community Leaders – 4 (2 KII and 2 FGDs) Humanitarian workers – 6 (1 KII and 5 FGDs) University students – 3 (3 FGs) Religious leaders – 2 (All FGDs) Women associations – 2 (All FGDs) Government officials – 2 (All FGs)
South West	Lower Shabeele	Kurtunwaa rey	4	2	4	2	40	15	Community leaders – 8 (1 KII and 7 FGDs) Humanitarian Worker – 2 (1 KII and 1 FGD)
	Bakool	Tayiglow	3	2	4	1	10	10	Community leaders – 4 (2 KIIs and 2 FGDs) Religious leaders – 2 (All FGDs)
	Middle Shabeele	Balcad	4	4	4	4	40	40	Community leaders – 8 (2 KIIs and 6 FGDs) Humanitarian workers – 4 (1 KII and 3 FGDs) University students – 2 (All FGDs) Government officials – 2 (1 KII and 1 FGD)

State	Target Locations	Sampled Districts	Number of KIIs	No of KIIs conducted	Number of FGDs	No of FGDs held	Target No of individual interviews	No of individual interviews done	Profile of Potential Respondents (KIIs/FGDs)
									Women Associations – 4 (All FGDs)
Jubaland	Lower Juba	Jamame	3	3	0	0	15	16	Community leaders – 2 (KIIs) Humanitarian worker – 1 (KII)
	Gedo Region	Belet hawo	5	5	4	4	15	3	Community leaders – 5 (2 KIIs and 3 FGDs) Humanitarian workers – 8 (1 KII and 7 FGDs) University students – 3 (All FGDs) Government officials – 3 (1 KII and 2 FGD) Women Associations – 2 (All FGDs)
INGOs/SCC	Banadir	Mogadishu	5	5	5	2	50	10	Humanitarian worker – 4 (2 KII and 2 FGDs) Government Official – 3 (2 KII and 1 FGDs) Community leader – 3 (1 KII and 2 FGD) Health workers – 3 (all FGDs)
									Humanitarian Worker – 1 (KII)
UN Agencies	Banadir	Mogadishu	3	1	0	0			
Practitioners	SWSS/Jubaland/Galmudug	Baidoa/Kismayo/Belet wayn	0	0	5	1	40	6	Humanitarian Worker – 2 (FGDs) Government Official – 2 (FGDs)
Total			33	27	30	18	235	116	

A list of the Key Informants interviewed during the study is also presented in Table 2.

Table 2: List of KIIs and their organizations

No.	Name of Organization	Number of KIIs conducted
1.	Somali Cash Consortium (SCC) and Concern WorldWide	1
2.	Save the Children	3
3.	ACTED	1
4.	Cooperazione Internazionale (COOPI)	1
5.	Danish Refugee Council (DRC)	1
6.	Norwegian Refugee Council (NRC)	1
7.	Reach Initiative (IMPACT)	1
8.	International Organization for Migration	1
9.	UNICEF	1

10	Life Line Organization	2
11.	Save Somali Women and Children (SSWC)	1
12.	Puntland Minority Women Development Organization (PMWDO)	1

3.0 HARD TO REACH AREAS IN SOMALIA

South and central Somalia region is classified as some of the hard-to-reach areas. The areas are characterized by intricacies of clan rivalries, poor transport infrastructure, absence of an effective government, and general insecurity due to armed groups -Al-Shabaab making it difficult to provide humanitarian assistance in these regions. An estimated 580,000 people live in these areas which are hard to access by the humanitarian community, the majority being women and children. Out of 74 districts, 23 are either hard or extremely hard to reach.

Despite the dire need in southern and central Somalia for humanitarian aid, access to these areas has been a major limitation. The focus of humanitarian assistance has been in areas where the Federal Government of Somalia (FGS) and The African Union Transition Mission in Somalia (ATMIS) forces control the territory. According to the Somalia Cash Consortium classification, Somalia is categorized into the following:

- a) **Urban centers** which are under the control of the federal government. The areas have access to international and national organizations as they are more secure and accessible. These urban centers are further classified into two namely: (i) major urban centers and their immediate surrounding areas enjoy stability and include; Baidoa, Mogadishu, and Kismayo and are major destinations for IDPs; and (ii) urban centers controlled by the government but surrounded by armed groups-Al Shabaab. They include Hudur, Wajid, Qansax Dheere, Diinsoor, Bulaburte, Bardhere, Balcad, Qoryooley, Marka, Barawe, Awdhegle and other towns – ATMIS has bases in these centers but are cut off from the rest of the region, and access is only by air. Some of these urban centers receive a small number of IDP households.

However, since April 2022, ATMIS announced a phased withdrawal from Somalia by the end of 2024. According to ATMIS¹⁰, the Federal Government of Somalia was handed over to 9 military bases including troops maintaining security in Kismayo airport but the removal of other bases including those near HTR in Galmudug, Jubaland, Hirshabele, and South West State will be effected before the end of 2024. While the extension of ATMIS presence is yet to be decided by the UN Security Council and the African Union, it is important to underline the extreme pressure the National Security Forces are going through from local forces under the control of the Federal Member States (FMS), Al-Shabaab and clan armed groups in some of these locations.

While Balcad will not be affected in the near future, Hiran Region including Beletwayne foresees internal conflicts between armed groups loyal to Hiran administration and Hirshabeele troops. In March 2024, clashes between these groups resulted in a deadly conflict in Beletwayne¹¹. As a result, SCC and other humanitarian agencies will face access constraints introducing negotiation models to ensure cash and voucher operations are carried out to reach IDP settlement in a fragile context constrained by floods and other emergencies. Additionally, amid ATMIS withdrawal, clan conflicts will become common in some of these states that were previously considered safe. Halfooley village,

¹⁰ <https://atmis-au.org/atmis-fgs-and-unsos-announce-resumption-of-second-phase-of-troop-drawdown/>

¹¹ <https://halqabsi.com/2024/03/clashes-in-beledweyne-led/>

an agriculture zone, is currently facing tensions between the Abgaal and Hawadle clans (belong to the Hawiye branch) in the boundary between the Hiran Region and Hirshabeele State¹². These tensions will become common which will challenge the delivery of cash and voucher assistance in areas under the control of ATMIS and state armed groups. In Lower Shabeele (South West State), Marka is also vulnerable to clan conflict over resources within the presence of ATMIS. For example, Habar Gidir (Hawiye) and Biyo-maal (Dir) fought many times over resources in the fertile land in Marka and these conflicts heavily affected humanitarian access to continue assistance to the most vulnerable populations¹³.

In Lower Juba, specifically Kismayo, the conflict with AS in Baarsanguuni town erupts with the presence of the Jubaland army in this location which usually constrains CVA beneficiaries. However, Afmadow and villages in this town remain safe and provide humanitarian agencies to carry out operations. In HTR areas such as Jamame and Jilib hosted a mobile team from DRC to target vulnerable populations through a negotiation with the Federal Government, Jubaland, and AS. As a result, cash support was delivered to assist vulnerable groups in these locations. In South West State, locations such as Hudur, Wajid, and Dinsor are not affected. Therefore, the changing security landscape in Somalia resulting from the drawdown of ATMIS and the potential for shifting patterns of insecurity will require adaptability by humanitarians to stay deliver and promote acceptance for humanitarian interventions. Further, the drawdown of ATMIS will likely render the security situation more complex. In a context where 23 of 74 districts are considered hard or extremely hard to reach, the drawdown will likely further complicate humanitarian access and increase the cost of humanitarian operations – all at a time when we expect reduced humanitarian funding, following only 43 percent of the funding received for the year 2023.

