

# SOMALIA - COMPLEX EMERGENCY

FACT SHEET #2, FISCAL YEAR (FY) 2016

APRIL 1, 2016

## NUMBERS AT A GLANCE

**4.7 million**

Somalis in Need of Humanitarian Assistance  
UN – February 2016

**1 million**

Somalis Experiencing Crisis or Emergency Levels of Acute Food Insecurity  
FEWS NET – February 2016

**1.1 million**

IDPs in Somalia  
UNHCR – February 2016

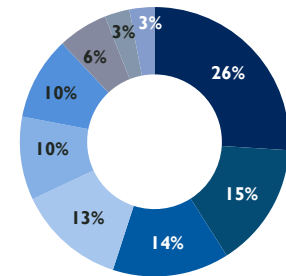
**980,000**

Somali Refugees in Neighboring Countries  
UNHCR – December 2015

**417,000**

Somali Refugees in Kenya  
UNHCR – March 2016

## USAID/OFDA<sup>1</sup> FUNDING BY SECTOR IN FY 2015–2016



- Health (26%)
- Economic Recovery & Market Systems (15%)
- Water, Sanitation & Hygiene (14%)
- Agriculture & Food Security (13%)
- Nutrition (10%)
- Protection (10%)
- Humanitarian Coordination & Information Management (6%)
- Logistics Support & Relief Commodities (3%)
- Other (3%)

## USAID/FFP<sup>2</sup> FUNDING BY MODALITY IN FY 2015–2016



- U.S. In-Kind Food Aid (75%)
- Food Vouchers (13%)
- Cash Transfers for Food (10%)
- Local & Regional Food Procurement (2%)

## HIGHLIGHTS

- More than 1 million people are experiencing acute food insecurity; the majority are IDPs
- Drought conditions in northern Somalia exacerbate food insecurity

## HUMANITARIAN FUNDING FOR THE SOMALIA RESPONSE IN FY 2015–2016

USAID/OFDA	\$53,530,551
USAID/FFP	\$147,557,423
State/PRM <sup>3</sup>	\$39,100,000
<b>Total</b>	<b>\$240,187,974</b>

## KEY DEVELOPMENTS

- More than 1 million people will likely experience acute food insecurity in Somalia between February and June. Drought conditions in northern areas of the country have contributed to deteriorating food security, with 385,000 people in Puntland and Somaliland areas experiencing acute food insecurity. The UN is appealing for \$105 million to provide assistance to drought-affected populations in northern Somalia.
- The UN Central Emergency Response Fund (CERF) plans to release \$11 million to support humanitarian interventions in northern Somalia where drought conditions are increasing needs. In northern areas, 1.7 million people require humanitarian support, including emergency food assistance. CERF funding will support multiple humanitarian sectors, including health and nutrition interventions.
- The U.S. Government (USG) remains the leading humanitarian donor to Somalia during FY 2015 and 2016, having provided more than \$240 million in humanitarian assistance to date.

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>3</sup> U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

## INSECURITY, HUMANITARIAN ACCESS, AND DISPLACEMENT

- As of February, an estimated 1.1 million people remained displaced in Somalia due to the ongoing complex emergency, according to the UN. The largest concentration of internally displaced persons (IDPs)—369,000 people—is in Banadir Region, which includes the capital city of Mogadishu. Galguduud and Lower Shabelle regions host the second and third most IDPs, with 120,000 and 103,000 people, respectively. Geographically, the majority of IDPs remain in southern and central areas of Somalia.
- The 2016 Somalia Humanitarian Response Plan (HRP)—a document prepared by humanitarian actors outlining projected needs—requests \$885 million and targets up to 3.5 million of the most vulnerable people in Somalia. The HRP emphasizes improving humanitarian access to deliver life-saving assistance to conflict-affected Somalis; however, Somalia remains one of the most dangerous and challenging environments for relief organizations due to limited infrastructure, the presence of armed actors, and other factors. During 2016, humanitarian actors will increase field-level negotiations to reach populations while continuing to rely on the UN Humanitarian Air Service for access.
- In 2015, the UN reported 140 violent incidents that directly impacted humanitarian organizations, resulting in the deaths of 17 humanitarian workers and injuries to 18 others. The 2015 humanitarian death total was higher than in 2014, when 10 relief workers died as the result of 75 violent incidents involving relief organizations.
- Between January 1 and March 27, the Office of the UN High Commissioner for Refugees (UNHCR) assisted with the return of more than 6,100 Somali refugees in Kenya to Somalia through its voluntary refugee repatriation program. The majority of returnees in 2016 have settled in areas of southern Somalia, according to UNHCR. Following the 2013 tripartite agreement between the Government of Kenya, Federal Government of Somalia (FGoS), and UNHCR, voluntary returns from Kenya began in December 2014 with a goal of returning 215,000 refugees to Somalia by 2019. Since 2014, UNHCR reports that approximately 12,300 Somali refugees have returned from Kenya—nearly 500 during 2014, more than 5,600 during 2015, and more than 6,100 during the first three months of 2016.

