

2017

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED






5M

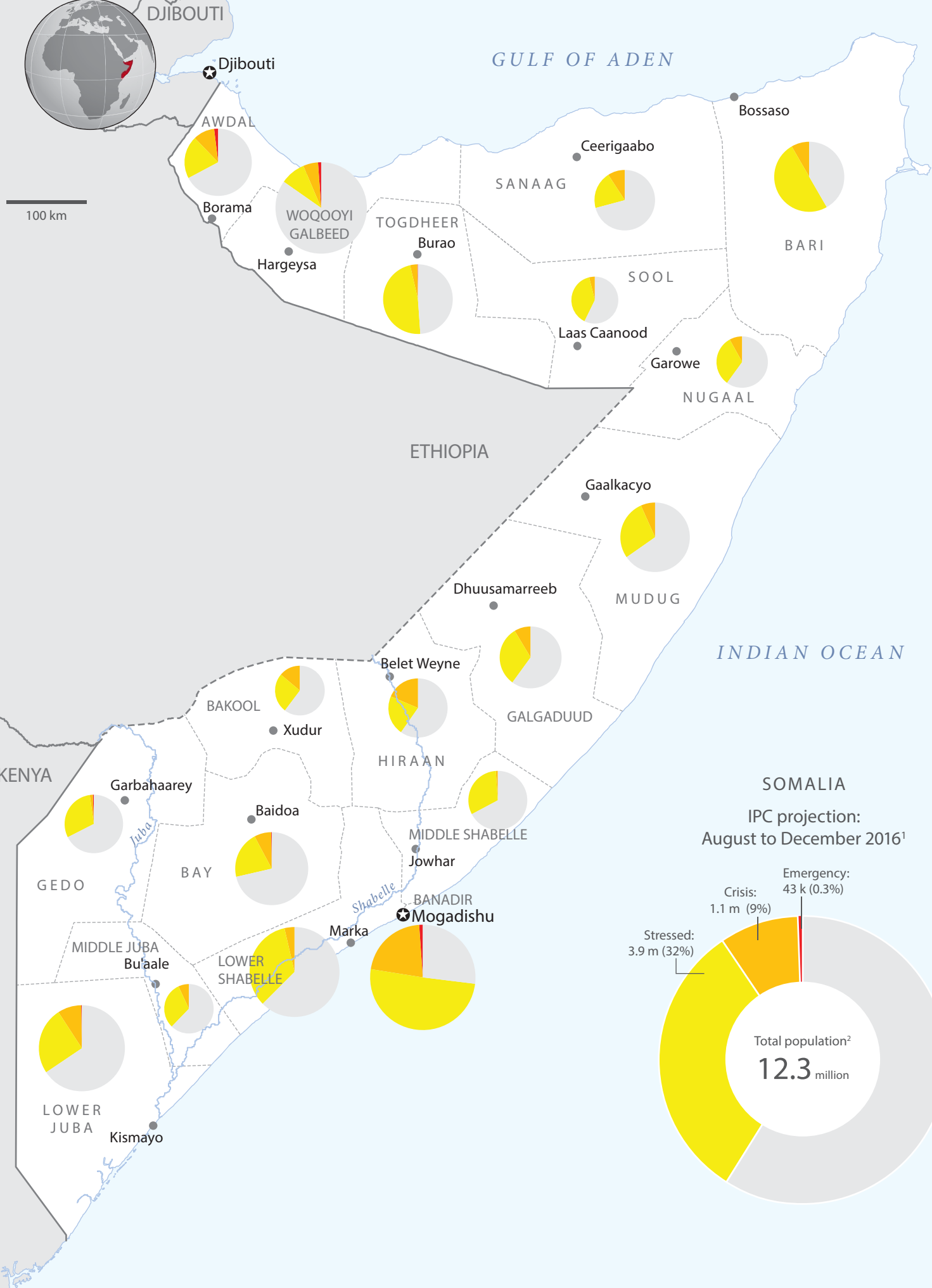
OCT 2016



**SOMALIA**

# PART I: SUMMARY

- 
-  Humanitarian needs & key figures
  -  Impact of the crisis
  -  Breakdown of people in need
  -  Severity of need



1. The integrated food security phase classification (IPC) is a set of tools and procedures to classify the severity of food insecurity using a widely accepted five-phase scale. At the area level, it divides areas into the following phases: IPC Phase 1=Minimal; Phase 2=Stressed; Phase 3=Crisis; Phase 4=Emergency; and Phase 5 = Famine

Data source: FAO- FSNAU, FEWSNET  
2. 2014 UNFPA population estimates.

## HUMANITARIAN

## NEEDS &amp; KEY FIGURES

## PEOPLE IN NEED

Total people in need  
**5 MILLION**  
out of them  
**70-80 per cent**  
are elderly,  
women and children

While Somalia continues to be on a positive political trajectory after decades of political turmoil, acute humanitarian needs persist and basic social indicators remain among the lowest in the world. The number of people in need of humanitarian assistance has reached 5 million, more than 40 per cent of the population. Over 1.1 million people are internally displaced, predominantly in urban centres such as Mogadishu, which hosts more than 400,000 displaced alone. The majority of those affected are women and children. Protection risks are increasing and the need to centralize protection throughout response activities to the most vulnerable is vital.

Climatic shocks exacerbated by the El Niño phenomena, continued insecurity and armed conflict, recurrent human rights violations, political instability and major gaps in development programming contribute to high levels of protracted humanitarian needs in Somalia. Acute food insecurity and malnutrition rates remain prevalent, most notably in urban areas. Disease outbreaks re-occur due to

poor health infrastructure and a lack of clean and safe water, sanitation and hygiene. Poor basic service delivery also weakens the coping capacity of millions of vulnerable Somalis. The lack of rule of law, pervasive protection violations, including forced evictions, gender-based violence and exploitation, remain widespread and continue to affect the most vulnerable groups, especially women and girls, people with disabilities, the elderly and minority groups.

As the performance of the 2016 *Deyr* (October – December) rains have not even met the expectation to be below normal to near normal, low water availability and agricultural production in most areas with poor rainfall has further negatively impact humanitarian needs. In tandem with ongoing drought and seasonal flooding expected later in the year, the multi-faceted crisis is expected to deepen in 2017. An increase in returns of Somali refugees from neighbouring Kenya to areas with limited absorption capacity, could further exacerbate the situation.

## HUMANITARIAN NEEDS

## 1 Acute humanitarian needs increase slightly

The annual post-*Gu* assessment, which was released by the Food and Agriculture Organization (FAO)-managed Food Security and Nutrition Analysis Unit (FSNAU) in September, indicates that five million people face acute food insecurity across the country, with drought being a significant contributor. Over 60 per cent of people requiring humanitarian assistance in 2017 are in urban areas. Some 320,000 children under age 5 are acutely malnourished, of which 50,000 are severely malnourished. Severe drought and seasonal flooding also causes disease outbreaks, disruption to basic services, and further displacements.

## 2 Elevated protection risk exposure

Protection concerns remain at the centre of the humanitarian crisis with

a diverse range of protection issues in Somalia, including violations of international human rights and humanitarian law. At least 1.1 million internally displaced persons (IDPs) and other vulnerable people, notably women, children, minorities, the disabled, child and female-headed households, survivors of violence, abuse and exploitation (particularly children), or older persons without support structures, are exposed to protection risks, such as forced evictions, discrimination based on status, child rights violations and child labour, family separations and gender-based violence (GBV), such as rape and sexual assault, due to conflict and protracted displacement as well as natural hazards. Settlements are often ungoverned, or governed by gatekeepers, overcrowded and displaced people have limited access to protective shelter, safe water and sanitation facilities as well as other basic needs. Forced evictions in the first half of 2016 caused the displacement of nearly 75,000 people. Protection needs are increasing, with further insecurity surrounding the political process in urban settings, along with localized clan conflict.

An estimated 90,000 people were displaced by ongoing fighting in Gaalkacyo that began on 7 October 2016, 60 per cent of whom are IDPs suffering from secondary displacement.

## 3 Basic service delivery remains inconsistent and limited

As a result of gaps in development programming and insufficient funding, poor access to basic services continue to strain humanitarian interventions and impact vulnerable people, particularly women and children, weakening coping capacities, causing recurrent disease outbreaks and persistently high levels of malnutrition and distances the prospects for durable solutions for the displaced. An estimated 3.3 million people need access to emergency health care and 3.3 million women, girls, boys and men require improved access to water, sanitation and hygiene (WASH). Access to education also continues to be inadequate, with only 30 per cent of children accessing learning opportunities countrywide, and 3 million children are still out of school, with the majority of them in southern and central Somalia<sup>1</sup>.

## 4 Refugee returnees

As at 11 October 2016, since the end of 2014, a total of 31,226 Somali people have voluntarily returned from Kenya<sup>2</sup>, with the majority returning to Baidoa, Kismayo, Luuq and Mogadishu. An additional 28,688 people have also returned from Yemen in the same period. Furthermore, an estimated 6,000 individuals were displaced from Gashamo district in the Somali region of Ethiopia to Togdheer region, Somaliland, as a result of the June 2016 conflict. On arrival at their areas of origin or return, returning refugees will require shelter, either permanent or transitional, household items, protection and access to basic services, including education, health and WASH. While the humanitarian caseload is not substantial, information sharing regarding population movement and integration is challenging and requires strengthened coordination. Early indications show that the majority of returnees are moving to urban centres, increasing the burden on the already stretched and underfunded basic service delivery system.

<sup>1</sup> Educational Characteristics of the Somali People Volume 3, UNFPA, 2016

<sup>2</sup> Weekly update - voluntary returns from Kenya to Somalia, UNHCR Somalia, 11 October 2016

# IMPACT OF THE CRISIS

## Drivers of the humanitarian crisis and underlying factors

While resurgent conflict and endemic environmental hazards have rendered many of the country's estimated 12.3 million people<sup>3</sup> chronically or acutely vulnerable, 2017 presents the potential for drought to become the main driver of crisis. Continued political instability, forced evictions of IDPs<sup>4</sup>, ongoing armed conflict, and long-standing environmental stress are some of the drivers of vulnerability in Somalia. The Index for Risk Management (INFORM) ranks Somalia as the highest risk country globally, with a score of 9.2 out of 10<sup>5</sup>. There has been some progress politically, but political progress has not translated into socio-economic benefit for a large part of the population. The coverage and quality of basic social services in the country remains extremely low. According to the World Bank, the income per capita in Somalia is estimated at US\$435, making it the fifth poorest country in the world. The multidimensional nature of poverty is largely influenced by geographical, gender, age and other socio-economic and political factors, including displacement status and clan affiliation. While coping mechanisms and some forms of community-level assistance do exist, the seemingly endless cycle of human suffering continues unabated.

Unless significant development assistance is injected into the country to find longer term solutions, including for resilience and infrastructure to combat drought, Somalia will continue to be faced with protracted humanitarian needs. While the prospect of the implementation of the 2016 – 2018 Somalia National Development Plan provides opportunities and a commitment to ending need, the lack of development activities for basic services continues to put an inordinate strain on humanitarian interventions. Lack of access to basic services for youth, especially education and livelihoods opportunities, means they can easily tip into the vulnerable category, as well as encouraging outward migration in search of employment and increasing susceptibility of recruitment to non-state armed groups. With almost half of the population under 15 years old and nearly three quarters of the population under 30<sup>6</sup>, employment, the provision of basic services, notably education, is vital to ensure a better future for young Somalis. Somalia also ranks the fourth lowest country globally for gender equality (UNDP 2012). The humanitarian situation is exacerbating gender inequalities that are already severe, with women and girls being most disadvantaged across all sectors including, shelter, protection, food security, water and sanitation, health, nutrition and education.

### 1. Recurrent drought conditions drive food insecurity, malnutrition and cause disease outbreaks

Drought, caused by failure of successive rains, remains the most significant climatic driver of the humanitarian crisis in Somalia. As the economy is highly concentrated in the agriculture, livestock and fisheries sectors (approximately 60 per cent of total employment), which are typically characterized by low productivity and low value addition, lives and livelihoods are vulnerable to a wide range of shocks, including commodity price fluctuations, disrupted markets in some areas and land degradation. The majority of Somalis in rural areas depend on subsistence farming and pastoralism for their livelihoods, with men and women making significant contributions to the household economy and food production. Given the dependency of rural livelihoods on the seasonal calendar, the impact of up to four seasons of failed rains, with a fifth, the 2016 *Deyr* rains in jeopardy, in some areas has been so severe that recovery for many requires more than one beneficial rainy season to recover.