- b) **Areas not controlled by either party** – These areas are more of buffer zones and are found in the outskirts of urban centers or along main roads. They are regarded as a buffer zone and is prone to incursion by al-Shabaab (AS) as nobody has full control of their access; hence, humanitarian operations are limited. These areas include settlements between Afgoye and Wanlewein and between Balcad and Jowhar, amongst other areas. Reaching out to the communities in these areas through local NGOs and existing community structures limits displacement during emergencies.
- c) **Certain towns and rural areas controlled by al-Shabaab** – these are the most affected areas as there are rare to no known humanitarian operations. They are the source of displacement and represent the majority of Southern Somalia. When support is provided in these areas it allows people to avoid displacement altogether or displace to areas very close to their villages, and to often do so while preserving their remaining livelihood assets and abilities to return home. HTR areas such as Kurtiwarey, Elbur and Jamame fall under these locations and there is limited access, mainly by the international NGOs in the humanitarian space. However, there are recent developments and according to DRC, there is a Mobile Emergency Response Team (MERT) that accessed Jamame and Jilib through a negotiated process with the government, Jubaland, and AS with a condition to provide cash-based

¹² <https://thesomalidigest.com/hawadle-and-abgal-tensions-somalia-hirshabelle-hiran/>

¹³ <https://www.thenewhumanitarian.org/news/2014/06/11/clans-clash-somalia-s-lower-shabelle>

support once the most vulnerable beneficiaries are identified in these locations. This is the first time humanitarian agencies engaged in negotiation for the delivery of CVA in areas controlled by AS. Other locations targeted in this study might be prioritized using this model. However, it is always difficult to carry out CVA within a limited period as humanitarian response programmes are not multi-year and time is lost to establish relationships and ensure negotiations lead to fruition.

These categories have different access levels. For instance, while category (a) especially main urban centres receive large-scale support due to proximity to international and national NGOs, categories (b) and (c) up to 2022 received limited support. Although little support has been provided, it is still not sufficient as more vulnerable people remain unreached. For instance, In July 2022, the EU launched a Humanitarian Air Bridge to deliver emergency supplies to hard-to-reach areas that were no longer accessible by road. Through this operation, they transported life-saving nutrition and health assistance to underserved and hard-to-reach rural locations during the most critical dry spell.¹⁴ In addition, to access the HTR areas, OCHA used the UN Humanitarian Air Service Cessna Caravan and WFP helicopter to carry out 38 aid missions to 34 Hard to access locations in Somalia between June 2021 and August 2022.

Specifically, the presence of AS in the south remains the greatest obstacle to the provision of humanitarian assistance in Somalia as they restrict humanitarian operations and have banned many international aid agencies from operating in their territories. In addition, local NGOs that INGOs rely on have also been put under pressure from AS to end their activities. Provision of humanitarian assistance is therefore difficult due to the rampant violence. Areas not controlled by government can be further divided into the following three categories.

- a) Areas where an international NGO or a local partner previously worked and where strong connections to trusted community members remain;
- b) Areas that are largely inaccessible except for an isolated town hosting an ATMIS military base, which provides limited protection. These areas may have a more limited number of community members; and
- c) Areas completely under the control of opposition armed groups where there are very few trusted community members and known information.

Despite the inaccessibility of areas in category (c), according to OCHA, in 2022, 565 access incidents were reported threatening the safety of aid workers and delivery of aid. However, despite this, more than 375,000 people living in areas manned by armed non-state groups are in dire need of humanitarian assistance but are out of reach of humanitarian organizations. In 2023, the number of incidents reported reduced to 376 and while the total number of incidents decreased significantly compared to 2022 (656), it's crucial to highlight that this decline primarily resulted from a substantial decrease in military operations and ongoing hostilities, which hindered humanitarian operations (27 reported incidents in 2023 compared to 515 in 2022). However, all other types of

¹⁴ https://civil-protection-humanitarian-aid.ec.europa.eu/where/africa/somalia_en

access constraints experienced an uptick in incidents during 2023, indicating a worsening access environment¹⁵.

3.0.1 HTR and Severity of Needs

The multiplicity of local armed actors coupled with varying command structures and geographical presence, rapidly changing national and regional forces, and the presence of bilateral support missions and ATMIS troupes affect the provision of humanitarian assistance because territorial control by loosely allied groups shifts regularly in Somalia (UN 2023). As previously stated, the withdrawal of ATMIS presents a difficult situation for the humanitarian players.

This means that establishing relationships with TCMs and those who influence humanitarian access to people in need is uncertain and challenging. It is estimated that over 660,000 people live within AS-controlled territories and hence remain largely out of reach¹⁶. This form of insecurity means the most vulnerable population is least likely to reach the safety of neighboring districts where humanitarian actors are accessible. The challenges in these HTR areas that is, those in control of AS and not those in control of either AS or the Federal Government include; forced taxation, retaliatory violence reports; restriction on movement of goods and people; harassment and extortion at checkpoints; and child recruitment. This hinders access to humanitarian assistance in a safe, timely, and unimpeded manner (UN 2023).

In addition, in areas under the Federal Government and its allies' control, insecurity persists including the presence of improvised explosive devices along key supply routes. Extortion and other forms of violations are also a common occurrence at numerous illegal checkpoints manned by state and non-state-affiliated armies. In terms of accessibility by district, overall Somalia has a total of 74 districts, 21 have low access severity (mostly Category (a)), 30 have moderate access severity (this is mostly Category (b)) and 16 have high access severity and 7 have extreme access severity (i.e. very HTR this two are mostly the category (c)). All these areas have different severity of needs. Figure 9 shows the map of Somalia with access severity and severity of needs.

In 2024, the classification indicated a general decrease in inter-sectoral need severity compared to 2023 with no district classified as in catastrophic severity (phase 5), in comparison to 11 districts in 2023. The decline was attributed to the end of drought conditions in the second quarter of 2023 which led to reduced food insecurity, nutrition, and WASH severity levels across the country (in 72 of the 74 districts). However, the level of deprivation across all sectors are still considered "severe" (phase 3) and "extreme" (phase 4) that is 48 and 24 districts respectively. Figure 9 shows the overall number of people in need and sector severity.

In comparison to 2023, ten districts namely; Ceel Barde, Luuq, Belet Weyne, Bulo Burto, Jalalaqsi, Jamaame, Kismayo, Wanla Weyn, Jowhar, and Lass Caanood saw an increase in inter-sector severity in 2024 typically from "severe" to "extreme". The rise was as a result of heightened insecurity and protection risks in these districts as well as inflows of people displaced by conflict,

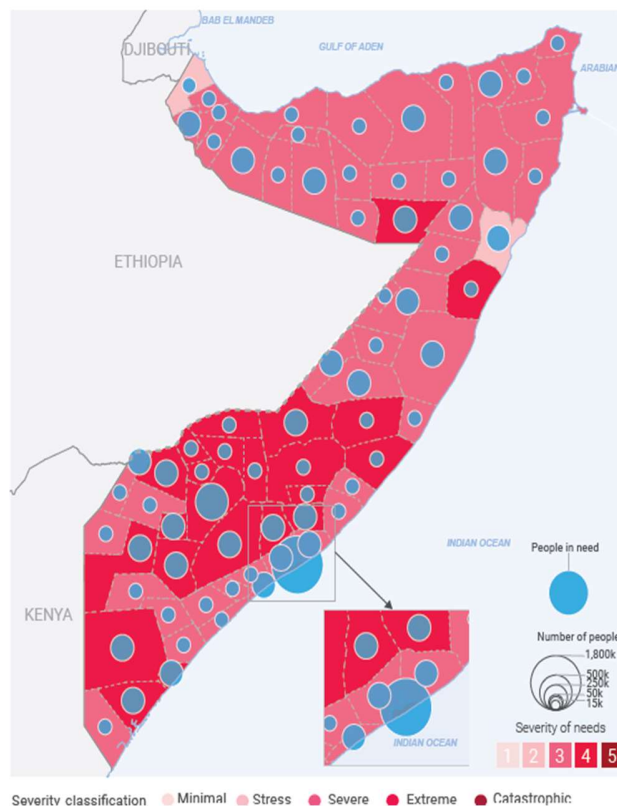
¹⁵ <https://www.unocha.org/publications/report/somalia/somalia-2023-annual-humanitarian-access-overview#:~:text=Attachments&text=Humanitarian%20access%20in%20Somalia%20remained,of%20376%20access%20incidents%20reported.>

¹⁶ <https://news.un.org/en/story/2023/04/1135377>

drought, and flooding, aggravating inadequate access to basic services, shelter, and livelihoods (HNRP 2024).

