

2018

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

6.2M

NOV 2017



SOMALIA

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 need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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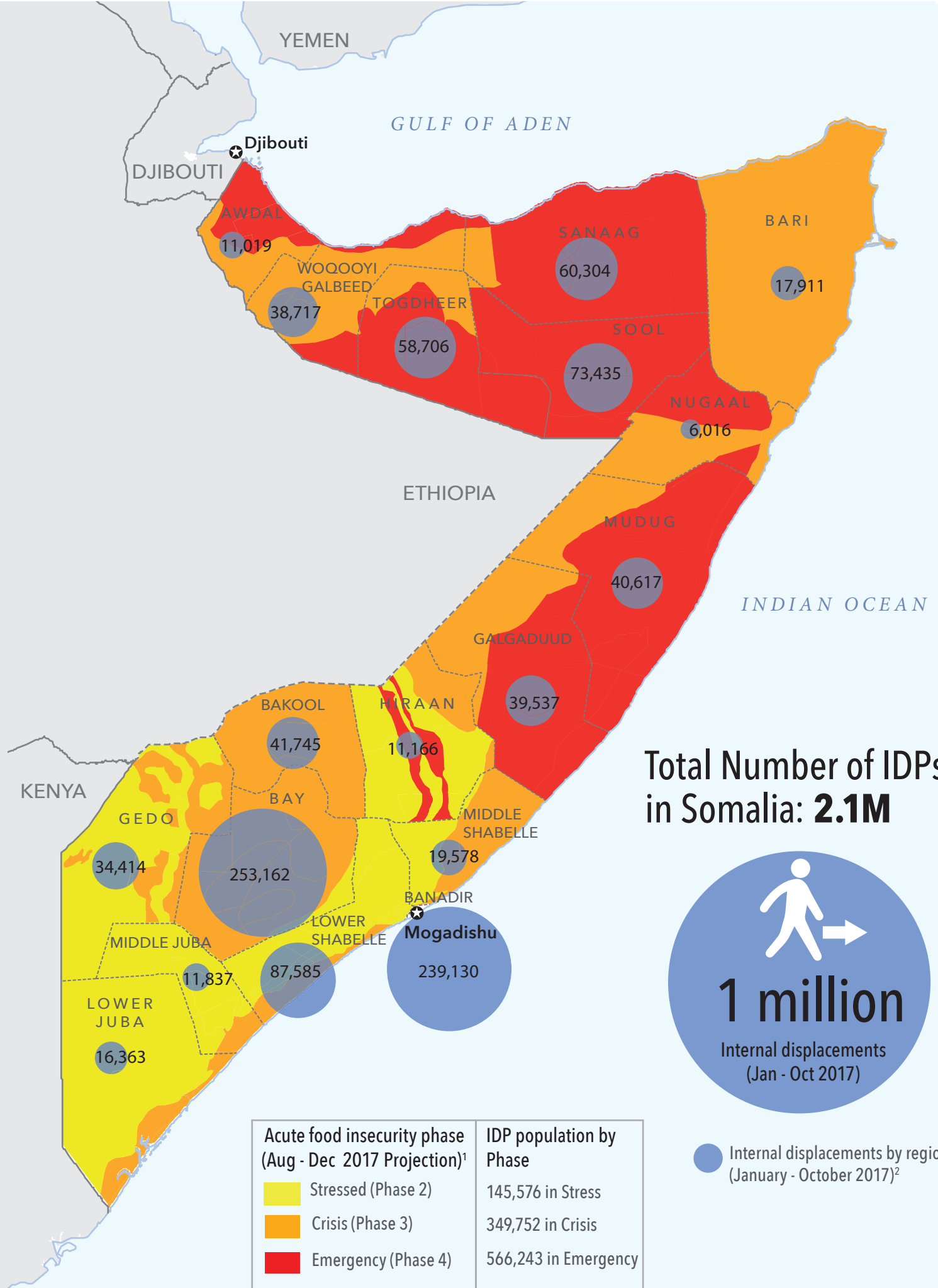
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@OCHA Somalia

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=Stress; Phase 3=Crisis; Phase 4=Emergency; and Phase 5 = Famine. data source: FAO- FSNAU, FEWSNET

2. Internal Displacement data source: UNHCR - PRMN

The boundaries and names shown and the designations used on the maps in this document do not imply official endorsement or acceptance by the United Nations.

HUMANITARIAN

NEEDS & KEY FIGURES

The humanitarian crisis in Somalia is among the most complex and longstanding emergencies. While large-scale famine has been averted in 2017, the humanitarian impact of the drought has been devastating. More than 6.2 million people, half of the population, are in need of humanitarian assistance and protection. The ongoing conflict continues to reduce the resilience of communities, trigger displacement and impede civilians' access to basic services and humanitarians' access to those in need. Exclusion and discrimination of socially marginalized groups are contributing to high levels of acute humanitarian need and lack of protection among some of the most vulnerable. Disease outbreaks such as acute watery diarrhea (AWD)/cholera and measles continue to lead to preventable deaths across the country.

HUMANITARIAN NEEDS



Acute needs of crisis-affected communities and lack of access to basic services

More than 3.1 million Somalis are in acute need of humanitarian assistance for survival (IPC Phases 3 and 4). This includes 87,250 children (point prevalence) suffering from severe acute malnutrition who are far more vulnerable than any other group. Overall about 1.2 million children are expected to be suffering from acute malnutrition. Internally Displaced Persons (IDPs), both protracted and newly displaced, and civilians in conflict-affected areas, are among the most vulnerable, with many lacking access to essential basic services including health, education and Water, Sanitation and Hygiene (WASH) services.



Protection of civilians

Abuses against civilians, including widespread sexual and gender-based violence (SGBV), child recruitment, limitations on the freedom of movement, forced evictions and displacement remain a pervasive feature of the conflict in Somalia. An estimated 3.6 million people are in need of protection services. The drought has triggered huge displacement in 2017, with negative coping strategies leading to violations of rights. IDPs face insecurity and violence in their displacement settings, especially women and children. The majority, 76 per cent, of reported GBV incidents were reported by IDPs. Vulnerable groups such as women-headed households, unaccompanied children, socially marginalized and discriminated communities are at particular risk and face specific protection concerns.