The 2015-2016 El Niño phenomenon had a severe impact on vulnerable people in Somalia - it worsened an already widespread drought in Puntland and Somaliland with a devastating impact on communities and their livelihoods, increasing food insecurity, cash shortages and resulting in out-migration and death of livestock. Those affects are now emerging in other areas of the country, specifically in Jubaland in the south. Somaliland and Puntland have experienced below average rains for up to four seasons, spanning two years, and affecting nearly 1.4 million people. The findings of the Somalia Interagency Rapid Needs Assessment (SIRNA) undertaken in March 2016 confirmed that even in drought-affected areas where rains had alleviated water shortages, the reliance on uncovered sources for drinking, and the limited use of water treatment either at source or at the household level meant that water quality was of major concern<sup>7</sup>. A more recent interagency assessment undertaken in Puntland in September 2016 highlighted that the situation has not changed markedly, but has not fully deteriorated due to concerted humanitarian response<sup>8</sup>. The initial performance and remaining prospects of poor *Deyr* (October - December) rains does not bode well for all regions currently affected by drought, with nearly 150,000 people requiring access to safe water, hygiene kits, food and nutrition support, health services, emergency education, and temporary

3 Population estimation survey Somalia, UNFPA, October 2014

4 Interagency Rapid Assessment March 2015

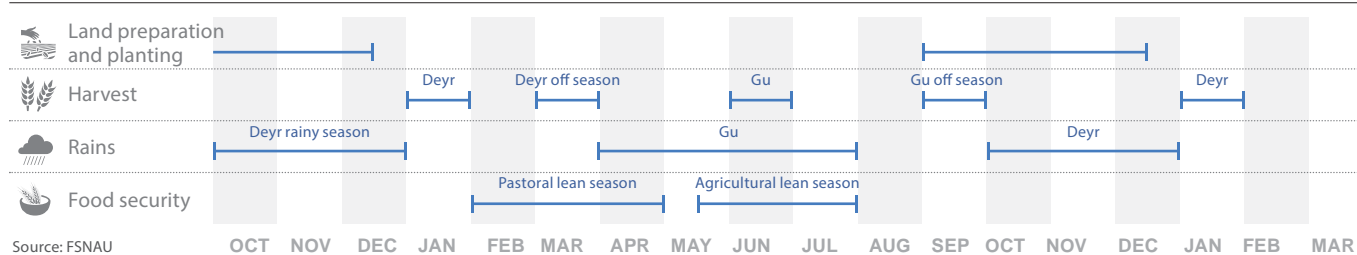
5 <http://www.inform-index.org/Countries/Country-Profile-Map>

6 Population estimation survey Somalia, UNFPA, October 2014

7 Report on Somalia Rapid Needs Assessment (SIRNA) for OCHA, REACH

8 Report on interagency assessment for drought affected regions in Puntland, September 2016

## TIMELINE OF CRITICAL SEASONAL EVENTS



shelter and non-food items (NFIs) In addition to seemingly endless drought, which has spread to Gedo region affecting approximately 76,000 people<sup>9</sup>. El Niño also caused flash-floods and flooding in riverine areas in southern and central regions. While it has returned to a neutral phase, its impact persists and remains alarming.

The following 2016 *Gu* rains (April – June) were poor, started late and ended early in most regions, leading to significant crop destruction and reduced agricultural labour opportunities. It also failed to adequately restore pasture and water resources to support normal livestock productivity. In Puntland and Somaliland, the rains started late and were often erratic and extended the dry spell. While the recent *Gu* rains, to some extent, improved pasture and water availability, livestock body conditions and health status remain very poor in parts of Somaliland. Poor rains have negatively impacted pastoralists who depend on them for their livelihoods. Foliage and pasture conditions in the pastoral areas are expected to deteriorate as a result of poor rainfall performance during the season. Mobility in search of water sources and greener pastures may also trigger conflict among pastoralists.

The already alarming food security situation in southern and central and north-eastern parts of Somalia is expected to deteriorate in the coming months with more people facing acute food insecurity due to poor 2016 *Gu* and *Hagaa* (June–July) seasonal rains. Conversely, areas around the Juba and Shabelle river valleys are also prone to seasonal flooding due to topography and precipitation patterns. Additionally, seasonal flash floods occur in areas in Galgaduud, Mudug and Nugaal regions, often with disastrous results on small-holder farmers and rural economies. Limited infrastructure, including flood bank retaining walls and water catchment or redirection systems, often expose the same communities to the effects of floods annually. The flooding that already affected riverine livelihoods and adjacent urban areas in parts of southern and central Somalia (Hiraan, Juba and Jowhar district of Middle Shabelle) during the *Gu* season, exacerbated the deterioration of food security in these areas, displaced over 70,000 people in Hiraan region, and triggered disease outbreaks and cut the harvest by half in areas such as Bay and Lower Shabelle regions, which is Somalia's principal bread basket.

In tandem with increasing food insecurity, lack of access to water and poor hygiene, acute malnutrition continues to worsen. There are now 320,000 children under age 5 who are acutely malnourished, with more than 50,000 children

severely malnourished and more vulnerable than any other group. Global acute malnutrition (GAM) is on the rise overall, with an increase of six per cent in groups with 'critical' levels ( $\geq 15$  per cent) over the past six months. In almost all of the past eight seasonal assessments, 'critical' GAM levels were reported in Gaalkacyo and Garowe IDP sites, as well as in Belet Weyne, Doolow IDP sites, north Gedo pastoral, Bay agro-pastoral, and north Gedo riverine. The persistence of severe levels of acute malnutrition highlights the protracted nature of the malnutrition crisis. Furthermore, since the beginning of the year, there were a total of 13,653 acute watery diarrhoea (AWD)/cholera cases and 497 (case fatality rate of 3.6 per cent) deaths reported. Of these, 58 per cent are children under age 5 and 47 per cent are women. Outbreaks of measles remain a problem in Somalia. The number of measles cases is much higher in southern and central regions in part owing to inaccessibility of 18 districts for immunization campaigns due to security concerns while many of the surrounding districts are partially accessible. However, there was a 41 per cent decrease in the number of measles cases reported, from 1,759 cases in June 2015 to 1,256 cases in June 2016. Somalia also celebrated for the second year in a row as certified polio-free. However, the current low coverage of immunization in Somalia and complacency is concerning. It could potentially result in re-importation of polio into Somalia.

## 2. Displacement continues to rise and increases exposure to protection risks

According to FSNAU, 60 per cent of the population that requires humanitarian assistance live in urban settings, which includes more than 1.1 million IDPs, 80 per cent of them women and children, who live in protracted displacement in unplanned and informal settlements across the country and require basic services, livelihoods, shelter and protection. The highest rates of acute malnutrition continue to also be found in IDP sites. Nearly 400,000 people live in over 480 informal and unplanned settlements in the capital, Mogadishu. This is the largest concentration of IDPs in the country, and 55 per cent of them live in the two peripheral districts – Deynile and Kaxda after facing a new round of eviction from areas closer to the centre of the city. An estimated 65,000 economic migrants and urban poor live alongside them in those settlements. By contrast, in Hargeysa's IDP settlements the majority of 56 per cent are economic migrants, and only 22 per cent are IDPs, mostly hailing from other parts of Somaliland. As many IDPs suffer from recurrent secondary

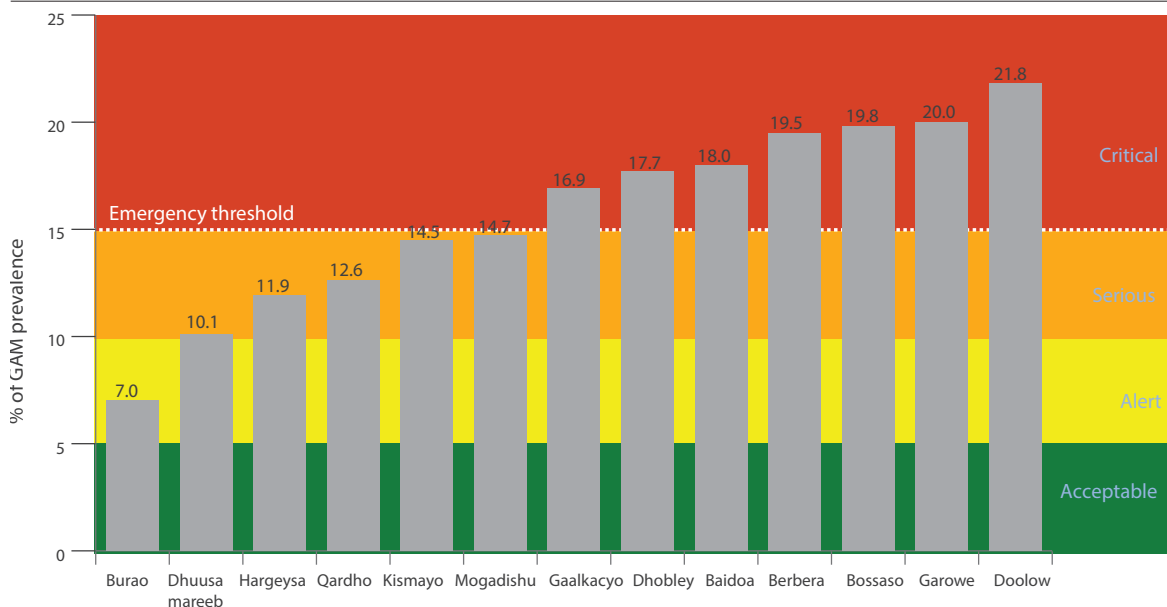
displacements, shelter and non-food items (NFIs) become a priority need. A review of existing IDP profiling and infrastructure mapping carried out in various settlements from 2014 to June 2016<sup>10</sup> suggests an increase of protracted internal displacement by 180,000 to almost 200,000 people since the last estimate. Based on historic patterns, the impact of increasing drought conditions will spur additional displacement as people seek relief.

Between January 2015 and June 2016, the internal displacement of 563,911 people was recorded, with armed conflict, clan violence and insecurity, forced evictions, flooding and drought the main drivers. Forced evictions are the second main cause of internal displacement, predominantly affecting urban centres. During this 18-month period, forced evictions have disrupted the lives of 218,923 persons, predominantly of pre-existing IDPs. Also of particular concern is the sustained displacement of rural communities in the borderlands with Kenya and Ethiopia, resulting in the disruption of pastoral lifestyles, displacement of border communities and an armed conflict environment. In the first half of 2016 alone, nearly 150,000 people were newly displaced (Belet Weyne and Jowhar floods, Belet Weyne conflict, drought in the north, and forced evictions, mostly in Mogadishu, Kismayo and Gaalkacyo), while almost 75,000 have been forced out of their homes by evictions lowering their coping capacity and resilience. More than 103,000 people were displaced by flooding, mostly along riverine areas, on account of a yearly recurrent phenomenon, and another 8,700 due to drought. It is vital to take steps to prepare communities for possible natural disasters in an effort to mitigate the impact that they can have on them, as well as provide them with protection, and shelter and non-food items support. The most recent conflict in October 2016, displaced an estimated 90,000 people due to ongoing violence in Gaalkacyo. Based on inter-agency rapid assessments, up

to 60 per cent of the IDPs are facing secondary displacement, and over 80 per cent of the displaced are women, children and elderly. The priority needs include emergency shelter, food, WASH as well as protection and health services. All the schools have been closed due to fighting, affecting over 20,000 learners, who require emergency education. Commercial activities are also impacted, leading to the disruption of livelihood activities, especially for IDPs.

There is an increased protection risk exposure in IDP settlements, such as for gender-based violence (GBV), including rape, sexual assault and harassment, and exploitation, child rights violations or forced evictions, and the high malnutrition rates among IDPs or their food insecurity levels. The political process at federal and regional levels has proliferated localized clan conflicts, whilst the ongoing political process has resulted in increased attacks in urban spaces, particularly in Mogadishu where improvised explosive device (IED) and remote controlled improvised explosive device (RCIED) attacks occur more often. Ongoing military operations have resulted in displacement, loss of life, destruction of civilian property and livelihoods, and increased rights violations, including GBV. Women and girls are particularly at risk of various forms of sexual violence and harmful traditional practices such as female genital mutilation, early and forced marriages, while boys and youth are at risk of forced recruitment. During population movements as result of ongoing military operations, family separation, particularly for children, is a common phenomenon. The protective environment for IDPs and civilians affected by the conflict remains weak and requires strengthening. This underpins the need for the further prioritization of the centrality of protection in the Somalia operation.