Further, in line with severity trends, the number of people estimated to be in need in 2024 decreased by 17 percent from 8.25 million in 2023 to 6.9 million in 2024. Compared to 2023, the inter-sector number of people in need increased in the following five districts: Doolow, Bardheere, Kismaayo, Banadir, and Xarardheere.

Figure 9: Severity and People in Need



Ten districts with highest PiN

DISTRICT	PEOPLE IN NEED	INTER-CLUSTER SEVERITY CATEGORY
Banadir	1.8M	4
Baydhaba	425k	4
Bossaso	211k	3
Jowhar	207k	4
Afgooye	201k	3
Kismaayo	196k	4
Hargeysa	174k	3
Jamaame	162k	4
Gaalkacyo	158k	3
Burco	149k	3
Percentage of total PiN	53%	

Source: *Somalia 2024 Humanitarian Needs and Response Plan (HNRP)*

The intersection of both analyses produces a list of districts severely affected by drought, floods, and conflict, guiding the prioritization of fund allocation to the district. The list is dynamic and gets updated quarterly. The list also classifies areas as HTR and accessible. As of March 2024, the districts in Table 3 were classified as HTR based on access constraints. Table 4 also presents the characteristics of the HTR areas.

Table 3: Classification of districts based on access constraint

District	Aggregate Severity	Location	Access constraint
Belet Weyne	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Baydhaba	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Baardheere	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Banadir	Severity 4	Urban	Low access constraints
Kismaayo	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Afamadov	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Jamaame	Severity 4	Urban	Hard to reach
		Rural	Hard to reach
Bulo Burto	Severity 4	Urban	Low access constraints
		Rural	Hard to reach
Rab Dhuure	Severity 4	Urban	Hard to reach
		Rural	Hard to reach
Ceel Buur	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Buur Hakaba	Severity 4	Urban/Peri-urban	Low access constraint
		Rural	Hard to reach
Qansax Dheere	Severity 4	Urban/Peri-urban	Low access constraint
		Rural	Hard to reach
Jowhar	Severity 4	Urban/Peri-urban	Low access constraint
		Rural	Hard to reach
Ceel Barde	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Waajid	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Jariiban	Severity 4	Urban/Peri-urban	Low access constraint
		Rural	Low access constraint
Tayeeglow	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Luuq	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach

District	Aggregate Severity	Location	Access constraint
Wanla Weyn	Severity 4	Urban/Peri-urban	Moderate access constraint
		Rural	Hard to reach
Diinsoor	Severity 4	Urban/Peri-urban	Moderate access constraint
		Rural	Hard to reach
Laas Caanood	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Jalalaqsi	Severity 4	Urban/Peri-urban	Low access constraint
		Rural	Hard to reach
Xudur	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach
Ceel Dheer	Severity 4	Urban/Peri-urban	Hard to reach
		Rural	Hard to reach

Source: HNRP 2024

Table 4: Characteristics of the HTR areas

State	Target Locations	Sampled Districts	Urban/rural/peri-urban	Characteristic	Clan Dynamics
Galmudug	Galgadud	El Buur	Rural	high levels of needs, insecurity, limited humanitarian access, host the largest proportion of internally displaced persons (IDPs)	Murursade and Duduble from Hawiye clan reside in this village and mainly fight over scarce resources of water and pasture for livestock. Currently under the control of AS, Murarsade outnumbering Duduble and other minority clans, key informants highlighted that humanitarian access could not be possible through negotiation with AS and cash distribution as well as engagement in beneficiary identification and delivery of CBIs. Under AS control, these clans cannot exercise power over access to humanitarian assistance.
	Hobyo	Hobyo	Urban	host the largest proportion of internally displaced persons (IDPs)	Sacad (about 70%) and Saleeban clans under Hawiye remain the main clans inhabiting in this town. There is a history of conflict between the clans over the scarce resource. However, key informants stressed that participatory selection remains a feasible option to target the most

State	Target Locations	Sampled Districts	Urban/rural/peri-urban	Characteristic	Clan Dynamics
					vulnerable populations in Hobyo. Towards the remote (HTR) areas, it is emphasized coordination with district management and apply same procedure despite clan dominance in these locations.
South West	Lower Shabeele	Kurtunwarey	Rural	high levels of needs, insecurity, limited humanitarian access, Security and logistical challenges	Biyomaal, Gare and Jido are the clans living in this village with Biyomaal and Gare residing in HTR areas surrounding this remote village under AS control. As per key informants, access to humanitarian corridor, specifically CVA and other direct assistance could be channeled through negotiation with AS with fewer options such as delivery of food rations and cash distribution following joint identification of potential beneficiaries.
	Bakool	Tayiglow	Rural	high levels of needs, insecurity, limited humanitarian access, Security and logistical challenges	Rahanwayn clan, particularly Geeladle and Jilible sub-clans in this remote village under AS control. There are past conflict between the two clans over water and pasture and Jilible (80%) took control before AS occupation. The study suggests a layered approach to beneficiary identification with AS oversight in the process. Only cash assistance is possible through a pre-screening process with South West State and AS to ensure smooth delivery of assistance.
	Middle Shabeele	Balacad	Peri-urban	high levels of needs, insecurity, limited humanitarian access,	Abgaal (Hawiye) is the dominant sub-clan available in this town linking Middle shabeele to Banadir region and Mogadishu. Jareer clans also live and work in the farms which continue to be the largest population

State	Target Locations	Sampled Districts	Urban/rural/peri urban	Characteristic	Clan Dynamics
					in the IDPs to receive CVA assistance. Joint beneficiary identification and clearance/coordination from district commissioner is key prior to delivery of CBI assistance.
Jubaland	Lower Juba	Jamame	Rural	high levels of needs, insecurity, limited humanitarian access,	Galjecel, Shiqaal (both Hawiye) and Biyomaal and Bajun (minority) are the main clans available in this remote rural town in Lower Juba. With Galjecel outnumbering the other clans, AS take control of this village and according to key informants, there were a recent operation by DRC to distribute food and cash to vulnerable beneficiaries with pre-clearance from the government and AS. Negotiation with AS to access CVA/CBI is important for future interventions.
	Gedo Region	Belethawo	urban	high levels of needs	Belethawo is a main city for Marehan clan which has no relations with Ahmed Madobe government in Jubaland.
INGOs /SCC	Banadir	Mogadishu	Urban	high levels of needs	Mogadishu hosts major Hawiye clans, Banadiri, and other clans. Abgaal and Habar Gidir as well as Murursad among the clans battling control through administrative structures. Humanitarian assistance needs inclusive decision making and representation to target the most vulnerable groups in various districts.
UN Agencies	Banadir	Mogadishu	Urban	high levels of needs	Same as above.

State	Target Locations	Sampled Districts	Urban/rural/peri urban	Characteristic	Clan Dynamics
Practitioners	SWSS/Jubaland/Galimudug	Baidoa/Kismayo/Belletwayn	Urban	high levels of needs, insecurity, limited humanitarian access,	Kismayo is home for two major clans (Ogaden and Marehan) as well as Majerten, Biyomaal and Jareer clans. Ahmed Madobe (Ogaden) has overall authority with reveries from other clans. UN/INGOs carrying out CVA operations need to target community leaders, under the overall guidance of Jubaland authority, during identification, targeting, and delivery of CBI in Kismayo and other remote village nearby such as Afmadow, Barsanguuni etc.