Limited livelihood opportunities and weakened resilience

More than three million Somalis are in IPC Phase 2 Stressed, and in need of livelihood support, to avoid sliding into Crisis or Emergency. What is left of livelihood assets of 3.1 million people who are in IPC Phases 3 and 4 also need to be protected in order to prevent more people from slipping into Emergency. Pastoral and agro-pastoral communities in rural areas are experiencing significant water shortages, livestock losses and poor crop harvest due to drought require livelihood support, as do IDPs and socially marginalized groups in urban and peri-urban areas.



Assistance and protection of hard-to-reach populations

Nearly two million people are estimated to be living in hard-to-reach, conflict-affected, rural areas in southern and central Somalia, and in the contested Sool and Sanaag regions in the north.¹ The presence of non-state armed actors or active fighting severely constrains safe humanitarian access in these areas. With limited access to life-saving assistance, crisis-affected communities in these areas are disproportionately affected by food insecurity, malnutrition, disease outbreaks and inadequate WASH services. While the needs are similar to those listed above, they are often more acute and people in hard-to-reach areas face additional and very specific protection concerns.

HUMANITARIAN

KEY FIGURES

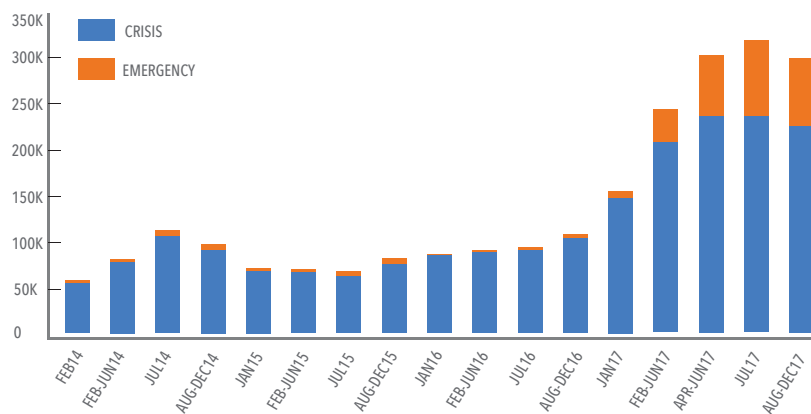
TOTAL POPULATION



NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



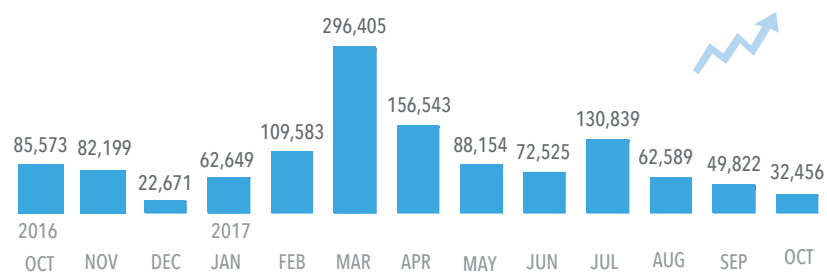
TREND IN NUMBER OF PEOPLE IN CRISIS AND EMERGENCY (IPC PHASE 3 AND 4)



TOTAL NUMBER OF INTERNALLY DISPLACED PEOPLE (IDPs)



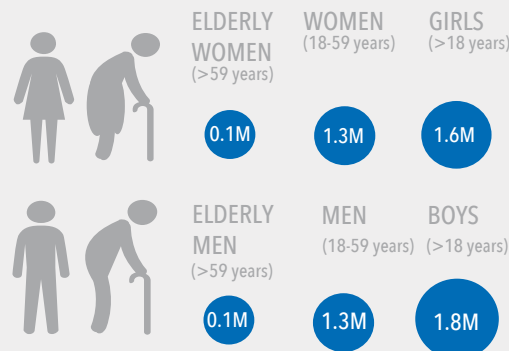
INTERNAL DISPLACEMENT FROM 85,573 IN OCTOBER 2016 TO 1.2 MILLION IN OCTOBER 2017



85,573 → 1,252,008



PEOPLE IN NEED BY AGE AND SEX



NUMBER OF CHILDREN OUT OF SCHOOLS



NUMBER OF CHILDREN MALNOURISHED

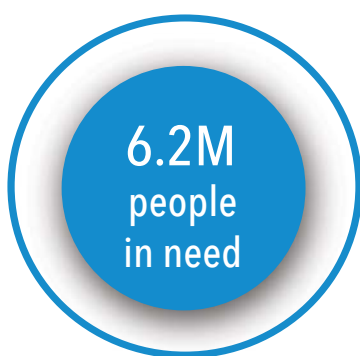
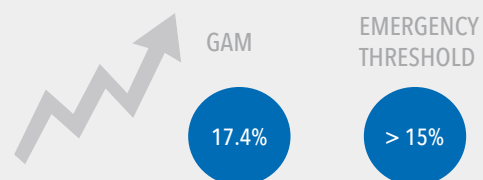
388K

NUMBER OF CHILDREN SEVERELY MALNOURISHED

87K



GLOBAL ACUTE MALNUTRITION (GAM) (MEDIAN PREVALENCE)



3.1 million people in Stress (IPC 2)

1,524,000 urban population
1,129,000 rural population
435,000 IDPs

2.3 million people in Crisis (IPC 3)

552,000 urban population
1,364,000 rural population
425,000 IDPs

0.8 million people in Emergency (IPC 4)

29,000 urban population
594,000 rural population
179,000 IDPs

IMPACT OF THE

CRISIS

The longstanding humanitarian crisis has in 2016 and 2017 been aggravated by the impact of four consecutive poor rainy seasons, including in conflict-affected areas, triggering large-scale new displacement and increasing protection concerns. The drought is exacerbating existing vulnerabilities, particularly among women, children, elderly, persons with disabilities and marginalized communities. Many crisis-affected civilians have limited access to essential assistance and basic services. Displacement from rural to urban areas is having a significant impact on the demographic make-up of the country, leading to urban overcrowding and putting additional pressure on scarce resources and services in cities and towns. This is also increasing the risk of disease outbreaks due to limited access to safe water and poor sanitation, and overburdened health services. Malnutrition rates have increased and inter-communal tensions over access to water and grazing lands are on the rise due to drought and uneven rainfall across the regions.