## MALNUTRITION TRENDS AMONG IDPS BY LOCATION



10 Data provided by UNHCR's Protection and Return Monitoring Systems implemented by the Norwegian Refugee Council (NRC), NRC's eviction tracker, assessments and profilings by the Protection Cluster and its members, the infrastructure mappings of the Shelter Cluster as well as information provided by other Clusters and organizations.

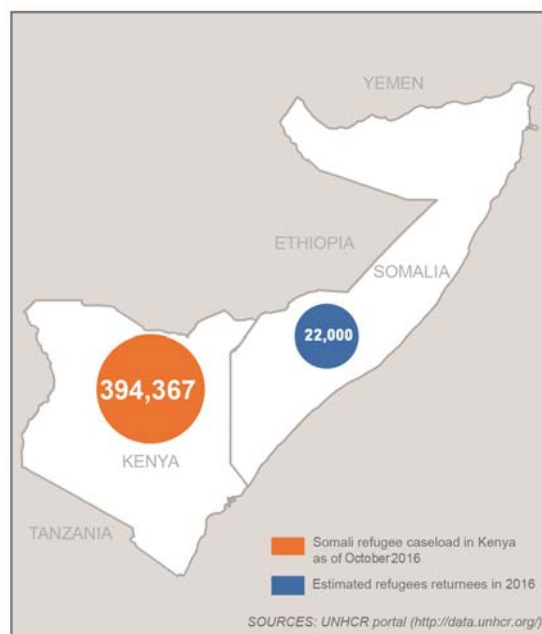
### 3. Limited access to basic social services

Somalia's basic humanitarian and development indicators remain among the worst in the world. Less than half the Somali population has an education<sup>11</sup>. Enrolment rates in have historically ranked among the lowest in the world with two generations deprived of schooling since the education system collapsed in the early 1990s. Therefore, access to education remains limited with just an estimated 30 per cent<sup>12</sup> of 4.4 million school-aged children accessing learning opportunities, while 3 million children remain out-of-school<sup>13</sup> in Somalia. In addition, only 17 per cent of children living in rural areas or in IDPs settlements are enrolled in primary schools and education attainment is higher in urban areas. In southern and central regions, 61 learning centres with 13,000 learners and 357 teachers are on the brink of closure. Access to health remains a challenge, in availability of facilities, drugs and supplies, and qualified personnel to provide services. The under 5 mortality rate (U5MR) of 137 per 1,000 live births is presently the third worst in the world. One in seven Somali children dies before their fifth birthday. Neonatal deaths (those in the first 28 days of life) occur at a higher rate than in any other country apart from Angola and Central African Republic. The maternal mortality ratio (MMR) in Somalia is also, at 732 per 100,000 live births, among the highest globally, which means that one in 18 women die during childbirth. The Health Cluster has estimates that about 3.3 million people need access to emergency health care. Unsafe water, low sanitation and poor hygiene practices make health and nutrition improvements even harder to attain. Overall, 45 per cent of the population of Somalia do not have access to a safe water supply and 37 per cent do not have access to basic sanitation. Inaccessibility due to insecurity and limited number of local service providers contributes to the high cost of providing services. In 2015, 55 per cent of Somalis had access to safe drinking water whilst 63 per cent have access to safe means of excreta disposal. Open defecation stood at 44 per cent for rural areas and 29 per cent overall (urban, rural, IDPs and nomadic pastoralists). The potential for contamination of water and food with human excreta is very high, and clearly other health and nutrition interventions cannot succeed without addressing this urgent issue. Recurrent poor rainfall performance also increases the vulnerability of the most in-need populations since there will be limited access and high cost of water.

### 4. Refugee Returnees

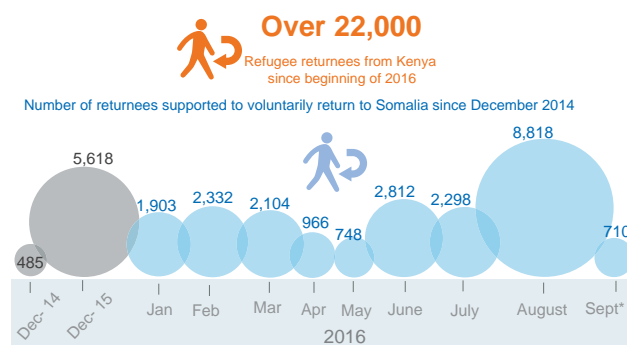
Local communities and local governments are under increased pressure to ensure security and provision of social services to the increasing number of Somali refugees returning back from Dadaab in Kenya. More than 75,000 refugees are expected to return from Kenya in 2017, mostly to urban centres such as Baidoa, Kismayo, Luuq and Mogadishu. Approximately 40 per cent of these are children of school going age<sup>14</sup> who need access to education in their area of origin. Moreover, children with special needs such as those

### ARRIVALS FROM KENYA (UNHCR)



in foster care and those who might arrived without caregivers will need to be tracked and supported. A recent survey by the UNHCR in Kismayo indicated that shelter and land tenure is the major obstacle facing the returnees. More than 80 per cent of the returnees have remained in Kismayo, while the rest have crossed to other areas or joined IDP settlements. Most of the needs of the returnees are the same as those facing the more than 230,000 people living in Kismayo. Since the end of 2014 until 11 October 2016, according to UNHCR, a total of 59,914 Somali people have voluntarily returned from Kenya (31,226) and Yemen (28,688). Furthermore, an estimated 6,000 individuals were displaced from Gashamo district in the Somali region of Ethiopia, as a result of conflict in June 2016. These people moved to the border areas of Togdheer region in Somaliland. The insecurity in many return areas is hampering populations to effectively reintegrate and is forcing refugee returnees to set up new settlements, join existing settlements, or squat with host families. It is vital that durable solutions for returnees are provided in tandem with integrated humanitarian assistance to IDPs to ensure that humanitarian needs in urban centres do not increase. Additionally, the protection risks that returnees face during the returns process are grave, therefore their safety and dignity must be held paramount.

### REFUGEE RETURNNEES



11 Population estimation survey Somalia, UNFPA, October 2014

12 Educational Characteristics of the Somali People Volume 3 UNPA 2016

13 Go-2-School Initiative 2013-2016

14 UNHCR WEEKLY UPDATE |Support to Voluntary Repatriation of Somali Refugees from Kenya (1 January to 31 July 2016)



## 5. Restricted humanitarian access and insecurity

The operating environment in Somalia remains dangerous and difficult. A combination of access-related constraints continues to impede the ability of humanitarian partners to reach people in need in a timely manner. Staff safety and security remain a major concern and continue to result into enhanced security measures amongst humanitarian organizations and an interruption of humanitarian operations. Between January and September 2016, over 100 violent incidents resulted in the death of nine, injury of 11, arrest and detention of 16, abduction of three and physical assault of five humanitarian personnel. In 2015, over 140 incidents that directly impacted humanitarian organizations led to the death of 17 humanitarian workers, injury of 18, and abduction of 11 and arrests of 38. The security threats are not limited to humanitarian organizations but extend to the beneficiary communities that are subjected to intimidation, threats, that sometimes escalate to violence. Delivery of humanitarian assistance remains risky business, with occasional riots and disruptions including armed attacks by a multiplicity of actors occurring during distributions, and at implementation sites. Disruptions at distribution sites have been increasingly recorded in Awdal region whilst isolated incidents have also been recorded in parts of southern and central Somalia.

Roadblocks and checkpoints in southern and central Somalia manned by armed actors continue to severely hamper the delivery of humanitarian assistance. Non-state armed actors have continued to implement economic ban in areas in the Bakool, Bay, Gedo and Hiraan regions affecting transfer of humanitarian supplies and basic commercial commodities. The proliferations of checkpoints manned by armed actors also continue to restrict road access along major access routes and to affect transfer of both humanitarian and commercial supplies. Overall road access still remains severely constrained in 27 districts in southern and central Somalia, and in the contested Buuhoodle district in the north. As in previous years, the three main roads most affected remain Belet Weyne-Bulo Burto-Mogadishu, Mogadishu-Baidoa-Doolow and Mogadishu-Baraawe-Kismayo. While some progress has been, made including the negotiation of access to areas such as Xudur in Bakool, humanitarian organizations are still only able to access, Bulo Burto (Hiraan), Dinsoor (Bay), Garbahaarey (Gedo) and Waajid (Bakool) by air. Road access limitations continue to result in increased operational and transportation costs for humanitarian agencies delivering food to the affected areas. They also increase commercial food prices as traders transfer the high cost of operating in insecure areas to consumers.

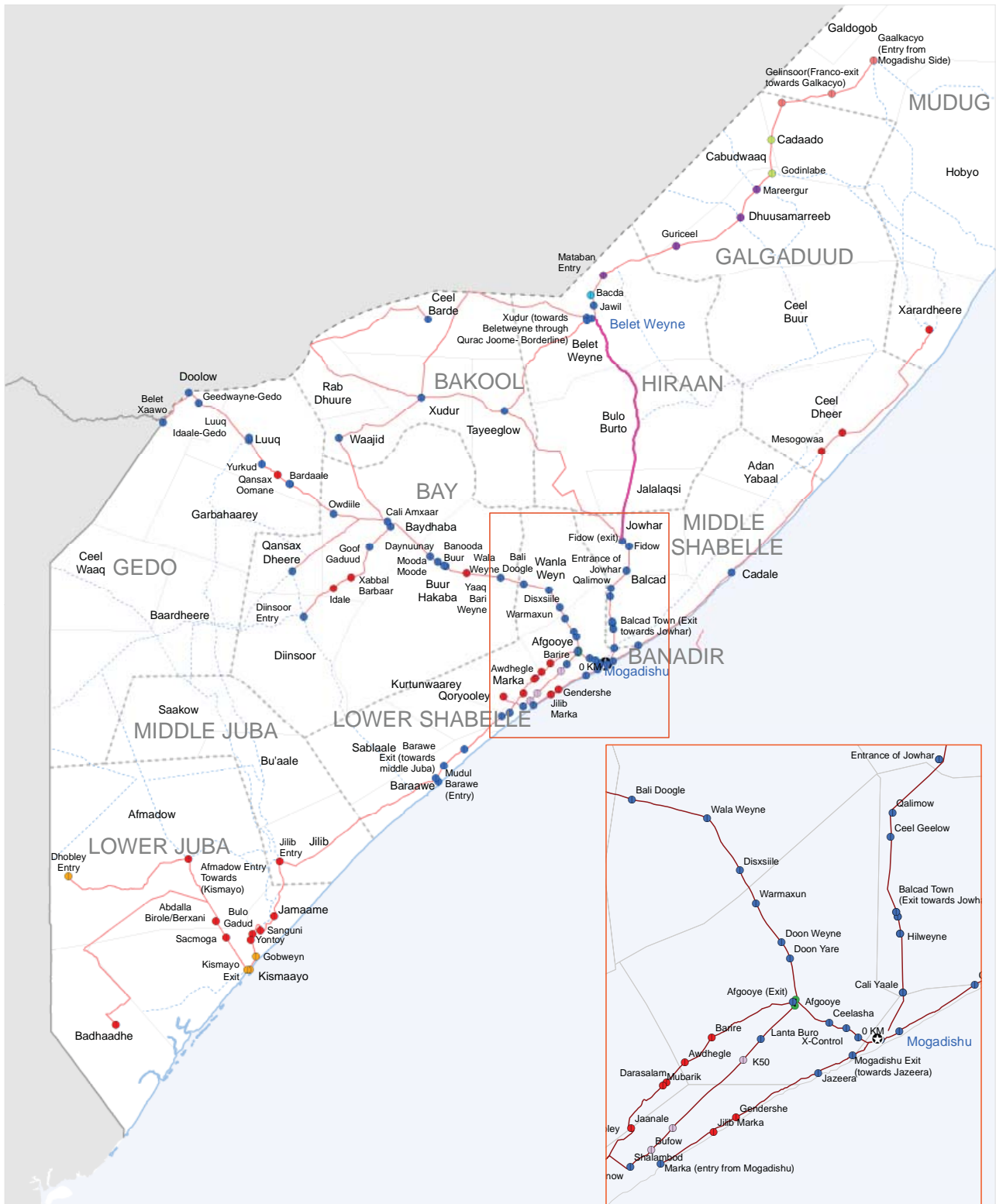
Military operations have also continued to compound the access challenges. The African Mission in Somalia (AMISOM) and Somalia National Armed Forces (SNAF) troop realignment and reconfiguration exercise, which partly entails troop withdrawals leave the local population and humanitarian organizations very vulnerable as non-state sponsored militias move in and occupy the vacated locations.