3.2 Access conditions in HTR areas

The areas classified as HTR are characterized by several access factors. The areas exhibit the following characteristics: denial of the existence of humanitarian needs or of entitlements to humanitarian assistance; restriction of movement of agencies, personnel, or goods into the affected regions or areas due to AS influence, including bureaucratic impediments with interference from local leadership; anti-clan rivalry and armed militia groups operations and ongoing hostilities impeding humanitarian operations; violence and attacks against humanitarian personnel, assets, and facilities; Interference in the implementation of humanitarian activities especially by AS; Poor infrastructure (difficult physical terrain, damaged roads, harsh climatic conditions) making accessibility difficult and also inhibit humanitarian presence and activities; and restrictions on, or obstruction of, conflict-affected populations access to services and assistance.

In addition, most of the HTR areas do not have adequate health centers and if they do, they are not stocked with medical supplies; AS have also changed the mindsets of beneficiaries and see NGOs as enemies, and in some areas, AS has a lot of influence such that Aid goes to Al-Shabaab first in some area. They are also characterized by internal conflict between the different groups and clans; lack of humanitarian services/basic social services; lack of basic needs.

On the other hand, areas not in control of the Federal government or Al-Shabaab are characterized by: High expectations from the beneficiaries in terms of the amount to be issued in terms of assistance, period or duration of assistance, and number of beneficiaries; sociocultural barriers; political restrictions; resource limitation; challenges of network coverage; registration of beneficiaries is a challenge as everyone would want to be in the list of beneficiaries while there are strict criterion to follow coupled with time constraints in registration.

The HTR areas that is both AS areas and the buffer zones (areas not with AS or FG) have no piped water or boreholes and thus rely on harvested rainwater which is limited and made worse during dry seasons hence more health exposure to cholera. Communication systems are also poor. Climate shocks i.e. drought and floods, and the pastoralist or agricultural nature of the Somalis which influence their movements and settlements are also major issues. For organizations like IOM that do not work in HTR areas, the main constraints in accessing these areas have been difficulty in deploying staff to these areas as well as establishing of offices in these areas. From the FGDs with community members, the major issues in accessing HTR areas were: flooding, insecurity, and terrain. For instance, Morayale is a riverine area with bushy and dense trees with a high risk of ambush attack.

3.3 CVA implementation in Hard to Reach areas in Somalia

To access the hard-to-reach areas safely and effectively, the consortium has been targeting vulnerable and in-need households in areas without government control or cut-off urban centres with only ATMIS presence and those areas without both government control and ATMIS. This has been achieved through various approaches but mostly use of trusted local partners and/or networks or affiliates, defined as Trusted Community Members (TCMs). These networks include well-known clan elders, religious and business leaders, and persons trained by past NGO programs (e.g. school principals, Community Education Committees, Community Resource Management Committees, Health and Agricultural Extension workers, and former staff members). An analysis of the existing approach and how to improve the current approach is presented in Table 5.

Table 5: CVA programming

Implementation steps	Existing approach	How to improve ongoing
Location targeting (district)	<p>Targets are set by the district using a systematic approach that prioritizes districts based on: drought/flood/conflict-affected, IPC 3+ data as % of total population, displacement due to drought/flood/conflict, lack of coverage from other cash programs and SCC partners' presence.</p> <p>Additionally, areas must be a) not accessible under normal operational procedures and b) must host a pre-existing network of trusted contacts unique to the humanitarian agency (generally due to past operational access).</p>	<p>Develop a pre-defined selection criteria and scoring matrix in collaboration with the village committees then develop a tool on accessibility and the severity of need, and the reach that look at issues such as food security and nutrition; drought/flood effects in the area, child protection health; education; WASH, etc.</p> <p>In location targeting, the severity of needs accompanied by the population in need of humanitarian assistance should take precedence.</p> <p>The targeting should be revised to be open to all HTR areas. Every human life is important and device better ways of accessing locked districts. OCHA has used choppers to deliver humanitarian assistance in the past.</p>
Location targeting (selecting settlements)	<p>Mandatory criteria for location targeting include: 1) population has full access to safe, well-functioning markets and 2) locations are drought-flood-conflict affected. Other criteria include: 1) food insecurity; 2) high malnutrition rates; 3) locations severely affected by other crises and 4) other criteria based on context.</p>	<p>Location targeting is informed in the first step through KIIs collecting information on the size of population affected; the population has access to full functioning markets; location has been drought/flood affected. This also needs to look at levels of malnutrition; finsecurity; level of insecurity and accessibility of the area in terms of infrastructure and existence of any other complementary programme implemented by other partners that can be leveraged on.</p> <p>Develop an access strategy that looks at the following criteria: location affected by flood/drought.</p> <p>Accessibility should be used more explicitly as criteria for the targeting of humanitarian assistance in addition to the severity of need and number of people in need in each settlement</p>
Community mobilization	<p>Community sensitization is conducted by TCMs once they are in place.</p>	<p>Ensure community mobilization and sensitization are conducted through community dialogues facilitated by both male and female staff and community leaders in each location. In the case where there are cultural challenges then can explore separating the groups to have a separate female</p>

Implementation steps	Existing approach	How to improve ongoing
		<p>group facilitated by female staff and a separate male group facilitated by a male staff. The discussions should revolve around project objectives, targeting criteria, entitlements, work plans, and the role of VRCs.</p> <p>Where it's difficult to have physical meetings then TCMs can organize virtual engagements either through telephone calls or radio talk shows through local languages.</p> <p>Develop a CVA communication plan/strategy. This plan should include: capacity building of staff; selection of communication channels and tools based area context; development of messages for each different target audiences (even in local language); set up of feedback mechanism as well as reviewing and learning. Specifically Ensure both host communities and IDPs are included during targeting</p> <p>Explain to communities why helping them is morally and economically beneficial through community/faith leaders to dispel the myths about displaced people. This is through talk shows in local radio stations that communities listen to most</p>
<p>Establishment/strengthening and training of community targeting structures</p>	<p>Trusted Community Members (TCMs) include former staff and extension workers, reputable community and business leaders with verifiable references in urban centres and/or past experience successfully assisting the humanitarian agency. A detailed selection and documentation criteria for TCMs is provided, including documenting personal and contact information, past relationship with the humanitarian agency and verified background information. The TCMs must be willing to collaborate with humanitarian agencies and follow Islamic practices such as oath taking. Based on the past experience and in consultation with prominent community leaders both in urban and rural settings, partners are provided with contacts and names of the</p>	<p>Ensure village relief committees are chaired by religious leaders and train all member in the selection process, the vulnerability assessment criteria and their responsibility.</p> <p>Ensure the committee membership is all inclusive consisting of women , youth the elderly and PWDs so that each can air their voice</p> <p>Consider employing local staff after vetting as well as vetting TCMs to check if they are not related to any military group.</p> <p>Develop incentives such as non-monetary rewards to TCMs such as education and trainings, certificates of participation etc,</p>

Implementation steps	Existing approach	How to improve ongoing
	<p>potential TCMs for each location. Multiple TCMs are selected for each location and assigned one of two primary functions: targeting or verifying beneficiaries and monitoring activities. Targeting is not assigned to a single individual but instead involves at minimum two different groups of TCMs for each targeted location. Verifying and monitoring includes verification of beneficiary lists, monitoring activity progress and reporting to the humanitarian agency.</p>	
Beneficiary selection	<p>Same process as in accessible areas. However, should TCMs be working remotely and in-field paper-forms are highly risky, the criteria are explained individually to the TCMs and recorded line-by-line over phone and text message to the agency staff. Lists of recommended beneficiaries are provided by the TCMs, including full names, location and sub-location (if any), phone numbers, owner of the phone and criteria met.</p>	<p>Develop a beneficiary communication plan that explains the following: purpose of the programme; targeting methods; selection criteria; anticipated impacts on markets; value of the transfer and how it has been calculated; number of transfers, frequency and implementation time frame; communication channels/platforms that can be used to provide feedback (complaints about the programme).</p> <p>Targeting women where research show they are better placed to make decisions when well informed by good communication.</p> <p>Priority be given to people with disability, the elderly, and widows as they tend to be more vulnerable</p> <p>Inclusion of those who do not have a mobile phone to use the phone number of beneficiaries.</p> <p>Develop a database of qualified beneficiaries that can be backchecked continuously.</p> <p>Ensuring data protection for selected beneficiaries through anonymizing and giving unique codes.</p>
Beneficiary verification	<p>TCMs assigned for verifying are contacted and read the full recommendation list for comments and queries needed. Should major contention or anomalies be found, the list is discarded, and the TCM that recommended it removed from further actions.</p>	<p>Use the village relief committees to do the first stage verification of the beneficiaries.</p> <p>Conduct impromptu checks when situation allows to verify</p>