Progress is encouraging but needs remain vast

Somalia's overall progress after decades of conflict and political turmoil continues to be encouraging. The peaceful transition of power to Federal President Mohamed Abdullahi Mohamed "Farmaajo" and the formation of a new cabinet under the Prime Minister in early 2017, signified important milestones towards recovery and governance through a more representative and accountable leadership after decades of clan-based warfare and near-anarchy.

Progress is presenting genuine opportunities for investments in reducing humanitarian need in Somalia.

The electoral process also produced a new Parliament, the most demographically diverse and youngest ever in the country's history, including a record proportion of 23 per cent women among core ministerial posts.² Despite certain challenges related to the electoral process, the election results have created new optimism and sense of hope, both among Somalis in the country and in diaspora, and generated renewed international interest. There is now a genuine opportunity to promote much needed political, socio-economic and security reforms to stabilize the country further and invest in reducing the proportion of Somalis in need of humanitarian assistance, currently at more than half of the population.

However, from the outset, the new President and Government were faced with serious challenges, including a renewed threat of famine, only six years after the 2011 famine cost more than 250,000 lives and reversed substantive gains made politically and economically. In addition, decades of conflict and instability have weakened the state's ability to provide basic services to its population, increasing the need for humanitarian assistance.

The Government continues to face a violent insurgency that remains one of the greatest threats, as well as deep clan divisions and related inter-clan conflicts, coupled with widespread insecurity caused by non-state armed actors controlling large areas of the country, in particular in southern and central Somalia. The overall security situation in the country remains volatile, further weakening the governance of the country.³ In addition, perceived historical injustices between communities continue to challenge meaningful reconciliation and conflict resolution.

The fragile governance structure, recurrent, extreme climatic shocks, continued insecurity and armed conflict, human rights violations and lack of infrastructure are contributing to high levels of acute humanitarian needs in the country. The severe drought has devastated livelihoods of millions of people, exacerbated the acute food insecurity and malnutrition rates, and induced large-scale displacement, with 1,062,000 people displaced from January to October 2017.⁴ The total number of IDPs in Somalia is currently estimated to be more than two million. Population displacement from rural areas to urban and peri-urban centres has increased pressure on the already stressed capacity of municipalities to provide basic services such as WASH, health and education and adequate living space and shelter. Widespread lack of potable water, adequate sanitation and hygiene coupled with a poor health infrastructure has led to a sharp increase in disease outbreaks, especially AWD/ cholera and measles, as well as malnutrition. More than 78,000 cases of AWD/cholera and 1,159 deaths have been recorded across Somalia this year. Measles is also a major concern, with almost 19,000 cases recorded in 2017.⁵ Similarly, 1.2 million children under-5 are projected to be malnourished, and more than 505,000 malnourished children have already been treated with lifesaving nutrition therapeutic services

this year. Major protection concerns, such as SGBV, forced recruitment of children into fighting groups, early marriage of girls, forced displacement, and extortion of assets and supplies from vulnerable groups, continue to be reported.

“ We have been facing an awful drought for the past years. Most of the livestock are either dead or weak.”

Man in Dhusamarreeb, Galgaduud region

Large-scale famine averted but needs are growing and increasingly severe

While large-scale famine has been averted thanks to rapid mobilization of resources and scaled-up response from a broad range of actors, the threat of famine persists in Somalia and food insecurity is increasingly severe, exacerbating existing vulnerabilities. According to FAO-managed Food Security and Nutrition Analysis Unit (FSNAU) and Famine Early Warning Network (FEWS NET), food security needs are nearly double the five-year average in Somalia, with an estimated 2,444,000 people in Crisis (IPC Phase 3) and 866,000 in Emergency (IPC Phase 4) as of November 2017. Widespread food insecurity is driven by four consecutive poor seasons that led to well below-average production and large-scale livestock losses, which have reduced household access to food and income. Sustained humanitarian assistance has prevented more extreme outcomes in many areas, but persistent drought threatens recovery of normal livelihoods, and further deterioration in

food security is likely through May 2018. Pastoralists have suffered significant livestock losses and recovery will require several seasons of good rainfall.