---

---

## FOOD SECURITY AND LIVELIHOODS

- Between February and June, more than 1 million people in Somalia will likely experience Crisis or Emergency—IPC 3 and 4—levels of food insecurity, with people in the north and IDPs comprising the most food-insecure populations, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET).<sup>4</sup> This figure shows a modest increase from the 953,000 acutely food-insecure people identified in a FEWS NET–Somalia Food Security and Nutrition Analysis Unit (FSNAU) analysis following the October-to-December *deyr* rains. The increase resulted from FEWS NET identifying a greater number of acutely food-insecure people in northern Somalia in recent weeks. Food insecurity is attributed in part to prevailing drought conditions in areas of the country, as well as insecurity, population displacement, and trade disruption.
- IDPs comprise the majority—approximately 68 percent—of people facing Crisis and Emergency levels of acute food insecurity countrywide. According to the February FEWS NET–FSNAU post-*deyr* assessment, an estimated 649,000 IDPs were experiencing Crisis or Emergency levels of food insecurity. Somali IDPs have represented between 60 and 75 percent of the total population confronting these levels of food insecurity during the past three years, underscoring the protracted nature of food insecurity among displaced populations.
- Following two years of below-average rains in northern areas of Somalia, drought conditions are particularly pronounced, according to the UN. Drought in these northern areas—exacerbated by the strong El Niño climatic event—has compounded the challenging humanitarian conditions in northern Somalia. As of March, the UN estimated that 385,000 people in northern Somalia were experiencing acute food insecurity, with a further 1.3 million people at risk of facing acute levels of food insecurity. In total, approximately 1.7 million people—nearly 40 percent—of the population in Somaliland and Puntland require humanitarian assistance and livelihood support.
- An estimated 95 relief organizations are operational in Puntland and Somaliland, and humanitarian actors are scaling up relief programs to avert a further deterioration of conditions, according to the UN. The UN has released an urgent

<sup>4</sup> The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

appeal for \$105 million to provide humanitarian assistance to drought-affected populations in northern Somalia during the coming months. In January, humanitarian organizations provided 560,000 people in Puntland and Somaliland with seasonal livelihood inputs, such as fishing equipment, irrigation vouchers, livestock, seeds, and tools.

- With the exception of some isolated southern areas, humanitarian actors expect food security to improve in most southern and central regions of Somalia in the coming months, according to FEWS NET. The January-to-February *deyr* harvest of maize and sorghum is estimated at 130,000 metric tons (MT), 18 percent above the five-year average, with significantly above-average production in Bay, some areas of Lower Shabelle, and Middle Shabelle regions. Areas of Lower Juba, Middle Juba, and parts of Lower Shabelle regions, however, experienced significantly below-average crop production due to poor *deyr* rainfall.
- Water levels in the Shabelle River—running from the Ethiopian highlands through central and southern Somalia—decreased to their lowest points on record in recent weeks as a result of below-normal rainfall in the upper areas of the Shabelle Basin during recent months, according to a USAID-supported Somalia Water and Land Information Management (SWALIM) report. The drop in water has limited human and animal water use, and humanitarian actors have warned of increased risk for acute watery diarrhea or cholera cases, especially in Middle Shabelle. By late March, areas of the river basin began receiving some rain, and SWALIM anticipates that the river’s water level should increase as a result of anticipated additional rainfall starting in early April.
- The USG—consistently Somalia’s largest bilateral humanitarian donor—is providing critical humanitarian assistance in the country, including supporting efforts to address the food security situation. In FY 2015 and 2016, USAID/FFP has provided more than \$147 million in humanitarian support to populations in Somalia, including emergency food assistance, nutrition interventions, and livelihoods programs.