Implementation steps	Existing approach	How to improve ongoing
	<p>A 15% sample per location of recommended beneficiaries are then contacted by the humanitarian agency by phone (this is first agreed and confirmed to be feasible and safe with TCMs) and requested to participate in a verification through an Open Data Kit (ODK)-based to ensure they meet vulnerability criteria, if 90% of the sample is verified to be eligible, the whole list is deemed accurate.</p>	<p>Conducting interviews on selected beneficiaries to verify information provided through telephone interviews i.e. backchecks</p> <p>Consider using a verification formula using a simple formula: verification factor = $\frac{\text{verified value}}{\text{reported value}} \times 100$. Where verified value is the total number of confirmed beneficiaries and reported value is the reported number of beneficiaries. This will show the quality of registration data.</p>
Beneficiary registration	<p>Eligible HHs are registered by staff using a harmonized ODK-based registration form as the verification survey confirms if they are eligible for assistance or not. Registration surveys collect demographic and contact information. The Consortium data management platform (Red Rose) is used to ensure that no duplication takes place across partners, locations and programmes, including SAGAL Social Transfer Programme.</p>	<p>Establish and document measures sufficient for the protection of personal data.</p> <p>Develop a database of selected beneficiaries.</p> <p>Develop and make use of the severity assessment tool to identify the most vulnerable, in need and reach more vulnerable. The criteria is to look at a set of indicators such as food insecurity, health and nutrition, social protection, education, conflict, floods/droughts as well as size of population affected etc.</p> <p>Establish inter-operability of digital identity data in parallel with signing data sharing agreement with other partners in the humanitarian space.</p>
Community verification	<p>All targeted beneficiaries receive a second call from the humanitarian agency, asking if they would like to receive UCT and if the phone they are using can receive the cash transfers (having an active mobile money account).</p>	<p>Establish feedback mechanism with communities. Such as toll free call centres for communities to provide feedback and suggestions for improving access.</p> <p>Regular updating of phone numbers of beneficiaries and creating a database of the same.</p>
Beneficiary list revision & registration (if required)	<p>Based on beneficiary's feedbacks, removal from the list can take place and new HHs verified and registered as per above-described process.</p>	<p>Develop resident register for each camp to avoid double registration and those who move from camp to camp to collect money. This should be done in collaboration with other partners so that those already in other partner registers are excluded.</p>
Baseline data collection	<p>Baseline survey is conducted by consortium partners M&E staff prior to 1st cash transfer with a representative sample of HHs</p>	<p>Develop data collection and improvement guide with data verification and improvement tools for assessment of data quality to</p>

Implementation steps	Existing approach	How to improve ongoing
	<p>randomly selected from the beneficiary list. Survey covers demographics, livelihoods, resilience to shocks, income and expenditure patterns, food consumption, and coping strategies.</p>	<p>determine the accuracy of reported data; facilitate identification of specific root causes of inaccurate data; and collect information to redesign data collection and management systems.</p> <p>Partner with other players in the humanitarian space to strengthen data collection and analysis on the variables of interest including severity of needs, accessibility and humanitarian reach. This will also reduce incidences of some vulnerable households getting double allocation at expense of other vulnerable households.</p>
Cash release	<p>Consortium partners transfer cash to beneficiaries through mobile money systems, which have proven to be efficient, cost-effective, transparent, and scalable to meet rapid surges in needed support. It also aligns with beneficiary preferences and is flexible to meet the unique needs of beneficiary HHs. Transfer values follow the CWG-recommended MPCA TV.</p>	<p>Pre-verification if the phone number is still the same before release of funds. This will reduce incidences of money bouncing or going to the wrong recipients or already dead recipients</p>
PDM/End line data collection	<p>Three forms of post-distribution monitoring (PDM) take place:</p> <p>a) The humanitarian agency will call a representative sample of beneficiaries to confirm that funds were received and to detail any issues that may have occurred).</p> <p>b) The humanitarian agency will request a representative sample of beneficiaries to take part in an extended PDM survey to detail uses of cash and further household (as per procedure inaccessible areas but conducted by partners M&E staff instead of IMPACT Initiatives)</p> <p>c)The humanitarian agency will call TCM assigned to verify and request an oral report of what has taken place in the target area. They will then be read the full distribution list and asked which beneficiaries could safely be approached in person for action verification. These beneficiaries will be verified directly by the TCM and</p>	<p>Collect follow-up data on the beneficiaries at mid-term and end of stipulate project duration to verify whether the UCT is creating intended effects and see which vulnerable households graduate to non-vulnerable so that they exit from the program and leave space for new entrants.</p> <p>This will help to check the trends in no of beneficiaries in the program and assess entrance and attrition for easy future programming</p> <p>Follow up to assess impact of the cash transfer</p>

Implementation steps	Existing approach	How to improve ongoing
	reported back by phone to the humanitarian agency.	

3.4 Risks and mitigation measures

During the interviews with KIIs and households, several risks and problems encountered were highlighted with corresponding mitigation measures and checks in place to address them. Table 6 presents a summary of the same.

Table 6: Identified Risks and Mitigation Measures:

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
Location targeting (district and settlement selection)	Risk of Diversion at Targeting Phase: Influence of Clan on the selection of beneficiaries, Risk of minority clans being excluded (this Represents an Abuse of Power and Can be considered as a form of diversion, For example, militias have fired overhead and threatened registration staff so that their families are registered or provide ID cards to them)	Arguments, clan rivalries, theft, riots (M) Tension and insecurity may increase during assessment and distributions (M)	Engage in community sensitization during initiation of the project where you present the objective of the project and criteria for selection. Use locals as staff for registration Using TCM to identify the vulnerable
	Risk of Exclusion errors at targeting phase: Community-based targeting could lead to criteria that effectively exclude women or other vulnerable groups, such as minority clans.	Eligible and deserving households miss out on MPCA support making thw vulnerable households more worse off as they miss out on this opportunity	Train staff on all aspects of targeting and registration and encourage communities to include women when CBT is used.
	Risk that beneficiary lists are no longer valid as some people have become vulnerable since targeting, while others are no longer vulnerable (re---targeting, scale---up in existing areas or responding in nearby areas if the humanitarian situation worsens)	Miss target group (M)	Regularly updating beneficiary list and re-targeting.
	Inclusion of non-eligible people during the registration process, e.g. non---targeted	Miss target group (H)	Using security questions on some aspects of the family as a means to assure that registered

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
	people sneaking into the registration line.	Enrolling non-vulnerable households (H)	<p>beneficiaries are the ones receiving the assistance.</p> <p>Registrar checking and then deregistering cases of double registration</p> <p>Using Complaints mechanisms to help capture inclusion errors</p>
	Risk of inclusion of errors in targeting: Inclusion of non-eligible people during the registration process, e.g. non-targeted people sneaking into the registration line.	Miss target group (H) Enrolling non-vulnerable households (H)	Continous verification and updating of the register of vulnerable population
Community Mobilization	Risk of low Impact and Low humanitarian coverage: The CVA is considered by some stakeholders as too small to make an impact on the affected populations. Beneficiaries' expectations are high and more people than the ones that are currently reached are interested in receiving the cash grant.	High expectations from communities (M)	<p>Vulnerability mapping carried out as a basis for retargeting to cater to the most vulnerable caseload</p> <p>Sensitization and community mobilization to clearly explain project rationale and manage beneficiary expectations</p> <p>Establish effective complaints mechanisms and increase communication with beneficiaries to better identify the most vulnerable and any targeting errors.</p> <p>Assessing the relevance of targeting criteria to check whether the most vulnerable have been reached</p>
	Reduced humanitarian access due to conflict/insecurity	Reduced humanitarian access (H)	Enhance local implementation structures through local staffing to steer projects in case of access problems.