## CONFLICT BY REGION



Suspension, disruptions and / or relocation of humanitarian programmes and withdrawal of humanitarian personnel linked to troop withdrawals and subsequent assumption of control of the respective areas by non-state armed actors and general insecurity were recorded in areas in Bakool, Gedo, Hiraan, Lower Shabelle and Lower Juba regions in 2015 and the first quarter of 2016 and in June and July 2016. The relocation of these projects often leaves people in need in the affected location with no alternative means to meet their needs. The regulatory environment for humanitarian activities also remains a key concern. Humanitarian organizations have continued to report significant increases in bureaucratic impediments particularly in Puntland and southern and central Somalia. On average humanitarian partners' record over ten bureaucratic constraints related incidences in a month. The incidents include multiple registration requirements including payments of registration fees, arbitrary taxation amongst others. To enable aid to be more efficiently delivered to people in need, humanitarian organizations continue to advocate with the authorities to expedite the processes to put in place fixed enabling regulatory frameworks and to revisit taxation requirements for aid agencies.

CHECKPOINTS IN SOUTHERN AND CENTRAL SOMALIA



10



| Legend                                | Checkpoints operated by                  |
|---------------------------------------|--|
| National capital                      | Jubaland Administration                  |
| Somalia Major Roads                   | Al Shabaab                               |
| Non Functional Roads                  | SWS Regional Security Forces             |
| Roads where mapping is under progress | Byrannal Clan Militia                    |
| Coastline                             | SWAF                                     |
| Regional boundary                     | Galmudug Security Personnel              |
|                                       | ASWJ                                     |
|                                       | Hawiye Clan Militia (Habaridhe Subclan)  |
|                                       | Hawiye Clan Militia (Habarjirdi Subclan) |

**Map Reference:** 161026\_Static Checkpoints in Southern and Central Somalia  
**Creation Date:** 26/10/2016  
**Projection/Datum:** Geographic/WGS 84  
**Web Resources:** <http://www.unocha.org/somalia>  
**E-mail:** [ochasomaliainfo@un.org](mailto:ochasomaliainfo@un.org)  
**Nominal Scale at A3 paper size:** 1:500,000

**Map data source(s):**  
 All Admin. layers: UNDP Somalia (1998)  
 Breakage data: FAO-SWALIM (Feb 2016)  
 AMISOM bases: UNSOS 2016

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 The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## BREAKDOWN OF

## PEOPLE IN NEED

Somalia remains in a state of 'chronic catastrophe', characterized by a complex political environment, extreme poverty, food insecurity, conflict and instability<sup>15</sup>.

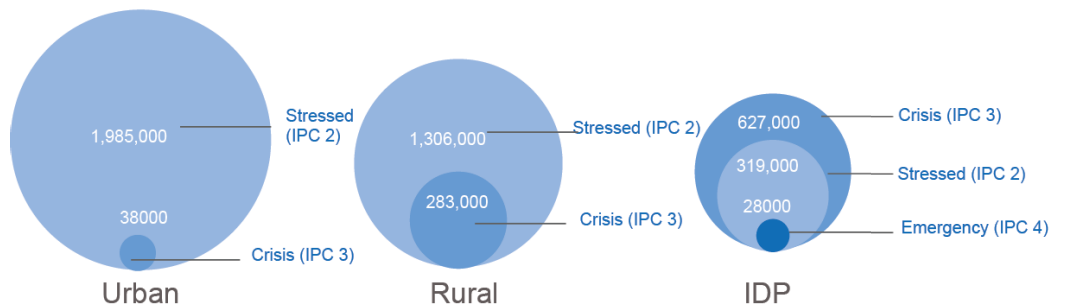
## NUMBER OF PEOPLE IN NEED BY REGION

About five million Somalis, or more than 40 per cent of the total population, do not have sufficient food<sup>16</sup>. This includes 320,000 children under age 5 who are acutely malnourished, hereof 50,000 children who are severely malnourished and more vulnerable. Efforts to reduce levels of vulnerabilities continue to be undermined by irregular weather patterns which have influenced the food and nutrition situation. An estimated 3.3 million people need access to emergency

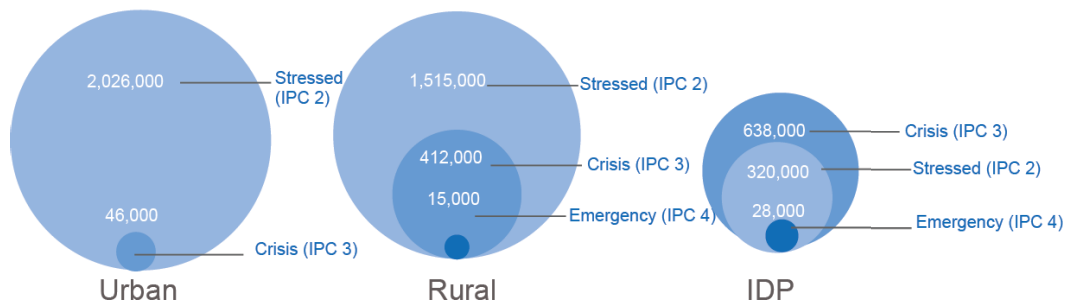
health care and 3.3 million women, girls, boys and men require improved access to water, sanitation and hygiene (WASH). Nearly 3 million children remain out-of-school<sup>17</sup>. An estimated 1.1 million women, girls, boys and men live in situations of protracted internal displacement with elevated exposure to protection risks and limited solution prospects.

## IPC Acute food insecurity Situation in Somalia (post Gu)

Current: July 2016



Projection August to December 2016



● people in Emergency ● people in Crisis ● people in stress

The situation is expected to worsen in the coming months to early 2017, due to the predicted La Niña event during the *Deyr* season (October – December). The projected poor rainfall within a context that is already experiencing a myriad of challenges that will likely result in an increasing number of

acutely food insecure poor households and disease outbreaks, particularly in the southern, central, and northeastern regions.

15 <https://coar.unicef.org/coar/CoarPrint.aspx?CoarId=50>

16 FSNAU, 2016

17 Educational Characteristics of the Somali People Volume 3 UNFPA 2016

# SEVERITY OF NEED

Various sources depict a concerning picture of the severity of need in Somalia. These include the Food Security and Nutrition Analysis Unit for Somalia (FSNAU), a project managed by the Food and Agriculture Organization (FAO) of the United Nations, and the Famine Early Warning Systems Network (FEWS NET) the active participation of Government institutions and other partners.

Approximately 1.1 million people face food security ‘crisis’ (IPC 3) and 43,000 more people will be in ‘emergency’ (IPC 4) across Somalia through December 2016, according to the latest findings from a countrywide seasonal assessment. Additionally, 3.9 million people are classified as ‘stressed’ (IPC 2) through the end of the year, bringing the total number of people facing acute food insecurity across the country to five million. Compared to six months ago, these figures represent an increase of approximately 20 per cent in the number of people in ‘crisis’ and ‘emergency’, and a five per cent increase in the number of people in ‘stressed’ phase.

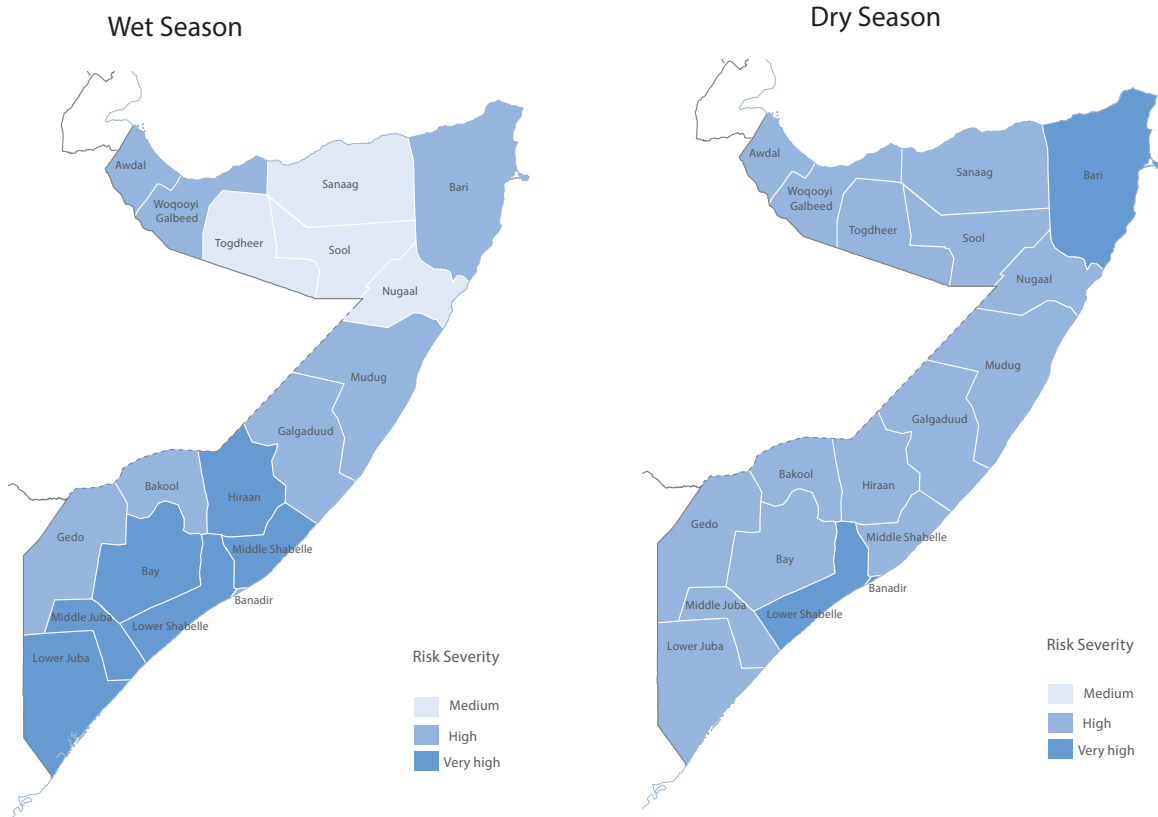
the ‘critical’ threshold (15 per cent) in 14 out of 28 rural and displaced population groups surveyed. Severe acute malnutrition (SAM) is ‘critical’ (4.0-5.6 per cent) in seven out of 28 rural and displaced population groups surveyed.

The WASH Cluster has updated its 2016 vulnerability map using data on improved water and sanitation access, AWD/cholera outbreaks, risks of flooding and drought, IDP numbers and malnutrition rates. The map has been statistically generated using multi-criteria analysis and the best available datasets and shows a concerning outlook.

Global acute malnutrition (GAM) prevalence is above

RISK MAPS

## Seasonality risk maps



\*\*Based on access, AWD/cholera risk, floods risk, drought risk, number of IDP

# PART II: NEEDS OVERVIEWS BY SECTOR

## INFORMATION BY SECTOR

-  Education
-  Food Security
-  Health
-  Nutrition
-  Protection
-  Shelter
-  Water, Sanitation & Hygiene

## INFORMATION GAPS AND PLANNED ASSESSMENTS

## EDUCATION

### OVERVIEW



Poor education conditions have persisted with enrolment rates historically ranked among the lowest in the world, with two generations deprived of schooling since the education system collapsed in early 1990s. The Ministry of Education continues to have limited outreach in southern and central Somalia and does not have a functioning Education Information Management System (EMIS) in place. Accurate data on enrolment therefore continue to be a challenge. However, an estimated 30 per cent<sup>18</sup> of children have access to education in southern and central Somalia and 57 per cent in Puntland<sup>19</sup> respectively. Of the 70 per cent of children estimated to lack access to education in Somalia, substantial numbers are internally displaced. Access to education remains limited with just an estimated 30 per cent<sup>20</sup> accessing learning opportunities while 3 million children remain out-of-school, with the most affected in southern and central Somalia. In addition, only 17 per cent of children living in rural areas or in IDPs settlements are enrolled in primary schools<sup>21</sup>. In terms of access to education, the most disadvantaged are girls as families tend to prioritize boys over girls, which leads to a high gender disparity both at school and employment opportunities. Studies in Somalia have demonstrated a high drop-out rate and most of the children, particularly girls, leave school before they reach grade five. Furthermore, already volatile communities and local governments are under increased pressure to ensure security and the provision of basic social services to the increasing number of Somali refugees returning from Dadaab in Kenya. More than 100,000 refugees<sup>22</sup> are expected to return in 2017, including an estimated 40 per cent children in school going age<sup>23</sup> who need access to education in areas of return.