---

---

## HEALTH, NUTRITION, AND WASH

- An estimated 3.2 million people lack sufficient access to emergency health care services, according to the UN. Although humanitarian organizations aim to provide life-saving health services at the scale required, funding shortfalls have hindered health sector activities. As of January, at least 10 health facilities had reduced services or closed due to lack of funding. Gaps in health services are at all levels and particularly affect the secondary health care system. The 2016 Somalia HRP requests \$71 million for health sector activities.
- Critical levels of global acute malnutrition (GAM)—defined as exceeding the UN World Health Organization (WHO) 15 percent emergency threshold—persist among several population groups. Despite ongoing nutrition interventions, an entrenched nutrition crisis is evident among certain population groups and in certain geographic areas. Nearly all seasonal assessments in recent years have identified critical GAM levels amongst urban populations in Bari Region and Hiran Region’s Beletweyne and Mataban districts; IDPs in Nugaal Region’s Garowe town, Mudug Region’s Galkayo town, and Gedo Region’s Dolow town; agro-pastoral populations in Bay Region; and pastoral and riverine populations in northern Gedo, according to FSNAU.
- Nutrition and health support for acutely malnourished people is urgently needed through mid-2016. However, given persistently high levels of acute malnutrition, additional multifaceted interventions—including livelihoods and water, sanitation, and hygiene (WASH) programs—aimed at addressing the underlying causes and contributing factors are also needed, according to FSNAU. The UN World Food Program (WFP) recently released a Protracted Relief and Recovery Operation for Somalia, which specifically targets enhanced nutrition interventions addressing the factors driving persistent high rate of malnutrition base on results from a late-2015 nutrition causal assessment.
- The FGoS Ministry of Health has reported a measles outbreak near Buhodle town, Togdheer Region, in northern Somalia as of late March, according to the UN. Health actors have recorded approximately 30 cases of measles in villages near Buhodle, including 18 cases among children under five years of age. Local authorities report that the cases appear to be spreading. Measles cases were a concern in 2015, when health actors recorded approximately 7,500 suspected cases, mostly among children ages five years and younger in southern and central areas of Somalia.
- In November 2015, the FGoS and relief organizations launched a measles vaccination campaign that targeted nearly 4 million children ages ten years and younger across the country. The UN reports that more than 3.5 million children

have received vaccinations since the start of the campaign, covering 90 percent of accessible districts. Emergency measles vaccinations remain a priority for the health sector in 2016, and planning is underway for a round of inoculations in Bakool Region, where health actors have reported a recent spate of suspected cases.

- Drought conditions in Puntland and Somaliland have affected the WASH situation. Non-permanent water sources, such as dams and streams, are drying. Populations are increasingly relying on boreholes and other permanent water sources, driving up the price of water. Vulnerable households unable to pay for water are consuming unsafe water; several health clinics in northern Somalia have reported an increase in cases of acute watery diarrhea. Regional authorities in Puntland and Somaliland have identified 1.5 million people in need of WASH interventions. The WASH Cluster—the coordinating body for humanitarian WASH activities, comprising UN agencies, non-governmental organizations, and other stakeholders—is targeting 700,000 people most in need of WASH interventions, with particular focus on Awdal, Bari, Nugaal, Sool, Sanag, Togdheer, and Waqooyi Galbeed regions. Planned WASH interventions include vouchers for procuring water, repairs to broken water infrastructure, and distribution of hygiene kits.
- In FY 2015 and 2016, USAID/OFDA has provided humanitarian partners with nearly \$14 million to support health care interventions in Somalia. USAID/OFDA-supported programs improve IDP and host community access to primary and reproductive health care services, strengthen the Somali health care system, and improve health care practices through education and behavioral change communication. Additionally, USAID/FFP and USAID/OFDA support critical nutrition interventions for IDPs, host communities, and other vulnerable populations in Somalia. USAID/OFDA has provided more than \$5.4 million to support nutrition interventions since FY 2015.
- USAID/OFDA has provided more than \$7.4 million in FY 2015 and 2016 funding to support WASH programs in Somalia. USAID/OFDA-supported WASH interventions programs in northern areas of the country improve access to safe water, reduce the risk of waterborne disease, and rehabilitate broken water points.