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
			<p>For some difficult-to-access areas, beneficiaries travel to local towns to collect their grants.</p> <p>Putting the project on hold if the security situation cannot allow project implementation.</p>
Establishment/strengthening and training of community targeting structures	Risk of not engaging communities during selection criteria and targeting	Leads to the perception of the community that SCC is corrupt or biased and only helps certain groups which can lead to security incidences (L)	Engaging the community from inception and presenting clear criteria for selection and targeting that are validated by all community structures
Beneficiary Selection	Risk of corruption by trusted community leaders	Lack of transparency in the selection process enhances corruption among trusted community leaders (L)	Ensuring that community members are well-sensitized on the CVA programming and ensuring transparency and participation at all steps
	Women excluded from receiving payments because of difficulties in identifying beneficiaries due to the Islamic dress mode	Identification challenge (L)	<p>Employ a combination of methods to identify female beneficiaries has been put in place: Photo ID in all areas where this is possible; use of security ‘pass key’ questions where photo is not possible and where feasible in combination with the photo ID.</p> <p>Ensure that there is at least one female staff member so that beneficiaries can show their faces.</p>
Beneficiary verification	Risk of lack of identification documents for verification of records	Lack of identification documents (H)	Use of TCMs to identify the vulnerable and continuous back checks through telephone calls
Beneficiary registration	External military incursions	Reduced humanitarian access (H)	<p>Assessing the risk of injury and/or damages to staff and beneficiaries and decide to either stop the project or schedule intervention during safer periods.</p> <p>Information provision through leaders</p>

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
Community verification	People aren't there when numbers collected and leaders end up adding extra Data collection errors on phone numbers	Grievances by missed population (M) Transfers to unintended beneficiaries (L)	Good registration training Close supervision of data handlers and regular monitoring of registration books Establish relations with trusted leaders and use volunteers Pin up or cross reference checklist with focus group
Beneficiary list revision & deregistration (if required)	Security risk due to generalized conflict: fighting between armed forces and armed opposition groups	Endangering the life of NGO staff (H)	Having money vendors handle cash instead of Implementing agencies and contracting them to assume full liability for any loss of monies, up until the point of delivery. Close monitoring of staff between office and field, daily security updates with staff and partner organizations flexibility in the approach, and continuous change of the payment plans.
Baseline data collection	Risk of not collecting right baseline information due to insecurity of some area	Chances of collecting wrong baseline information (M)	Use of telephone interviews in insecure areas
Cash release	Risk of diversion of funds: Diversion of funds to 'excluded parties' by the money transfer company itself.	Large-scale fraud and reputable risk (L)	Verification of all transfer agents against US OFAC Office of Foreign Asset Control list, UK Treasury lists, EU proscribed lists and UN sanctions lists. Set up multiple mobile money accounts for sending accounts to minimize the risks Staggering payments in phases to reduce risk of sending all the money once to the recipient

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
	Diversion of funds by the money transfer company itself (using ‘ghost’ beneficiaries, for example.)	Large-scale fraud and reputable risk (L)	<p>Contracts with providers and mobile money service providers</p> <p>Putting in place clear financial procedures and documentation to ensure the funding can be traced throughout the project (for example, verification of vouchers against payment lists to establish correctness in payment).</p> <p>Establish controls, monitoring and reporting systems</p> <p>Ensuring project staff are present (as much as possible) for the payment of beneficiaries to ensure that monies are provided correctly.</p> <p>Setting up proactive complaints response to capture diversion. Includes feedback solicitation from the beneficiaries.</p>
	Beneficiaries attempt to access cash more than once	<p>HH register twice (M)</p> <p>HH set up structure in more than once camp to access cash (M)</p> <p>HH move between camps (L)</p> <p>People come in from rural areas (L)</p>	<p>Establish a register of residents</p> <p>Monitoring to cross check names and mobile phone numbers</p> <p>Good community leader relations and cross check with neighbors</p> <p>Communication about targeted and non targeted groups</p>
	Security risk to staff due to criminality: insecurity occasioned by large amounts of cash being handled by different people involved.	Endangering the life of NGO staff (H)	Use of local staff that knows the security issues/risks have very close relationships with the local communities.

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
	Risk of delays: Delay of cash payment by mobile money agents due to poor compliance with agreements signed	Delays in cash delivery (M)	Constant dialogue with mobile money agents ensures that the terms and conditions of agreements are respected
	The risk that basic food and non-food items are no longer available on the market	<p>Price increase negatively affect non-beneficiaries (M)</p> <p>Beneficiaries cant find goods in the market (M)</p> <p>Cash could be spent on the types of NFI goods that are due in NFI delivery (L)</p>	<p>Monitoring the availability of commodities every week through market price monitoring by SCC organizations. However, due to the nature and integration of markets in South Central key commodities (or appropriate substitutes) have so far been available.</p> <p>Monitoring market access after each cash distribution where beneficiaries are asked how long they traveled to markets and any constraints they had in accessing markets.</p> <p>Staggered and geographically spread distributions</p> <p>Communication to suppliers</p> <p>Targeting women where research show they are better placed to make decisions when well informed by good communication</p>
	Delay of payment by mobile money agents due to access problems (delays in payments could cause loss of support and commitment from communities.)	Delays in cash delivery (M)	<p>Ensure project staff liaises closely with communities and mobile money agents to promptly communicate potential delays in case of any problems</p> <p>Having approval done by local authorities</p> <p>If there is a risk that payment may be delayed (due to rain, or</p>

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
			conflict) two payments may be made at once to avoid beneficiaries missing out on any cycle.
	The CTP will cause inflation and therefore the price of the minimum expenditure basket (MEB) will continue to fluctuate. For instance, most actors procure a lot of food in the local Mogadishu market, thus pushing up prices.	Increasing prices due to increased demand (M)	Analyzing market price data every week and comparing with other sources
	Risk to beneficiaries – theft, intimidation, protection-related issues leading to fund diversion to militia groups or local administration	Thefts and insecurity (L)	<p>Ensure grants are paid out to registered beneficiaries and not through proxies. Consortium members require that their representatives be present as observers during payment, but no cash will be handled by NGO staff. Community representatives also helps to verify the beneficiaries during payments.</p> <p>Create sufficient awareness with all stakeholders and all local authorities that these grants cannot be subjected to any taxation.</p> <p>Actively monitor any possible diversion and report the matter to the donor and take immediate actions</p> <p>If diversion indeed occurs the project should be stopped until the situation improves to a level where diversion cannot happen.</p> <p>Beneficiaries provided with protection-related information on risks anticipated as a result of</p>

Implementation Step	Risks	Possible Impacts and degree of likelihood (High/Med/Low)	Mitigation Measures
			receiving cash and possible mitigation strategies. Strengthen existing complaints system to be more proactive including raised awareness levels, collection of issues at the community level, and proactive sourcing of feedback from communities
PDM/Endline data collection	Risks associated with migration of beneficiaries. Especially due to droughts, floods or insecurity, or clan conflict	Risk of migration (H)	Develop an updated register of beneficiaries with trackers that can be used to track them as they migrate

3.4 Conclusions and Recommendations

The analysis presented in this report confirms that there is still a long way to go in accessing the HTR areas due to the dynamic nature of the country where the situation in a given area can change overnight with the principal cause of humanitarian need being conflict and insecurity as a result of armed militants-Al-Shabaab. This has led to a reduced presence of humanitarian actors in areas where they are needed most. The findings confirm that the SCC still needs to target its humanitarian assistance to HTR areas to reach those people in greatest need, and by so doing, ensure equity as well as coverage in its support. Table 7 presents a summary of the lessons learnt and recommendations.