The increasing drought in Puntland and Somaliland, exacerbated by El Niño, has affected 30 per cent of children and youth already in school<sup>24</sup>. In 2017, the weather forecast<sup>25</sup>

suggests the drought conditions might continue and will have a severe impact on children and youth in schools across Puntland and in parts of southern and central Somalia. The low level of humanitarian funding for education has also severely limited the ability to implement education in emergencies activities to meet the needs of children suffering in humanitarian emergencies. The majority of children in IDP settlements have been severely affected by school closures given the lack essential basic services. In 2016, at least 28,000 children have dropped out of learning centres due to the lack of support for teachers, specifically emergency teacher incentives, and 142 learning centres have shut down and others are on the brink of closure in Banadir, Bay, Galgaduud, Lower Shabelle, and Middle Shabelle regions<sup>26</sup>.

A number of cluster assessments in 2016 (SIRNA, education cluster, multi-cluster assessments and baseline survey) have identified educational gaps and needs. These gaps and needs are due to lack of adequate learning facilities, teachers, basic emergency teaching and learning materials amongst internally displaced children as well as other most vulnerable children. An average of 90 per cent of schools do not have access to safe drinking water and 61 per cent of school do not have functional latrines<sup>27</sup> across southern and central Somalia, excluding Banadir region. The lack of appropriate access to WASH facilities increases the risk of waterborne diseases such as AWD/cholera. In addition, it inhibits girl from accessing education services, especially in upper primary and secondary school. Many children continue to face serious protection threats with key issues of concerns being lack of access to education opportunities as well as psychosocial support, recruitment to armed groups<sup>28</sup>, child labour, forced marriages, sexual violence and exploitation, physical attack and forced displacement among others.

Continued inadequate support for education mostly in southern and central Somalia will decrease the likelihood of enrolling out-of-school children while also increasing teacher attrition, school closure and drop-out in 2017.

18 Ibid

19 Puntland Education Statistics Yearbook 2015/16

20 Educational Characteristics of the Somali People Volume 3 UNFPA 2016

21 Ibid

22 UNHCR Plan of Action: Voluntary Repatriation of Somali Refugees from Kenya and their Reintegration in Somalia, June 2016

23 UNHCR Weekly Update |Support to Voluntary Repatriation of Somali Refugees from Kenya (1 January to 31 July 2016)

24 Somalia Rapid Needs Assessment (SIRNA) for drought affected areas in Puntland and Somaliland May 2016

25 <http://www.faoswalim.org/content/somalia-Deyr-2016-rainfall-outlook>

26 Education Cluster Survey (May 2016)

27 Somalia Education Baseline Survey 2016

28 UN Secretary-General Report on the Children and Armed Conflict - May 2016

#### CHILDREN DROPPED OUT

**28,000** children  
have dropped out of  
learning centres



#### CHILDREN IN NEED

**3 M** of school-age  
children out  
of school



#### SCHOOL ENROLMENT

**30%** of the students  
in southern  
and  
central Somalia



# FOOD SECURITY

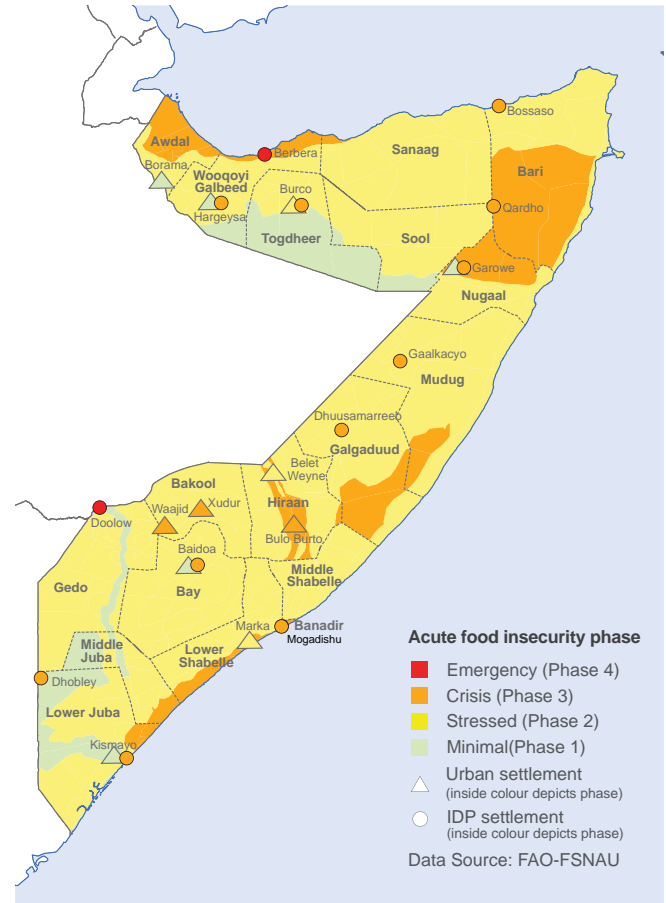
## OVERVIEW



Food insecurity is most severe for five million Somalis, which is more than 40 per cent of the country's population. Approximately 1.1 million people face 'crisis' (IPC 3) and 43,000 more people will be in 'emergency' (IPC 4) across Somalia<sup>29</sup>. Nearly 80 per cent or 3.9 million people have been classified as 'stressed' (IPC 2) through the end of the year and require urgent support to reduce the risk of sliding into 'crisis'. This is an increase of approximately 20 per cent in the number of people in IPC phases 3 and 4 and a five per cent increase in the number of people in IPC 2 compared to the first half of 2016.

Low livestock and agricultural production is reported in rain deficit areas in the northeast and parts of southern and central Somalia, adversely affecting food security outcomes in these areas. Improvements are expected in pastoral areas with the exception of livelihoods zones in the north west, east and central regions where food security is deteriorating due to continued under-performance of seasonal rains. Despite having access to saleable livestock households has accrued debts during migration in *Gu*, for agro pastoralists in the southern and central regions, the January harvest is expected to be below average given the poor performance to date and forecast for the *Deyr* rainfall across most of the country, compounding a below average *Gu* harvest. The 2016 *Gu* harvest is projected to be 30 to 50 per cent below average in southern and central Somalia, or 65,000 tonnes, according to FSNAU. This is 49 per cent below long-term average (1995-2015) and 20 per cent below the five-year average for 2011-2015. The cowpea belt agro-pastoral livelihood zone in central Somalia (Galgaduud and Mudug regions) has been classified as in 'crisis' (IPC 3) due to the near complete crop failure and poor livestock performance during the disappointing 2016 *Gu* season. However, in the northwest

## 2016 ACUTE FOOD INSECURITY PROJECTION



parts of the country, the anticipated 2016 *Gu /Karan* cereal production is estimated at 43,850 tonnes, which is 96 per cent higher than the five-year average for 2011-2015 due to above average *Gu /Karan* rains and increased agricultural input support bringing temporary relief to immediate drought conditions. This is expected to ease the food

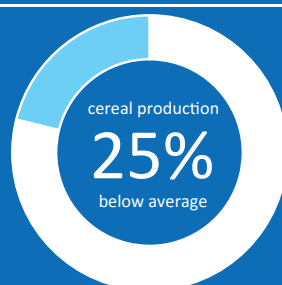
<sup>29</sup> The integrated food security phase classification (IPC) is a set of tools and procedures to classify the severity of food insecurity using a widely accepted five-phase scale. At the area level, it divides areas into the following phases: IPC Phase 1=Minimal; Phase 2=Stressed; Phase 3=Crisis; Phase 4=Emergency; and Phase 5=Famine.

### NORTHEASTERN SOMALIA

cereal harvest  
**37%**  
of 5 year average



### SOUTHERN SOMALIA



### FOOD INSECURITY

**40%**  
of the population are food insecure



## FOOD SECURITY

insecurity situation in the area. Nevertheless, cereal prices are expected to remain above average. With below average income, it is expected that poor households will face difficulty meeting food and non-food needs.

The IDP population is consistently more vulnerable, with the estimated 1.1 million affected by the food security and nutrition crisis. The numbers of food insecure people are expected to increase in coming months to early 2017 during the *Deyr* season associated with below average rainfall within a context that is already experiencing multiple drivers of needs, most significantly sustained drought conditions, along with locally significant flooding, conflict and access challenges including trade disruption, as well as increased refugee returns and continued population displacement. Consequently, an increasing number of poor households are expected to face 'crisis' (IPC 3) acute food insecurity particularly in the southern, central, and northeastern regions.

Efforts to reduce levels of vulnerabilities continue to be undermined by irregular weather patterns, which have negatively influenced the food and nutrition situation.

### URBAN DWELLERS



### IDPS



### BANADIR (MOGADISHU)





## HEALTH

## OVERVIEW

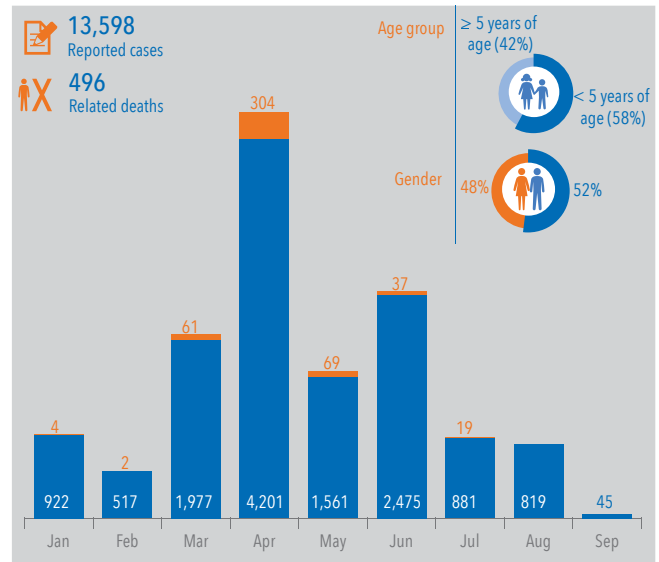


The health sector in Somalia is in critical situation with one of the worst health indicators in the world. The high risk groups are 2.4 million children under age 5 and more than 3 million women of child-bearing age. There are multiple contributory causes to the unacceptably high levels of neonatal, infant and child mortality, the most significant of which are: neonatal issues, acute respiratory illnesses, diarrhea, vaccine preventable diseases and malaria. The high maternal mortality ratio relates to the fertility rate for women, which is one of the highest in the world. The average fertility rate is 6.6 children per woman, with unmet need for birth spacing at 26 per cent. At least 98 per cent of women experience female genital mutilation/cutting, leading to serious obstetrical and gynecological complications. Other contributors to the unacceptable level of maternal death are the limited of antenatal care, only accessible to a quarter of women; the low proportion of births attended by skilled medical personnel (only a third); and the inadequate facilities for emergency maternal care. The leading causes of infant and child mortality are illnesses such as pneumonia (24 per cent), diarrhoea (19 per cent), and measles (12 per cent), as well as neonatal disorders (17 per cent)<sup>30</sup>.

Polio transmission was interrupted in 2015/6 but routine immunization coverage remains very low. Excluding newborn tetanus coverage, all main antigen immunization coverage rates are below 50 per cent of the targeted population<sup>31</sup>. A positive development reached over deaths attributed to malaria over the recent years. This is mainly due to antimalarial interventions such as encouraging people to sleep under long-lasting insecticide-treated mosquito nets – the rate of usage of these in the southern and central regions, where malaria is endemic, is currently 29 per cent (UNICEF situation report, 2016).