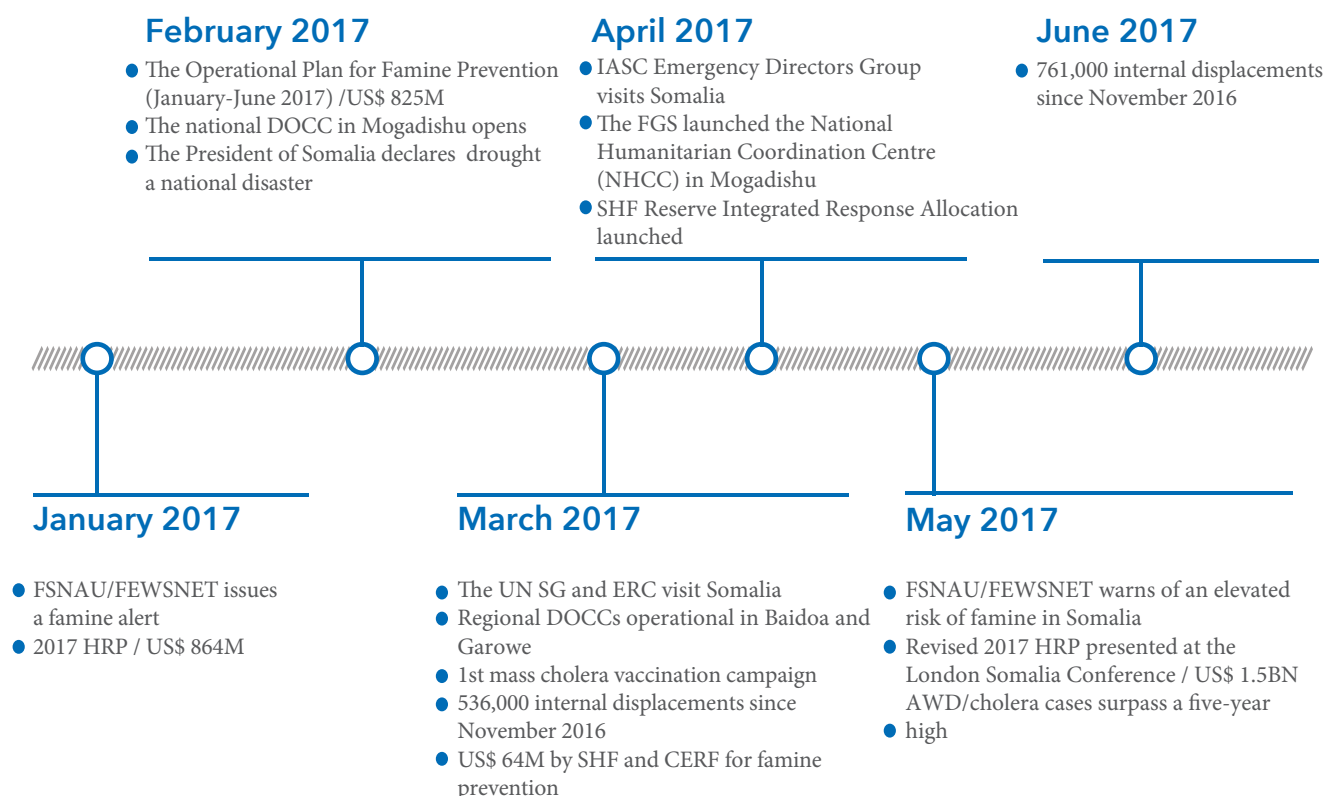
Projection figures from Deyr season 2015-2016 to Gu 2017

IPC Phases	Deyr 2015-2016	Gu 2016	Deyr 2016-2017	Gu 2017
Emergency (IPC4)	22,000	43,000	439,000	802,985
Crisis (IPC3)	931,000	1,096,000	2,473,000	2,341,000
Stressed (IPC2)	3,727,000	3,861,000	3,332,000	3,088,000
Total	4,680,000	5,000,000	6,244,000	6,231,000

Source: FAO-FSNAU and FEWS NET

Humanitarian response in 2016 and 2017 focused on saving lives and prevent famine, and humanitarian action was not designed nor able to provide sustainable solutions to the underlying drivers of growing humanitarian needs. With prioritization of immediate life-saving Emergency response, less resources have been invested in building resilience or preventing communities from sliding further into crisis. Coupled with four poor rainy seasons, humanitarian needs have grown and are increasingly severe, with a significant increase in number of people in need of assistance, up by 33 per cent over two years from 4.6 million in late 2015 to 6.2 million in late 2017. The percentage of those in need who are in Crisis and Emergency, (IPC Phases 3 and 4), has increased from 20 per cent in late 2015 to 50 per cent in late 2017.

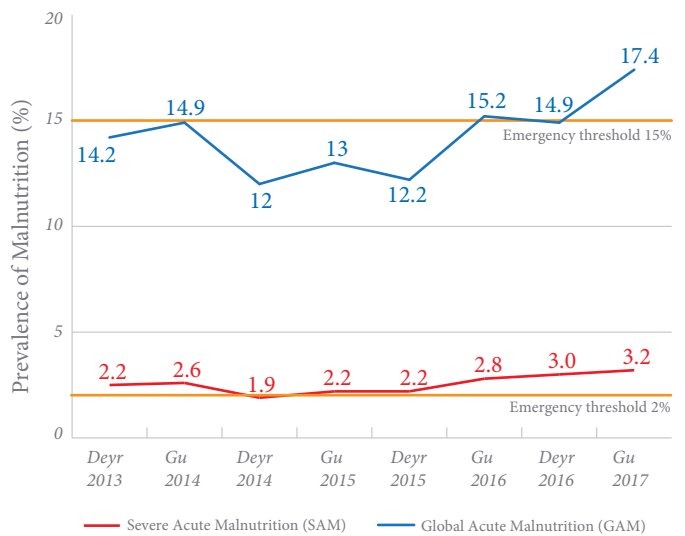
SOMALIA CRISIS TIMELINE 2017



Displacement trends are similarly worsening, with a near-doubling of the estimated number of displaced people over the course of 2017. Rates of urbanization within Somalia already ranked amongst the highest in the world. Over the last two decades, rural-urban migration due to insecurity, livelihood failure, including through conflict related restricted movements of pastoralists, and the absence of basic services have resulted in rapid urban growth. The combination of rural-urban migration and forced internal displacement has increased pressure on the already limited basic services and urban livelihood opportunities available, which remain inadequate to respond to the needs of Somalia’s growing urban population. For instance, overstretched services and resources, such as health care and water, increase the risk of disease outbreaks. In addition, the population density and demographic/ethnic profile of Somalia’s urban populations is changing rapidly, increasing the risk of localized conflicts and emerging forms of social exclusion.

Malnutrition levels have also risen since the beginning of the drought, with a steady increase in number of malnourished children and number of IDP sites with malnutrition rates surpassing the Emergency threshold of 15 per cent Global Acute Malnutrition (GAM). At national level, median prevalence of global acute malnutrition rate has steadily increased from 12 per cent GAM in 2014 to 17.4 per cent GAM in late 2017. Severe malnutrition rates are showing a similar deteriorating trend since 2014. Considering these high levels of malnutrition, in particular malnourished children will require a sustained level or urgent interventions beyond mid-2018, and investment in prevention efforts as well targeting children at risk.