---

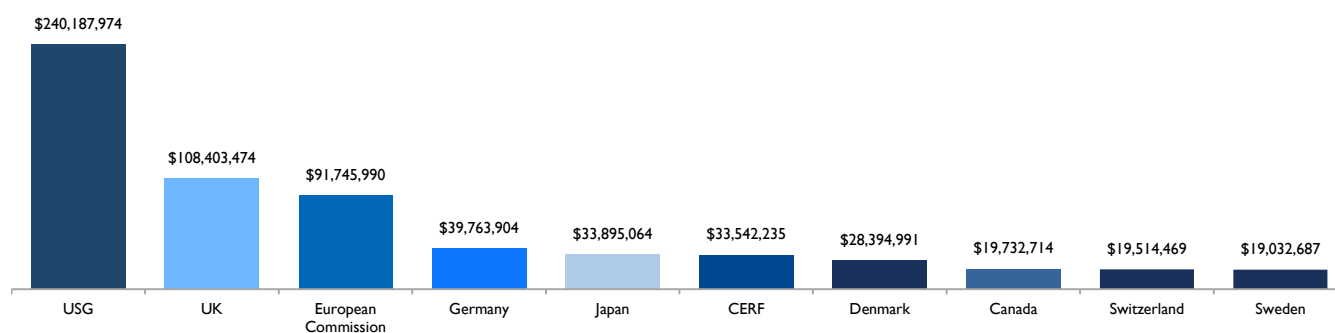
---

## **OTHER HUMANITARIAN ASSISTANCE**

- The CERF—a pooled humanitarian fund established and managed by the UN to enable timely humanitarian assistance—plans to release \$11 million to support urgent humanitarian assistance for 224,000 drought-affected people in Puntland and Somaliland. The CERF assistance will support nutrition interventions, livestock vaccinations, health care services, and WASH programs. Further, the Somalia Humanitarian Fund (SHF) has allocated \$6.5 million to complement CERF funding. In addition to supporting food and nutrition assistance, health care services, and WASH programs, the SHF is also bolstering shelter and protection needs in Somalia.
- As of late March, the 2016 Somalia HRP had received 11 percent, or \$96.3 million, toward the \$885 million appeal from international donors.

## 2015–2016 TOTAL HUMANITARIAN FUNDING\*

PER DONOR



\*Funding figures are as of April 1, 2016. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the current and previous calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on fiscal years 2015 and 2016, which began on October 1, 2014, and October 1, 2015, respectively

### CONTEXT

- Since 1991, Somalia has experienced a persistent complex emergency due to chronic food insecurity, widespread violence, and recurrent droughts and floods. The 2011 drought—widely regarded as the country’s worst in 60 years—severely reduced food security among pastoralists and populations in marginal farming areas, resulting in famine in areas of Bay, Bakool, and Lower and Middle Shabelle regions, as well as among IDPs in Mogadishu and the nearby Afgoye corridor.
- Despite modest improvements in 2014 and 2015, malnutrition rates in Somalia remain among the highest in the world, and ongoing insecurity in the country—particularly in areas that lack established local authorities and where al Shabaab is present—contributes to the complex emergency. Sustained life-saving humanitarian assistance, coupled with interventions aimed at protecting livelihoods and building resilience, is critical to help vulnerable households meet basic needs, reduce malnutrition, and protect livelihoods.
- Due to ongoing and anticipated humanitarian needs, on October 8, 2015, U.S. Chargé d’Affaires, a.i., David H. Kaeuper renewed the disaster declaration for the complex emergency in Somalia for FY 2016.

### USG FUNDING FOR THE SOMALIA RESPONSE IN FY 2015–2016<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
Implementing Partners	Agriculture and Food Security; Economic Recovery and Market Systems (ERMS); Health; Humanitarian Coordination and Information Management; Logistics Support and Relief Commodities; Natural and Technological Risks; Nutrition; Protection; Risk Management Policy and Practice; WASH	Countrywide	\$53,530,551
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$53,530,551</b>
<b>USAID/FFP<sup>3</sup></b>			
WFP and Implementing Partners	52,465 MT of In-Kind Emergency Food Assistance for Relief, Nutrition, Safety Net, and Livelihoods Activities; Cash Assistance and Food Vouchers	Countrywide	\$147,557,423
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$147,557,423</b>

STATE/PRM			
International Humanitarian Organizations	Multi-Sector Protection and Assistance Activities to Aid Refugees, IDPs, and Conflict-Affected People	Countrywide	\$39,100,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$39,100,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE SOMALIA RESPONSE IN FY 2015–2016</b>			<b>\$240,187,974</b>

<sup>1</sup> Year of funding indicates the date obligation, not appropriation, of funds.

<sup>2</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of April 1, 2016.

<sup>3</sup> Estimated value of food assistance and transportation costs at time of procurement; subject to change.

## PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [www.interaction.org](http://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [www.cidi.org](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>