30 <http://www.unicef.org/somalia/health.html>  
31 UNICEF situation analysis of children in Somalia, 2016  
32 WHO CSR data, as of 31 August 2016

## ACUTE WATERY DIARRHOEA



Furthermore, southern and central regions have been experiencing major increase of AWD/cholera cases in 2016. As end September, a total number of 13,643 suspected cases of cholera, including 497 deaths were recorded in the WHO Diseases Surveillance system<sup>32</sup>. To date, the AWD/cholera outbreak has affected 25 districts in the southern and central regions of Somalia. Of the 100 stool samples collected from different sites, 45 stool samples (45 per cent) were tested positive for *Vibrio cholera* serotypes Inaba and Ogawa. Insecurity, poor health seeking practices and population awareness, lack of functioning referral systems, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks.

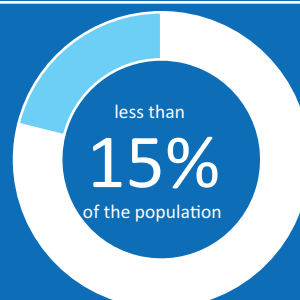
All health partners procure medical supplies from other countries as existing drug companies are non-complaint with WHO standard but delay in cargo delivery result in frequent stock-out of health facilities across the country. Furthermore, essential facilities and platforms necessary for effective

## CHILD MORALITY

**1** out of **10**  
children  
die before age one



## ACCESS TO HEALTH PROVIDERS



## WOMEN HEALTH

**1** out of **18**  
women die during pregnancy

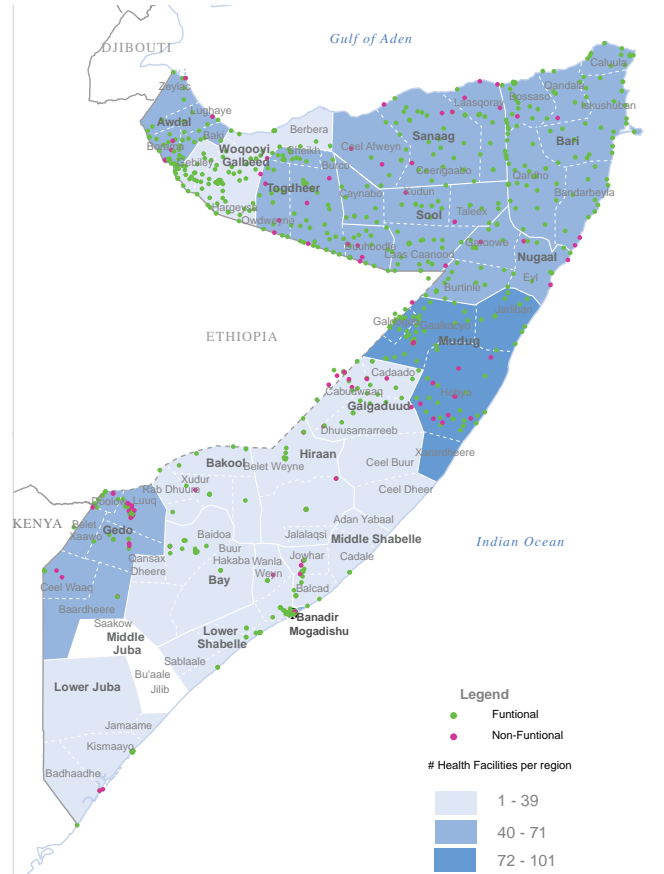


# HEALTH

healthcare service delivery are weak or non-existent. These gaps only contribute to exacerbate an already fragile situation and the severity of the continuing humanitarian crisis.

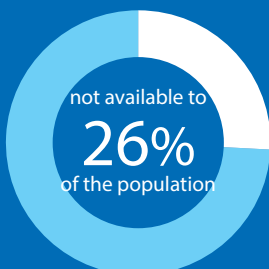
Consequently, about 3.3 million girls, women, boys and men in Somalia need emergency health services. Health expenditure remains very low and there is critical shortage of capacity for a health workforce. The total number of available human resources for health is 9,566 in 2014 including 638 physicians, 2,737 registered nurses, 747 registered midwives, 3,650 auxiliary midwives and 179 'Marwo Caafimaad' (FHWs)<sup>33</sup>. WHO's minimum threshold for health worker-to-population ratio indicates that around 30,000 skilled health workers are required. Secondary healthcare service provision remains dismal with a glaring gap in hospital based service provision. These include vital hospitalization services for mothers and children, treatment of the increasing number of patients suffering of chronic and non-communicable diseases, and inadequate referral capacity to hospitals, stabilization centres and laboratory facilities.

## HEALTH FACILITIES IN SOMALIA



33 Health Workforce Assessment Reports for southern and central, north west and north east zones, 2014

### EMERGENCY SERVICES



### HEALTH PERSONAL DIFICIT



### CHILDREN (<5)



## NUTRITION

### OVERVIEW



Somalia is one of the top ten countries with highest prevalence of malnutrition in the world<sup>34</sup> and the third highest in the eastern and southern Africa region with 15.6<sup>35</sup> per cent global acute malnutrition (GAM) amongst children under age 5 with 3.6 percent being severely malnourished. Widespread acute malnutrition continues to persist across Somalia<sup>36</sup> and the rates of malnutrition have remained unchanged for the last thirty years<sup>37</sup>. Contributing to the high levels of child acute malnutrition are the persistently continued complex emergency that is currently driven by drought as well as continued conflicts, displacements and disease. Similarly, as per the Somalia 2011 MIC, for children at higher risk of nutritional deprivation includes those living in a poor household headed by a male, under the care of a young mother. Some studies also showed a strong correlation of high prevalence of malnutrition and poor water and sanitation, poor health seeking behaviour, sub optimal child feeding practices, which is in line with the UNICEF conceptual framework of malnutrition. There has been a number of aggravating factors that threaten to further worsen the nutrition situation in Somalia throughout 2016, with drought eclipsing floods as the main concern as a result of El Niño. The latest nutrition causality analysis (NCA) study, conducted by the strengthening nutrition in Somalia (SNS) consortium with support from WFP, across six locations in southern and central Somalia between March and November 2015, showed that the causes of acute malnutrition are multiple and complex. They include less known underlying drivers in need of urgent attention, as well as factors already documented. Unsurprisingly, the NCA research has confirmed that as well as insecurity, climatic and seasonal factors and notable poverty amongst some communities, dominant child care practices and select socio-cultural beliefs remain core drivers of malnutrition in southern and central regions, due to their

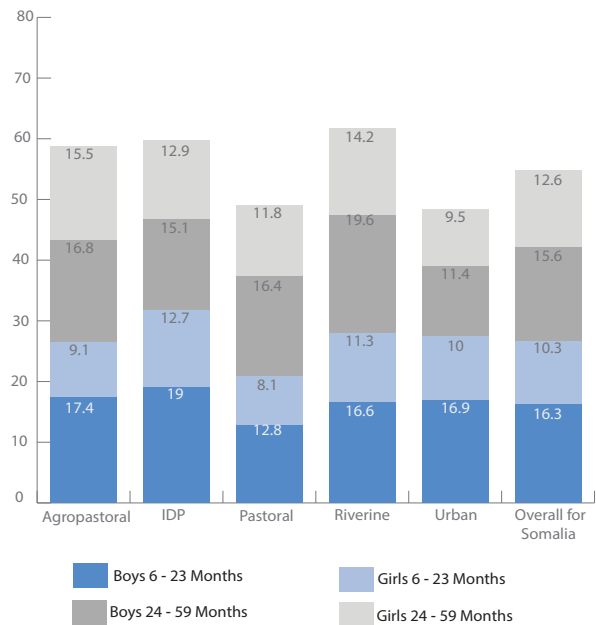
34 State of the World Children report, UNICEF 2014.

35 Nutrition Situation: FSNAU post-Gu, August 2015

36 FSNAU 2015

37 Physical Status: The use and interpretation of Anthropometry. Report of a WHO expert committee, 1995. Chapter 5, p208 & 21

### 2016 NUTRITION SITUATION PROJECTION



negative impact on the lives, livelihoods and nutrition status of the communities studied. In all communities studied, weak infant and child feeding and care practices, combined with poor hygiene, the lack of basic health and WASH facilities and women's excessive workloads, which commonly take mothers away from their very young children, are seen to have a major impact. Dominant socio-cultural beliefs and related social norms, including dietary taboos and, in some communities, young marriage and childbearing ages for girls, female-genital mutilation and the growing phenomenon of female-headed households in many areas, widely impact adversely on the health, well-being and nutritional status of communities studied. Dominant beliefs about the "inadequacy" of a mother's breast milk to satisfy

### MALNUTRITION

**15.6%** global acute malnutrition

**3.6%** severe acute malnutrition

### MALNUTRITION

**700k** children <5 are acutely malnourished

**150k** children <5 are severely malnourished

## NUTRITION

the needs of her new-born, continue to fuel diarrhea and heightened vulnerability among infants. The lack of adequate basic health, nutrition, education, WASH and other services continues to negatively impact on nutrition status. So too do limited or non-existent income generation opportunities for more vulnerable community members. In farming and pastoral areas, many respondents noted with concern the lack of support to strengthen community skills (agricultural and livestock related) and their lack of access to resources like livestock specialists, basic farm equipment and quality seeds, which they perceive could help to increase local production, strengthen livelihoods and nutritional status. Limited access to income across the assessed communities impacts significantly on their ability to meet their basic needs, including for health care and education, most of which services remain private. Asset poor communities also display a limited social support system, which heightens their vulnerability to poor health and malnutrition.

As per the recent FSNAU post-*Gu* 2016 food security and nutrition assessment findings, the current global acutely malnourished population in IDPs settlements and rural livelihood zones assessed increased by 19 per cent and 6 per cent respectively, where in 2015 nearly 304,700 were acutely malnourished compared to 323,350 in 2016. The current FSNAU post-*Gu* 2016 result revealed that the current poor nutritional situation identified in most of the IDPs settlements and rural livelihood zones will either deteriorate or sustain in 'serious' or 'critical' situation. In other words, the forecast indicates no nutritional improvement until the end of this calendar year as result of food and non-food related aggravating factors. Moreover, malnutrition levels among IDPs in Somalia mainly Doolow, Garowe and Gaalkacyo are sustained at 'critical' levels over the past two years, while others are fluctuating between 'serious' and 'critical' levels, namely: Baidoa, Bossaso, Dhobley, Dhusamareeb, Kismayo, and Mogadishu. Recent assessments showed higher prevalence of GAM in boys compared to girls across

all children under age 5. The difference was statistically significant in all areas surveyed.

Acute malnutrition in children 6-59 months is a direct outcome indicator of recent changes in nutritional status which could be attributed to changes in Food security, WASH and health situations among others. The significant deterioration of malnutrition situation seen among the IDPs can be attributed to high morbidity (disease incidence), low humanitarian support, poor child feeding and caring practices. Similarly partners on the ground generally felt that Food insecurity, limited health service availability like poor EPI coverage and increased morbidity, poor health seeking behaviour, and difficulty of accessing clean water supply are driving factors for the current situation. Further analysis on the seasonal surveys conducted by FSNAU from 2007 to 2016 reveal that acute malnutrition trends remains consistent with an emergency level of GAM/SAM threshold with no significant variations in the malnutrition rates over the years ( $p>0.05$ ).

The need/burden in the cluster is estimated to be 850,050 acutely malnourished children of whom 150,000 are severely malnourished children. This further reveals 700,050 children under age 5 are moderately malnourished in Somalia.

## PROTECTION

### OVERVIEW



Somalia's 1.1 million IDPs live in protracted displacement in unplanned and informal settlements across the country. Mogadishu hosts the largest concentration of IDPs with nearly 400,000 living in 486 settlements, which paints a grim picture of structural inequality, social marginalization and discrimination. While the situation may vary from location to location, the internal displacement profiling in Mogadishu suggests that these factors are among the hindrances to durable solutions. IDPs face elevated protection risk exposure as the settlements that they reside in are often ungoverned, or governed by arbitrary gatekeepers, overcrowded and with limited access to protective shelter, safe water and sanitation facilities as well as other basic needs. Forced evictions, the lack of social protection and land tenure rights that accompanies displacement further adds to IDPs' exposure to protection concerns.