Malnutrition trends in Somalia



Source: UNICEF - Nutrition Cluster

August 2017

- No AWD/cholera related deaths reported
- FSNAU/FEWSNET Post-Gu Seasonal Assessment released
- National median GAM 17.4 % surpasses the emergency threshold of 15 %
- SHF Reserve Integrated Response II allocation

October 2017

- Drought Impact Needs Assessment (DINA) launched
- SHF Standard Allocation 2 launched



July 2017

- AWD/cholera cases and related deaths decline

September 2017

- 1,029,000 internal displacements since November 2016
- Total reported humanitarian funding for Somalia in 2017 surpasses US\$ one billion



While detailed data on the health burden in Somalia is not available, 2016 reporting on core indicators for Somalia's health situational and health system performance⁶ indicate that even prior to the onset of the 2016-2017 drought and the major outbreaks of AWD/cholera and measles, 42 per cent of children under the age of five years were stunted while 13.2 per cent were wasted. Both the under-five mortality rate of 137/1000 as well as maternal mortality ratio of 732/100,000 live births were the highest in the region, and the impact of the drought and major disease outbreaks in 2017 have further worsened these indicators.

In addition to the human cost of the drought, financial losses are substantive according to a preliminary Rapid Drought Needs Assessment (RDNA) by the World Bank, based on a triangulation of secondary data through remote-sensing techniques.⁷ The assessment indicates that the drought already has led to livestock-related losses of between US\$1.3 billion and

US\$1.7 billion; crop production losses of up to US\$60 million; and depletion of nominally functional water resources, over 50 per cent of which are located within highly drought stressed areas.⁸ These losses may lead to increase of localized inter-communal competition for land and resources.

“ We are going through difficult times. Many families have migrated with their remaining animals to Puntland and Somaliland.”

Woman in Galgaduud region, Galmudug

Centrality of Protection

Serious protection concerns persist in Somalia, putting civilians' lives at risk, forcing many to flee, exposing them to multiple risks while displaced, and impeding durable solutions. Compounding the conflict and its inherent risks to civilians, is a massive increase in drought related displacement and further exposed civilians to serious protection risks. Women, children and marginalized communities are especially at risk and face specific protection concerns. The protection crisis is also characterized by entrenched but fluid societal divisions, resulting in competition for resources across social groups. Three interlinked priority areas where protection is lacking in different parts of Somalia and poses a significant challenge to the entire humanitarian response have been identified:

1. Differential risks of exclusion and discrimination, including those based on societal discrimination, power structures, vulnerability, age, and gender.

Somalia's societal structure is highly complex, including numerous social groups, clans, sub-clans and ethnic minority groups that are not members of a specific clan. Divisions and constantly evolving relations among those groups remains one of the prevailing characteristics of the society, and a driving variable within the ongoing conflict and drought. Some groups having comparatively less social capital, resulting in reduced clan-based protection and less support, including financial, during crises.⁹

Displacement can aggravate existing inequalities, as well as introduce new dimensions of marginalization and exclusion. IDPs with weaker social connections in the areas to which they flee, often have less links with the host community with devastating consequences for their access to assistance and protection. The most vulnerable IDPs may not be getting the assistance they need, such as single female-headed households, disabled, or children on their own. Civilians arriving from areas controlled by non-state armed actors risk discrimination simply on the basis of their area of origin and alleged affiliations, with repercussions for their access to assistance and protection services.¹⁰ In addition, during 2011 famine, evidence suggests that most of the victims were from traditionally weaker clans and socially discriminated minority ethnic groups, and the likelihood of this occurring arises again.¹¹ Protection risks for these above mentioned marginalized and discriminated groups include limitations on their freedom of movement, obstacles to equitably accessing assistance and protection services, and a heightened risk of protection violations. In addition, they also face significant challenges in having their voices heard or concerns known, and accessing essential information about available assistance programs and protection services.

2. Large-scale displacement, poor living conditions in the IDP settlements and limited opportunities for durable solutions (return, local integration and settlement elsewhere) resulting in increased protection risks.

The severe drought and the ongoing conflict continue to cause displacement. It is estimated that the number of IDPs have surpassing two million. Displacement dynamics have consistently been directed mainly towards urban centers and merging with urbanization dynamics of increasing pressure on services in larger towns and cities. Humanitarian conditions in many of the informal settlements and public buildings occupied by the displaced throughout Somalia continue to be dire; and may be further aggravated for communities who are forcibly evicted from their location of settlement or continue reside with insecure tenure.

In IDP settlements, many reside in overcrowded areas with poor living conditions and limited security provision. Where the basic needs of IDP are not met due to inconsistent service provision, exclusion from accessing services, or from the sheer absence of services due to poor targeting of settlements. The lack of core services contributes to serious public health risks, preventable deaths, and increased risks of GBV for women and girls, often with inadequate access to reporting and referral mechanism or accountability of perpetrators. Of specific concern is the large number of drought-affected IDP communities from conflict areas, who are often made up of separated families with men and youth remaining behind, increasing the exposure of women and girls to protection risks related to hazardous livelihood activities and reduced protection to GBV. Further, these IDPs with their perceived links with non-state armed actors face increased exposure to security threats and discrimination in assistance provision from the host community.¹²

Shifting or disrupted community dynamics as a result of displacement, as well as power imbalances and marginalization, severely limit IDPs' access to information about available services and entitlements, as well as IDPs' opportunities to voice their views and concerns, which too often are expressed through 'gatekeepers' or 'camp leaders', who may not necessarily accurately reflect IDPs' views.¹³ In addition, displacement affects individuals of all ages and sexes, as well as from diverse social backgrounds, in different ways and needs may evolve over time. Many IDPs, whether recently displaced or in a protracted displacement situation, are compelled by a lack of access to adequate assistance and livelihoods, to resort to negative coping mechanisms with serious protection repercussions. For instance, children are at a heightened risk for recruitment into fighting forces, child labor, early marriage and dropping out of school. Schools serves as a safe space for children and is critical to ensuring that children displaced by or affected by drought and conflict do not only have access to education but are better able to cope, survive and recover from the crisis impacts and contribute to longer term peaceful development of Somalia.