Table 7: Lessons learnt and recommendations

CVA Project cycle phase	Lessons Learnt	Recommendations
Location targeting (district and settlement)	Selection of districts and settlements should be based on the severity of need and difficulty in accessibility	There is a need to first identify the targets (e.g food security and nutrition; child protection health; education; WASH) of change and the population of these targets to understand the severity of the need. This can be done through secondary data analysis to identify areas with lesser or no humanitarian coverage and looking at most hard-to-access areas with high severity of needs and also looking at the population affected i.e. number of people below the poverty line as per the statistics. It is crucial to have a deep understanding of the local context, including the geographical challenges, cultural dynamics, and existing infrastructure limitations. This knowledge helps in designing CVA programs that are tailored to the specific needs and constraints

CVA Project cycle phase	Lessons Learnt	Recommendations
		<p>of the area. It also helps in the design of interventions that are culturally sensitive and effective.</p> <p>Take marginalization into account when targeting by: carefully analyzing the causes of vulnerabilities and who is most likely vulnerable; looking at the IPC classification; mapping minority rights organizations to identify diversion of cash and exclusion; considering the severity of needs in prioritization; engaging women in planning and decision-making and train staff in gender mainstreaming.</p> <p>Since most of the areas are inaccessible its good to use Area of Knowledge approach to get a clear understanding of the HTR areas in terms of accessibility of urban, rural and peri-urban areas. The IDPs from those regions inaccessible areas should be able to provide more information on the plan remote management during the design phase of a regular cycle programme</p> <p>Conduct collaborative risk assessment with partners and identify their security requirements and management structures to avoid risk transfer existing vulnerabilities (including negative coping strategies) and damage or self-recovery level. Faith-based leaders can also provide an objective opinion</p>
Community mobilization	<p>Community engagement and participation are crucial in CVA programming in hard-to-reach areas.</p> <p>The use of local channels can enhance community engagement</p>	<p>Use the IPC acute malnutrition scale classification to identify the most vulnerable communities. (Phase 1: acceptable; phase 2: Alert; Phase 3: serious; Phase 4: Critical and Phase 5: extremely critical). Giving communities in phase 3 and above more priority.</p> <p>Ensure both host communities and IDPs are included during targeting</p> <p>Explain to communities why helping them is morally and economically beneficial through community/faith leaders to dispel the myths about displaced people. This is through talk shows in local radio stations that communities listen to most</p> <p>Conduct community vulnerability mapping through FGDs with older people and create independent (key persons from community-based organizations)</p> <p>It is essential to involve the community in the decision-making process to ensure that interventions align with their specific needs and challenges;</p> <p>Invest in remote management. This can transfer risk to local partners and hinder efficiency. Hire staff within the community with remote and distance management skills.</p> <p>Due to suspicion from those in HTR areas. It's good to use community-level organizations that have already established their presence in those areas to mobilize groups.</p> <p>Community mobilization can also be enhanced through the use of local faith-based organizations as a way of gaining their trust and initiating a working relation</p> <p>Additionally, there is a need for prioritization of coordination and collaboration, actively engaging with local communities, and building partnerships with trusted local organizations. By fostering effective</p>

CVA Project cycle phase	Lessons Learnt	Recommendations
		<p>coordination, they ensured a comprehensive approach to assisting in HTR areas.</p> <p>Community mobilization can also be strengthened through use of local media channels where possible and focusing on the channels they normally pay close attention to.</p> <p>Create a safe, comfortable, and respectful environment where participants can express their views, share their experiences, and interact with others.</p> <p>Provide adequate information, guidance, and feedback to help participants understand and contribute to your engagement.</p> <p>Address any barriers or challenges that may hinder participation, such as language, literacy, disability, or transportation. Use strategies such as interpreters, translators, plain language, visual aids, accessibility features, or travel assistance.</p>
Establishment/strengthening and training of community targeting structures	Successful CVA programming requires an understanding of the local context, which includes social structures, cultural dynamics, and power dynamics. This aids in creating treatments that are acceptable, culturally sensitive, and suitable for the particular requirements and preferences of the community;	<p>The first step is to determine whom you want to reach, how are you planning to create change and whom do you need to influence to win. In this case, we need to first get in touch with the beneficiaries and enlighten them.</p> <p>Build capacity to access hard-to-reach communities. This should include the ability to apply humanitarian principles in negotiating access</p> <p>Develop staff's legal and operational skills as they negotiate contexts in which armed groups are active</p> <p>In general, people respond to those they trust and those with whom they share a common interest. Using such locals to capacity-build community targeting structures can be effective</p> <p>Be more inclined to bond with local community and listen to key messages from them as this can help strengthen the approach.</p> <p>Localization: CVA approach needs to be championed by locals. Therefore, the capacity of locals should be strengthened to deliver cash independently while working towards reaching more people, more quickly with more appropriate forms of aid.</p>
Beneficiary selection	<p>Having a robust local presence can enable the consortium to gain an understanding of the unique needs of the community</p> <p>Good targeting, based on vulnerability, reduces the risk of beneficiaries using grants for 'anti-social' purposes.</p>	<p>Once you have identified and understood your target groups, you need to choose the most appropriate methods and tools to engage with them.</p> <p>Consider the following factors: the purpose and scope of your engagement, the level of involvement and influence you want to offer, the resources and capacity you have, and the preferences and expectations of your target beneficiaries.</p> <p>Develop a pre-defined selection criteria and scoring matrix in collaboration with the community. Look at food insecurity situation, conflict extent, flood/droughts effect and population affected.</p> <p>Develop a severity of needs assessment tools that look at issues such as food security and nutrition; child protection health; education; WASH etc.</p>

CVA Project cycle phase	Lessons Learnt	Recommendations
	<p>Regular monitoring at the household level tracks the use of cash by beneficiaries.</p> <p>A common database for all the vulnerable populations in all HTR areas is key, especially in ensuring the targeting gets to the vulnerable segments of the population;</p>	
Beneficiary verification	There are chances of double registration and beneficiaries moving from one camp to another to register	<p>Vetting of TCMs needs to be intensive to avoid biases through triangulation of information with the population who previously lived in these areas and have now been displaced into accessible areas. The TCMs could also be incentivized through the provision of training and other non-monetary compensation.</p> <p>There is also a need to develop a robust local presence to enable the consortium to gain a deeper understanding of the unique needs and challenges faced by the communities they serve; leveraging on diaspora networks, and engaging in diplomacy and advocacy efforts.</p> <p>Present the beneficiary selection list to the community and put in place a complaints address system (to address potential discrepancies). Where possible establish a complaints committee comprising of community representatives.</p> <p>Ensure that there is at least one female staff member so that beneficiaries can show their faces.</p> <p>Analyze the complaint box/calls follow up on the relevant cases and publish and disseminate to community members the final beneficiary list</p>
Beneficiary registration	Early registration of beneficiaries can quicken emergency response	<p>Since the HTR areas are already known and we understand the target population. There is a need to pre-register beneficiaries for any potential scheme through the local leaders and trusted community members. This is because, by having beneficiary details already on hand any early action and emergency response will be quicker, and gathering this data in advance foreshortens any emergency response.</p> <p>There is also a need to set up beneficiary registration and identification systems that cover data required only and focus on collecting only the minimum necessary data. This need to be verified through back check by calling a sample in the register to verify before implementing the support.</p>
Beneficiary list revision & registration (if required)	Verification ensures that only the most vulnerable groups receive the necessary support and attention that addresses unique needs and challenges.	Verification can be done by doing call backs to verify information provided in the registers. This can be done randomly just taking about 5 percent of the sample in the register. Another approach that could be used is calling neighbors of those registered to verify the information on some members. Local leaders could also support in this.