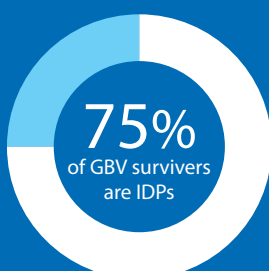
Protection needs are on the rise, caused by negative coping mechanisms in response to drought and increased insecurity surrounding the political process in urban settings, along with localized clan conflicts that are intertwined with the broader non-international armed conflict. The use of non-traditional and unofficial armed groups has fostered an environment of impunity whereby the civilian population is faced with a heavily militarized and unaccountable group that does not adhere to any traditional or formal mediation mechanisms or platform. Protection violations include extrajudicial killings, arbitrary arrests, abductions, a rise in illegal checkpoints, and exposure to risk on hazardous routes. Moreover, insecurity has resulted in limited humanitarian access and movement of affected populations; populations that are in dire need of mobility in order to access basic services.

Gender-based violence (GBV) remains rampant and pervasive in Somalia, affecting mostly women and girls, and is particularly high in IDP settlements. According to Gender-based Violence Information Management System

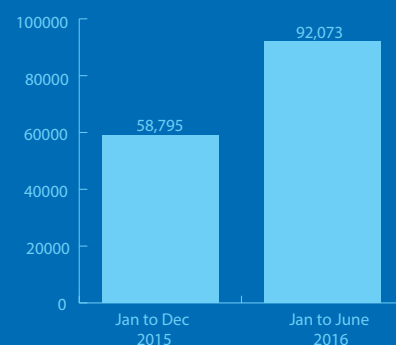
(GBVIMS) data for the first half of 2016, 76 per cent of GBV survivors were IDPs, while 99 per cent were female. Over half (52 per cent) of the reported GBV incidents were physical assault, followed by incidents of rape accounting for 16 per cent of reported GBV incidents; 68 per cent of GBV cases were categorized as intimate partner violence. Gender inequality, power imbalances, a weak functioning justice system, non-State fulfillment to international human rights treaties, protracted conflict and displacement all contribute to a protection environment that leaves women and girls especially vulnerable to gender-based violence.

In the first half of 2016, 962 boys, and 410 girls were reportedly forcibly recruited and used by armed forces and groups. As compared to 2015, when 859 were affected by forced recruitment and use, this presents yet another steep increase of this grave child rights violation. Application of different legal regimes between the federal government and the Government in Puntland continues to put children at risk with up to 38 children still held in prisons in Puntland. Arbitrary detention of children on security-related charges continue to put children at risk. During the first half of 2016, up to 249 children of such arbitrary arrest and detention was reported, mainly perpetrated by government security forces. Of concern remain involuntary family separations, which regularly occur in situations of new displacement due to disaster and conflict. There have been cases reported of family separation in Gaalkacyo following the evacuation of the town at the end of 2015, and in Belet Weyne following flooding and clan conflict. Unaccompanied and separated children have been identified across the country as a result of the drought and conflict and children sometimes find themselves in complex care arrangements. There has been significant cross border movement of unaccompanied and separated children from Kenya, Yemen and Ethiopia to different parts of Somalia, which has further heightened the vulnerability of children and exposed children to various child protection risks such as

### GENDER BASED VIOLENCE



### CONFLICT RELATED DISPLACEMENTS



## PROTECTION

recruitment, trafficking, GBV and hazardous labour.

The serious residual threat posed to civilians by explosive hazards remains a direct threat to their lives, physical integrity and inhibits their freedom of movement, which often is essential for survival. The potential loss of life due to improvised explosive devices (IEDs), explosive remnants of war (ERW) and landmines, adversely impacts on the safe return of displaced people, economic recovery and the deployment of humanitarian actors. In 2015, 340 people were injured in explosive hazard incidents and 170 people were killed, and 338/133 respectively since the beginning of 2016.

During the first half of 2016, there were close to 293,000 displacements in Somalia. Insecurity related to military offensives, followed by evictions and flooding have thus far been the three main reasons for displacement in 2016. Conflict-related displacement was higher at 92,073 during the first half of 2016 as compared with the whole of 2015 that recorded 58,795. Displacement as a result of flooding and drought also increased in 2016 by 66 per cent and 46 per cent respectively. According to the Flood Task force in Belet Weyne, approximately 80 to 85 per cent of the town was inundated by water in May 2016 resulting in damage to homes, infrastructure and sanitation facilities. Somaliland on the other hand, experienced some of its driest months in recent history in the beginning of 2016. The consequence of drought is still apparent in many regions of Somaliland despite adequate rains since April; there have been outbreaks of disease and some people who lost their animals have moved into IDP settlements.

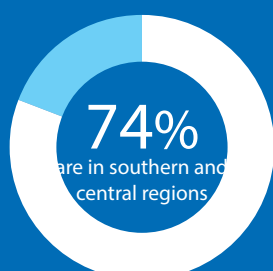
Forced evictions still remain a persistent feature of the urban protection environment with 12,548 households, comprising of 74,486 individuals, having been evicted throughout the country between January and July. The vast majority of forced evictions occur in southern and central regions of Somalia (10,320 households; 63,125 individuals). Additional protection concerns related to housing, land and property include land grabbing, encroachment, multiple land claims,

insecure land tenure, boundary disputes, demolitions, illegal land claims, squatters, illegal occupations, illegal land transactions (fees/ sales) and fraud, poor land administration, lack of land management systems, limited access to justice, poor legal and policy frameworks and weak structures. In Somaliland, IDPs originating from southern and central regions face discrimination and lack social and protective networks due to their displacement.

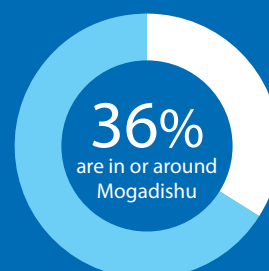
With the increased trend of returnees expected to continue into the future, the potential of exacerbating an already dire displacement environment throughout Somalia is a real consideration and highlights the critical need to move forward on reintegration programmes in Somalia targeting returnees, IDPs and poor host communities.

22

IDPS



IDPS



## SHELTER

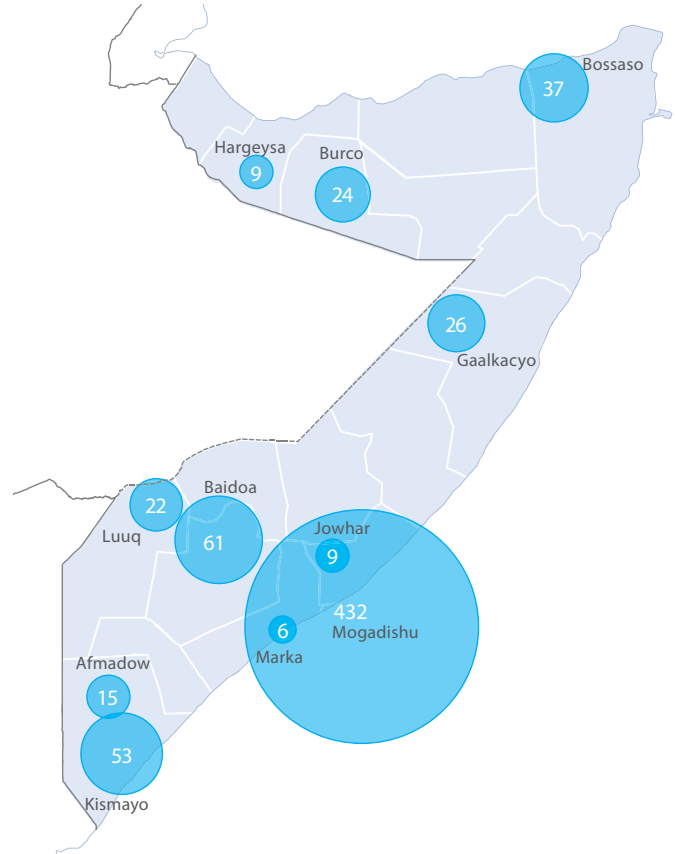
### OVERVIEW



The Shelter Cluster's main target population for 2016 was restricted to IDPs, who are categorized in two groups depending on their duration of displacement: protracted and short-termed localized displacement. The type of assistance and modalities used will depend mainly by type of displacement, length of displacement and accessibility. The situation of many of the protracted IDPs remains alarming regardless of the slight improvements that have been made in transitional shelter solutions by the Shelter Cluster partners. Furthermore, new displacements have continued to occur even with the ongoing humanitarian effort. The major cause of displacement has been armed conflict, flooding and in-security. Devastating climatic conditions, evictions and voluntary repatriation of refugees from Yemen and Daadab have also contributed to the case load in urban centres.

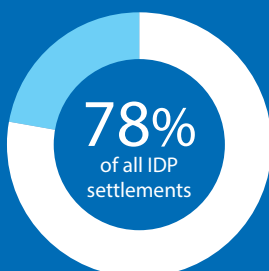
The 2016 IDP profiling exercise in Mogadishu has shown that forced evictions have caused displacement of IDPs from central district to the periphery of the city. At the same time, newly arrived IDPs in Mogadishu from Bay, Lower and Middle Shabelle regions tended to join IDP settlements in the periphery. According to the profiling findings, 47 per cent of the IDP population prefer to permanently stay and locally integrate in Mogadishu, while 37 per cent wish to return to their place of origin. Another issue raised by the profiling is eviction. 37 per cent of the IDPs reported being under the threat of being evicted within 6 months. The data indicated that the trend of moving from inner city areas to settlements in the outskirts of the city is expected to continue. We can also expect this trend to be replicated in other growing towns in Somalia which have also been receiving IDPs like Baidoa, Kismayo, and Belet Weyne. The influx of IDPs has resulted in congestion in the settlements, and will continue to affect IDP's access to services like education, health care, and sanitation, and livelihood opportunities, which will most likely decrease the displacement affected communities' level of self-reliance and resilience.

### INFRASTRUCTURE MAPPING EXERCISE: DISTRIBUTION OF SURVEYED SETTLEMENTS



In Puntland and Somaliland, while there is little direct impact of the continuing drought on shelter conditions, many households have substandard access to adequate shelter. The most common shelter type in both states was buuls, reported by 54 per cent of households in Puntland and 82 per cent in Somaliland communities targeted by a recent SIRNA.

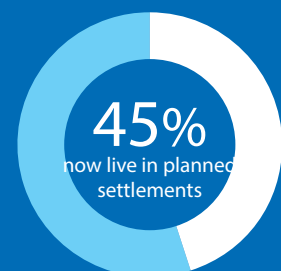
#### TENT SETTLEMENTS



#### LOCKABLE DOORS



#### IDPS IN PUNTLAND AND SOMALILAND



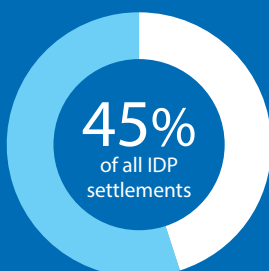
## SHELTER

In addition to the already large humanitarian caseload, from the end of 2014 until August 2016, a total of 50,152 Somalia people have returned from both Yemen (28,458) and Kenya (21,694). A further 75,000 are projected to return by the end of 2017. The insecurity in many return areas is hampering populations to effectively reintegrate and is forcing refugee returnees to set up new settlements, join existing settlements, or squat with host families.

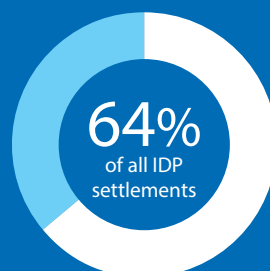
All these emergencies are unfolding simultaneously and most displaced people are in urgent need of improved transitional and permanent shelters that offer more protection, privacy, and dignity over longer periods of time. These people also need to be provided with durable solutions as per their preference, although conditions are still not conducive to large-scale voluntary returns of displaced people. In many areas of return, the refugee returnees often end up in a settlement similar to the situation of the protracted IDPs. New settlements have been starting to form in Baidoa and Kismayo. It will be crucial to have an overall vision where refugee returnees, protracted IDPs and host communities benefit from activities related to refugee returns. Urban migration has furthermore aggravated the situation in IDP settlement and sustainable solutions cannot be achieved without addressing the problematic issue of housing, land, and property (HLP). The fact that local authorities in some regions like Lower Juba and Puntland are setting aside some land is a positive development giving the opportunity to provide durable solutions to IDPs. Sustainable shelter approaches need to be addressed as a holistic package and need a strong integrated approach with all other sectors (education, health and WASH).