Despite substantial progress on mainstreaming durable solutions in national development frameworks, the context of ongoing insecurity and drought means that safe and dignified durable solutions solutions (return, local integration or settlement elsewhere) to displacement

frequently remain elusive, further eroding IDPs resilience, and prolonging their existence in undignified and vulnerable circumstances, while outliving the welcome of host communities.

3. Protection of communities in conflict-affected areas subjected to disproportionate and indiscriminate targeting of civilians and civilian assets vital for their survival.

Localized conflict dynamics, consisting of inter-communal rivalries and competition, are influenced by a broader conflict between the state and allied stakeholders, and armed non-state actors. In this diverse and highly complex landscape, with a multitude of militaries and non-state armed actors, violations of international humanitarian law (IHL) and human rights law regularly occur with impunity.

Civilians bear the brunt of the ongoing conflict, through death and injury, destruction of property, taxation of communities including through forced child recruitment, land grabbing, destruction of livelihoods, limited freedom of movement and

limited access to services and humanitarian assistance, and diversion of assistance.¹⁴ As a result, many are forced to move from their communities and some also move preemptively for fear of violence being deliberately imposed on them. Non-displaced, conflict-affected communities, many of whom are also severely affected by the drought, with limited humanitarian access, remain exposed to these and other violations. As a result of general insecurity, inter-clan conflict escalations, indiscriminate attacks including through improvised explosive devices (IEDs) and aerial bombardments, as well as military offensives and withdrawals in the context of the conflict between the non-state armed actors, the Federal Government of Somalia (FGS) and supporting actors. Accountability for violations is limited, with traditional or formal mediation and justice mechanisms having been disrupted, or having become disrespected or inaccessible. This is further aggravated regarding violations for marginalized groups where societal inequalities result in reduced protection.¹⁵



Photo: M. Knowles-Coursin/ UNICEF

Key drivers of the crisis: Climatic shocks, governance challenges and conflict

1. Climate shocks

Erratic weather patterns and climatic shocks, including poor rainfall over consecutive rainy seasons leading to prolonged and severe drought conditions and floods, are impacting negatively on livelihoods, including production and availability of food. Extreme climatic conditions, including repeated cycles of drought and ‘near-famine’ conditions, increase vulnerabilities, result to loss of livelihoods and livestock, failed crops and weakened purchasing power. This significantly hampers people’s ability to recover from such shocks and may cause the adoption of coping mechanisms which negatively affect families, especially children. Poor weather conditions and lack of rain in particular, have contributed to the significant increase in number of people in food security Crisis and Emergency (IPC Phases 3 and 4), up from less than one million in 2016 to more than three million in 2017.

Drought conditions will continue to affect Somalia in 2018 and parts of the country are likely to experience flooding. Frequent shifts from droughts into floods are recurrent in a number of areas. Somalia experiences two types of flooding; river floods and flash floods that result from localized heavy rains. River floods occur along the Juba and Shabelle rivers in southern Somalia. The FAO-managed Somalia Water and Land Information Management (SWALIM) systematically monitors the flood risks and river levels of both Shabelle and Juba rivers.

The prolonged drought conditions led to drying of the Shabelle River in the beginning of 2017, which was the second time the river has run dry in the past two years, with the only previous recorded episode in Somalia taking place during the 1984 famine in Ethiopia. The Shabelle River is a perennial source of water for irrigation, livestock and domestic use, even during times of drought. The drying of Shabelle River disrupted riverine and agro-pastoral production systems in the region referred as “Somalia’s breadbasket”. The severe drought is also impacting eastern Ethiopia and has led to an increase in usage of water from the river, as well as raising concerns of an increase in territorial disputes among agro-pastoralists and riverine farmers, further contributing to displacement. The impacts of these climatic shocks are further compounded by the lack of access to basic services across Somalia, in particular WASH and health services. The drought is putting additional pressure on the limited services available, and while these have been scaled-up, the demand outweighs the capacity to respond in most of the urban settings receiving IDPs.

“ We are farmers and got affected by the shortage of rain in the area. Likewise, livestock are gone. We need assistance in many ways.”

Man in Sanaag region

2. Governance Challenges

The weakness of the state and related governance challenges is among the root causes of the crisis. Despite some of the

significant progress in state-building and stabilization, as well as positive political gains made over the past years, combating chronic levels of insecurity and violence with limited resources, and systematic corruption continue to be one of the major governance challenges in Somalia. Decades of destructive war, coupled with devastating humanitarian crises, including the famine in 2011, has resulted in fragmentation, weakening and absence of governance structures in some parts of the country. State weakness has generally been perceived as a problem of capacity and lack of human resources but already for over a decade, analysis and evidence have indicated that the prolonged crisis and state fragility are also driven by a range of other structural factors, including systematic corruption which affects the state’s ability to effectively govern and establish rule of law.¹⁶

State weakness reduces the capacity of the government to provide basic security, effective policing and law enforcement, and courts systems, and provide non-violent political mechanisms to manage and resolve disputes.¹⁷ In the context of Somalia this includes corruption, contested authority, non-state armed actors and exclusionary politics. State weakness remains the main bottleneck to progress on a host of other key political priorities for the current Government, including enactment of quality legislation, finalization of the constitutional review, resolving issues related to federalism, including political agreement on the division of powers between the FGS and Federal Member States and creation of a viable federated security sector, creating jobs and tackling very high unemployment rates, estimated at 67 per cent for youth, as well as conflict resolution and reconciliation.¹⁸

3. Conflict

Conflict remains at the centre of the crisis with chronic levels of insecurity and violence taking a heavy toll on civilians for decades, affecting livelihoods and hampering economic progress and development. An array of armed non-state actors includes various clan militias; Al Shabaab; private security forces; paramilitary groups formally linked to the government but acting independently of any governmental authority; and armed criminal elements. All are able to instigate violence, with limited accountability in relation to protection of civilians, specifically international humanitarian law and human rights law violations.¹⁹

“ There is clan conflict in the area. The conflict and the drought are the two main challenges that people face in this region. We call for calmness.”