CVA Project cycle phase	Lessons Learnt	Recommendations
Baseline data collection	Collection of baseline data can help inform planning and support the identification of target groups based on vulnerability level and severity of needs	<p>Once you have identified and understood your target groups, you need to choose the most appropriate methods and tools to engage with them. Consider the following: the purpose and scope of your engagement, the resources and capacity you have, and the preferences and expectations of your target groups, the sociocultural beliefs and accessibility of some areas. Some of the methods and tools you can use are: Area of knowledge approach, mobile telephone interviews, use of TCMs to collect baseline information and follow back with random telephone calls as a back check of just a sample of say 5 percent of the registered. You should also ensure that your methods and tools are accessible, culturally sensitive, and tailored to your target groups.</p> <p>Strengthen social systems such as by enabling communities in collecting and disseminating upto date information.</p>
Market Assessment	Market failure is a major problem in the provision of CVA in HTR areas	<p>Constantly monitor local supply chains to identify potential disruptions- this can be done through third-party monitoring taking advantage for instance the market monitoring done by WFP Somalia weekly that covers 42 locations per week. The SCC can also take advantage of the large pool of monitors through third-party and internal capacity that WFP uses to collect both qualitative and quantitative data. The SCC can also make use of the data on market functionality index (MFI) that is collected on a rolling basis and 9 dimensions of market functionality are monitored and reported on real time¹⁷.</p> <p>Undertake pre-crisis market assessments and gauge whether markets can sustain the anticipated levels of CVA in an emergency.</p> <p>Conduct a market assessment to determine the quantity and availability of goods and services as well as the functionality of markets. This can be done using secondary data sources and select KIIs remotely from vendors in the HTR areas.</p> <p>Analyze market trends, industry statistics, and beneficiary behavior to determine the viability of a product or a service through sourcing data from various databases such as world bank, and IMF statistics</p> <p>There is therefore a need to ensure there are safe, accessible, and functioning markets for goods and services, with sufficient stock and variety to meet demand.</p> <p>Gathering and analyzing information to assess the needs and preferences of the population,</p> <p>Determine if markets are functioning and accessible, and understand the context and operational feasibility of CVA. It includes an assessment of which payment mechanisms are available and accessible to crisis-affected people. All this informs the “response analysis”.</p>

¹⁷ https://s3.eu-west-1.amazonaws.com/logcluster-production-files/public/2024-02/07_WFP%20Somalia%20Joint%20Markets%20and%20Supply%20Chain%20Update_17%20Feb%202024_SC%20VAM.pdf

CVA Project cycle phase	Lessons Learnt	Recommendations
		<p>Various forms of data are collected throughout this period, including feedback from recipients and changes in market prices. Analysis of the data is then used to inform adjustments made to the programme design. Specifically, the key actions entail: ensuring beneficiary households spend the cash (i.e. that women, girls, men, and boys access the market and can complete the transaction); ensuring the targeted households can meet basic needs/sector-specific outcomes and reduce the use of negative coping strategies; ensuring monitoring data flows to the appropriate sector specific working group/cluster so CVA can be incorporated into overall need/gap analysis, revisiting the needs assessment and response analysis stage if CVA is not meeting the needs as identified to determine what supplies, training or services are needed in addition to cash transfers, and sharing outcome monitoring data with coordination groups.</p>
Cash release	Set-up time is normally too short during emergency settings which may cause delay in response	<p>To ensure the timely transfer of cash at short notice the following can be adopted:</p> <p>Ensure you build strong relationships with financial service providers working and with strong networks and presence in HTR areas</p> <p>Facilitate conversations between INGOs/agencies and external technology providers by inviting technology providers to present their services at Cash Working Group monthly meetings and evaluate the ones that can be used to access HTR areas.</p> <p>Ensure a check and validation mechanism is integrated into the system to ensure that only authorised personnel can launch a payment to recipients and that another person is responsible for validating this payment (equivalent to a counter signature in the manual system). This ensures that there is checks and balance in funds release.</p> <p>Reviewing and working with other agencies in the humanitarian space with regard to CVA solutions and working closely with the Cash Working group in Somalia</p> <p>Define the CVA requirements, such as frequency of transfer, amount per beneficiary, and per location guided by the minimum expenditure guidelines developed, required speed of delivery, and where the population is located.</p> <p>If there is a risk that payment may be delayed (due to rain, or conflict) two payments may be made at once to avoid beneficiaries missing out on any cycle.</p> <p>Agree on the number of beneficiaries that will need to be served in each location in a given timeframe guided by the needs, and resources and in consultation with local groups.</p> <p>Working as a team, each consortium partner nominates a focal point to support in CVA activities based on the anticipated disaster. This</p>

CVA Project cycle phase	Lessons Learnt	Recommendations
		<p>will ensure each partner has relevant input into the decision-making process.</p> <p>Develop and update cash SOP. Once an assessment has been completed and recommendations have been agreed, it is important to codify the policies, processes and procedures that need to be followed to enact an effective CVA response. Having a clearly written and authorized Standard Operating Procedure helps ensure that clear guidelines are set to staff regarding how to enact CVA.</p> <p>Identify key staff from each relevant function who would need to play a role in any CVA programming. As well as train them depending on funds availability</p> <p>The optimal delivery mechanism selected may require the pre-positioning of items in order to ensure a timely response at the immediate post-emergency stage.</p> <p>With all the above reflecting SCC practices in accessible areas, HTR areas specifically areas under the control of AS need delivery of cash and deviates from mobile cash to support the most vulnerable beneficiaries in these areas. Bu'ale and Jamame fall under the areas that accommodate this procedure.</p> <p>Lead relationships between Telecom companies and community leaders in AS controlled areas with the purpose of establishing mobile cash transfer to local beneficiaries.</p> <p>Involve AS militants in the distribution of cash to local beneficiaries. Also ensure cash-based interventions also address hostilities specifically areas with high incidents of clan conflicts including state margins.</p> <p>Draft SOPs in the disbursement of cash in areas under control of AS which is not in line with standard CVA operations in areas hosting ATMIS and governments in Somalia. These operations accommodate the practice of other humanitarian agencies specifically ICRC and DRC.</p> <p>Conduct walk-through tests for already established cash delivery mechanisms</p>
<p>Post distribution monitoring/Endline Data collection</p>	<p>Continuous monitoring post distribution to come up with corrective action in time.</p> <p>Baseline and end-line data are critical for evidence-informed decision-making</p> <p>It is important to focus on Strengthening communication and coordination among stakeholders, enhancing data collection and monitoring</p>	<p>Survey the percentage of households to analyze factors such as whether assistance provided reached the target audience, how assistance provided was used, any problem with assistance provided, feedback on the process itself, and monitoring any exclusion/inclusion errors and taking corrective action.</p> <p>Continuous follow-up as necessary on issues and apply learning to ongoing programs. This can be done through a survey too and telephone callback.</p> <p>Directly call recipients to verify if they received the funds . this helps in identifying potential issues during the cash transfer process such as</p>

CVA Project cycle phase	Lessons Learnt	Recommendations
	<p>systems, increasing access to financial services improving security and logistical support, and ensuring sustainability and long-term impact through capacity building and local ownership.</p>	<p>fraud, technical issues, lack of training of recipients on how to use mobile money etc.</p> <p>Development a complaints receipt and complaints address mechanism by having a toll free call line open to all community members to use.</p> <p>Specifically to ensure proper feedback from post distribution monitoring, SCC could explore the following options</p> <p>Interactive voice recording (IVR surveys) where respondents receive an automatic phone call and are asked by a pre-recorded voice to answer some questions either orally or by typing.</p> <p>USSD (Short code) surveys: respondents type a short code which can be sent to them by SMS to connect to the USSD menu. They get asked questions which they can navigate through the menu. However, response rates can be significantly lower compared to face to face due to digital literacy and internet challenges</p> <p>The final step of engagement with communities in hard-to-reach or marginalized community groups is following up and evaluating the impact of your engagement.</p> <p>There is a need to communicate your findings and outcomes to your participants and stakeholders and acknowledge their contributions and feedback. This can be done through fliers or communication in local radio channels that the communities listen to often.</p> <p>Seek feedback from your participants and stakeholders on their satisfaction and experience with your engagement.</p>

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