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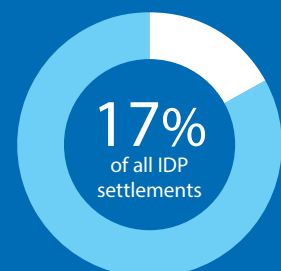
### PLANNED SETTLEMENTS



### NO LAND TENURE AGREEMENT



### SETTLEMENTS PAYING RENT





# WATER, SANITATION AND HYGIENE (WASH)

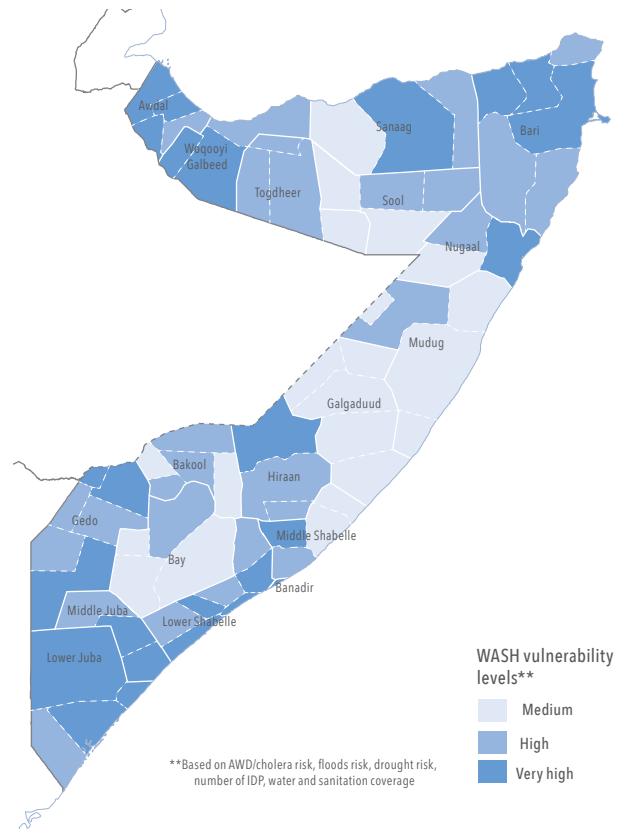
## OVERVIEW



Water, sanitation and hygiene (WASH) are key factors to ensure the survival and development of Somalia's population. The recently released outlook shows a 40 per cent probability of experiencing below normal rains in the entire country. Therefore, ongoing drought conditions will persist in Puntland and eastern parts of Somaliland, which already had a poor rainfall performance in previous seasons. The southern parts of the country are also expected to experience prolonged dry periods, which are exhibiting drought-like conditions in late 2016 that are likely to increase in 2017 due to the poor *Deyr* season. The current situation in the northern, central and southern regions of Somalia is dire, and the impact of La Niña in the second half of 2016 could further exacerbate vulnerabilities especially with the limited functional existing water sources. Further, the River Shabelle dried up in March 2016, a phenomenon that has not been experienced for close to 30 years.

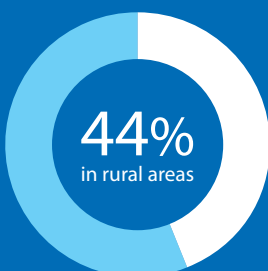
Severe water shortages currently exacerbated by the drought and La Niña conditions and total lack of regulation regarding the cost of water has led to a hike in water prices making water unaffordable for vulnerable households. Communities are left with limited options forcing them to trek long distances to access water from rivers and the limited strategic functional water points. The water is often contaminated and untreated increasing the potential for contracting waterborne diseases. The lack of sufficient water supply sources, limited capacities to manage water supply systems and poor livelihood conditions (lack of income sources) Water, sanitation and hygiene (WASH) are key factors to ensure the survival and development of Somalia's population. The recently released outlook shows a 40 per cent probability of experiencing below normal rains in the entire country. Therefore, ongoing drought conditions will persist in Puntland and eastern parts of Somaliland, which already had a poor rainfall performance in previous seasons. The southern parts of the country are also expected to

## WASH VULNERABILITY MAP



experience prolonged dry periods, which are exhibiting drought-like conditions in late 2016 that are likely to increase in 2017 due to the poor *Deyr* season. The current situation in the northern, central and southern regions of Somalia is dire, and the impact of La Niña in the second half of 2016 could further exacerbate vulnerabilities especially with the limited functional existing water sources. Further, the River Shabelle dried up in March 2016, a phenomenon that has not been experienced for close to 30 years.

### OPEN DEFECTION



### SOUTHERN AND CENTRAL SOMALIA



### BASIC SANITATION



## WATER, SANITATION AND HYGIENE (WASH)

Severe water shortages currently exacerbated by the drought and La Niña conditions and total lack of regulation regarding the cost of water has led to a hike in water prices making water unaffordable for vulnerable households. Communities are left with limited options forcing them to trek long distances to access water from rivers and the limited strategic functional water points. The water is often contaminated and untreated increasing the potential for contracting waterborne diseases. The lack of sufficient water supply sources, limited capacities to manage water supply systems and poor livelihood conditions (lack of income sources) at household level have continued to impact on access to water.

The water infrastructure that holds surface run-off water (*berkads* and rainwater catchments) and the river beds have not been desilted for many years hence their depths have risen leading to low water capacity retention and perennial flooding during the rainy seasons. Their ability to retain water is very limited to sustain the community during the dry seasons. Due to the depressed rainfall these facilities were not able to capture rain water required to sustain the communities through the dry period. Water infrastructure that taps into groundwater (boreholes and shallow well) is currently experiencing a strain due to overutilization since they are the only alternative available to meet the needs of affected populations with breakdowns in equipment common.

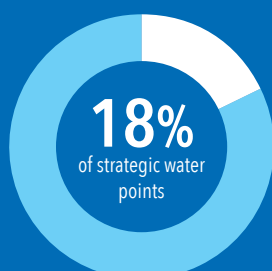
With regards to sanitation, the lack of latrines both at household and institutional level, especially in rural areas, has continued to promote open defecation, which has had severe impacts on the health of the populations' affected. The concentration of IDPs in settlements also negatively impacts the situation. Issues of land tenure have forced latrines to be constructed in the designate spaces available within the camps, while in some camps the land owners do not allow construction of latrines. This has not been very beneficial for women and girls who bear the brunt of limited sanitation facilities, as the only time available for women or girls to defecate is after dark. Apart from the discomfort, there is also a risk of harassment and assault during the night-time walk to

and from the communal defecation fields. Poor management of faecal matter and overflow latrines in settlements pose great danger for water sources and increase health risks.

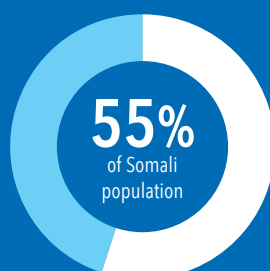
Poor hygiene and sanitation practices and especially the lack of hand washing practice with soap during critical moments has increased the vulnerability of affected populations. This can also be attributed to lack of sufficient water quantities, which translates to compromised hygiene standards at household and institutional level. Continuous WASH (subsidies for water, desludging of latrines, hygiene promotion) support has to be provided to the IDPs and the lack of these services leads to drop of access to safe WASH practices leading to water-related outbreaks and high malnutrition rates.

The decrease in funding of WASH activities has led to a drop of access to the most vulnerable who are not able to maintain and rehabilitate the infrastructures (desludging of latrines, the repairs of the breakdown in pumping systems [submersible pumps and generators] of the boreholes, the provision of spare parts, oil and fuel for the strategic water points). If there is no improvement in funding, a degradation of the existing situation of the at-risk populations including increased water borne disease outbreaks, morbidity and deterioration of the malnutrition situation should be expected.

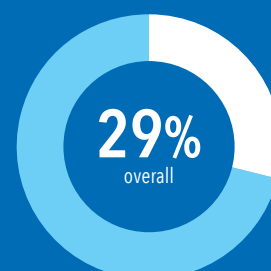
### WATER POINTS CLOSED



### ACCESS TO SAFE WATER



### OPEN DEFECTION



## INFORMATION GAPS & ASSESSMENT PLANNING

### OVERVIEW

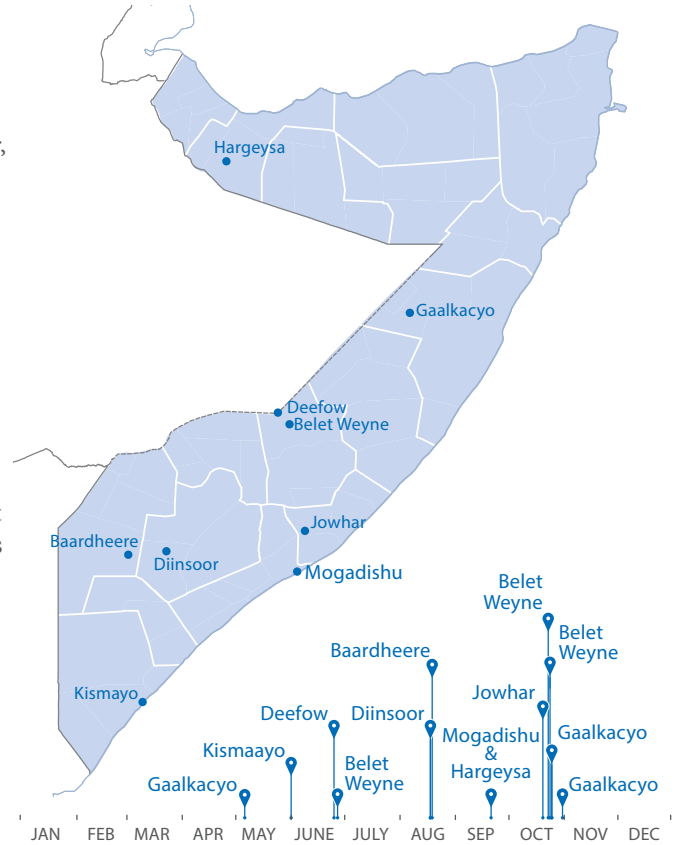
The main source of information for humanitarian situation analysis remains FSNAU's periodic food security and nutrition assessments. FSNAU's assessments are comprehensive, countrywide and provide a good understanding of the existing needs as well the dynamics and trends of these needs. However, a factor to consider is that the latest estimates of people in acute food insecurity were extrapolated, ex-post, on the basis of the 2014 UNFPA estimates. Further, the reliance on FSNAU's biannual assessments constrains needs analysis and response times, as the results are only released twice-a-year. Lessons learned from slow response to the ongoing drought in Puntland and Somaliland denotes the need for more timely needs assessments.

Additionally, the absence of regular gender-sensitive sector-specific needs assessments for most sectors is a significant information gap that needs to be addressed. All clusters, except for food security, mainly rely on area-specific and ad hoc needs assessments, which adversely affect the availability of data disaggregated by gender, age and geographical location. The lack of reliable gender-and-age disaggregated data for most regions and sectors adversely impacts on the appropriateness of targeting responses to the differentiated needs and specific vulnerabilities of women, girls, boys and men. In order to address significant information gaps (gender-disaggregated data, multi-sectoral needs), the implementation of a regular system-wide common assessment tool is necessary, including the involvement of Government institutions.

4w reporting remains limited due to non or delayed reporting by partners undermining the purpose of coordination. Other information gaps are related to access and safety of protection partners gathering data. The absence of an overall protection baseline is a key information constraint and renders trend analysis difficult.

The Shelter Cluster has conducted IDP infrastructure mapping exercises in different towns of Somalia, which provide useful and timely 'snapshot' of the IDP settlements in a respective urban centre, with a main aim to map out the basic services that IDPs can access in their respective settlements. The resulting factsheet does not aim to provide detailed programmatic information; rather it is designed to share with a broad audience a concise overview of the current situation in this area. Data is collected through mobile technology, analyzed and disseminated by the Shelter Cluster. The data is available to the wider humanitarian community for further detailed analysis.

### 2016 ASSESSMENTS MAP AND TIMELINE



Funding constraints remain the main impediment to the lifesaving protection response and the required expansion of protection services. Capacity of authorities to assume their primary role and responsibility to protect its people remains limited at federal, regional and district level. Furthermore, the lack of adequate legislation, policies and structures aggravates the protection of Somalis.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



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