Man in Hiraan region, Hirshabelle

Within this situation of persistent instability, the structural drivers of conflict include ethnic mobilization between clans, political exclusion and marginalization related to question of rights, discrimination between population groups, scarce resources, and resulting disputes over land and water and over business competition, jobs, political posts and foreign aid.²⁰

The armed conflict continues to have a devastating impact on civilians, including recruitment of children and youth into the conflict, and is triggering displacement, and resulting in multiple protection threats and risks that are exacerbating the humanitarian crisis. Troop realignment and reconfiguration of the African Union Mission in Somalia (AMISOM) and Somali National Armed Forces (SNAF) continue to result in displacements and lead to disruptions in humanitarian programming. The temporary takeovers and troop withdrawals leave the civilian population and humanitarian organizations working in the affected locations in a very vulnerable state and at risk of retaliatory attacks.

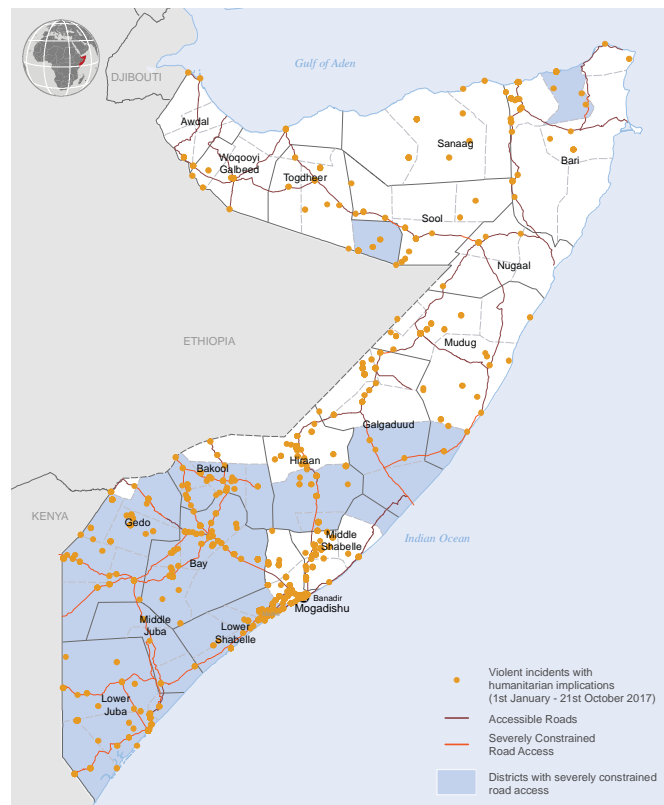
Civilians remaining in these locations were reportedly subjected to retribution attacks, including apprehension, torture, killings and forced recruitments. When troop realignment and reconfiguration entail troop withdrawals with minimal or no advance warning, it leaves the local population and humanitarian organizations vulnerable as militias move in and occupy the vacated locations. Disruption of humanitarian activities often leaves people in need in the affected locations with no alternative means to meet their needs. The conflict also impacts on movement of goods and services, often hampering trading routes with checkpoints, taxation and extortion. It affects livelihoods, livestock migration routes, including access to pasture and water resources, as well as access to humanitarian assistance, and thereby aggravates the impact of the drought on affected populations. The conflict also has an impact on the functioning markets, attendance of traditional and alternative livelihoods and impacts the coping mechanisms of affected people.

Humanitarian access challenges

The operating environment in Somalia continues to be among the most challenging. Regular and sustained humanitarian access is impeded by a range of issues, including denial of humanitarian access by non-state armed actors, insecurity, bureaucratic impediments and limited infrastructure. The first ten months of 2017 witnessed rising violence against humanitarians, particularly those with operations in southern and central Somalia. During this period over 130 violent incidences impacted humanitarian organizations and accounted for the death of 15, injury of 31, physical assault of three, arrest and temporary detention of 17 and abduction of 30, and attempted abduction of nine. In accordance with the trends recorded in previous years, frontline responders continue to be the most affected.

Active hostilities including IED attacks in the populated areas impact humanitarian operations in southern and central regions, particularly in Baidoa in Bay region, Belet Weyne in Hiraan region, Galkacyo in Galgaduud region, Kismayo in Lower Juba region, and Mogadishu. Indiscriminate attacks in populated places cause deaths and injuries and accounted for majority of the humanitarian casualties recorded in 2017 and result in the destruction of humanitarian facilities and assets. The number of violent incidences associated with relief aid distributions rose drastically in 2017 as vulnerable communities including IDPs, became increasingly desperate for assistance, following the devastating effects of the drought. Over 33 violent incidences some of which involved armed violence at aid distribution sites led to the death of 35 civilians and injury of 42 others.

Violent incidents with humanitarian implications from January to October 2017.



Source: OCHA

Non-state armed actors also stepped up efforts to impede access by humanitarian organizations and the government drought committee with attacks, seizure of humanitarian supplies, abductions and pressure to broker agreements or pay fees and fines. In particular, the number of abductions of frontline humanitarian workers for ransom rose considerably compared to the trend recorded in the last three years. In 2016 no cases of abduction for ransom was recorded while in 2015, one isolated incident was recorded during the second quarter. In comparison, by the end of October 2017, a total of 30 humanitarian workers had been abducted by a non-state armed actors from areas in Bay, Gedo, Hiraan, and Lower Shabelle. Six of the 27 abducted staff were female. Isolated incidences involving seizure of essential relief supplies meant for people in need in hard-to-reach areas were recorded in parts of Bakool, Bay, Galgaduud, Gedo, Hiraan and Lower Shabelle.

The proliferation of money extracting checkpoints also impact freedom of movements along all major access roads in southern and central Somalia. Various fees are charged by armed actors who man sections of the supply routes. The humanitarian community has continued to prioritize advocacy efforts with the FGS, local authorities, AMISOM, the UN political mission and other relevant actors to secure the main supply routes. Following concerted advocacy efforts, from the second quarter of 2017 to date, the FGS and a number of Federal states including Galmudug, South West State, and Hirshabelle have made milestone commitments and have started implementing some of the commitments to ensure access routes are opened.

A non-state armed actor has maintained siege on towns in Bakool, Bay, Gedo, Hiraan and Lower Shabelle. The siege has continued to impact the ability of humanitarian organizations

to transport humanitarian supplies by road, and the freedom of movement of the civilian populations, including their ability to access essential commercial supplies. From the second quarter of 2017, the non-state armed actors stepped up impositions on public transport vehicles which use the Afgooye-Marka road through ambushes and carjacking. As the drought crisis escalated in early 2017, local communities in areas that are affected by the blockade in particular those in parts of Bakool, Bay, Gedo, and Lower Shabelle initiated negotiations with the non-state armed actors to provide access for humanitarian aid as well as essential commercial supplies to their drought-stricken communities. These efforts were seldom successful and areas like Dinsoor in Bay region, and Wajid and Xudur in Bakool region continued to experience mounting road access challenges. The continued interdiction of essential supplies destined for government controlled areas has also continued to make it difficult for aid to reach the towns of Wajid in Bakool, Diinsoor and Qansax Dheere in Bay, Burlo Burte in Hiraan, and Garbahaarey in Gedo.

In the absence of a centralized regulatory framework for Non-Governmental Organizations (NGOs) and international organizations, disruptions, delays, intrusion in humanitarian facilities, arrests and detention of humanitarian workers, expulsion of humanitarian workers and occasional temporary suspensions of humanitarian programmes as a result of bureaucratic impediments continues to be recorded. During the first ten months of 2017, over 80 incidences which included the demand for arbitrary taxation, multiple registration requests that include payment of multiple 'registration fees', interferences in staff recruitments and contract award processes, demand for taxation of humanitarian programme funds, amongst others were recorded across the country.

A particular concern during in 2017 was the increase in the number of humanitarian workers expelled by the authorities and the delays in the clearance of essential humanitarian supplies at ports across the country. A total of nine humanitarian workers were expelled by the authorities. The expelled humanitarian personnel included both international and national/ local staffs. The humanitarian community continues to prioritize advocacy with the authorities to expedite the processes to put in place fixed, centralized regulatory framework for NGOs and international organizations.

Despite the challenging operating environment, humanitarian partners continue to expand their reach across the country. Humanitarian partners are involved in the delivery of humanitarian assistance in all 18 regions of the country. International organizations continue to contract local NGOs and community based organizations to deliver assistance in areas there they have no access. In 2017, a broad range of actors including local communities stepped up to contribute to the famine response and provided the first line of response, with support from local and government authorities, the private sector, national and international humanitarian partners and charities.

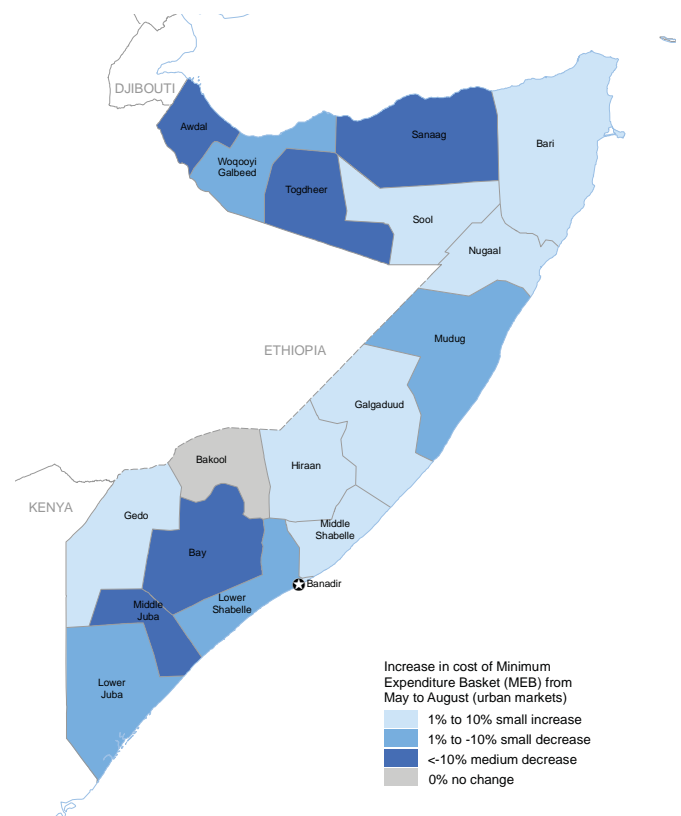
Market analysis

Cash-based assistance continues to be an important tool in meeting the needs of the vulnerable people across Somalia. Somalia's markets are overall robust and have remained generally stable, including throughout the 2017 drought,

making cash-based assistance feasible in most parts of the country. Where market conditions allow, cash assistance can help to stimulate local markets, can be quicker and more efficient than in-kind assistance, can reach areas where access constraints make in-kind assistance difficult or impossible, and enable affected people to choose how to prioritise their needs. In order to ensure the right response modality is selected in each case it is important to understand and monitor how markets are functioning, whether they are able to meet basic needs, at what cost, and whether people have safe access to them, and how this changes over time.

A number of system are in place to ensure that market dynamics are understood, and that the cost of meeting the basic needs of a household are tracked over time. The Cash Working Group (CWG), with the support of REACH, produces a markets dashboard each month which tracks the price of a minimum expenditure basket of goods - the minimum food and non-food items needed to support a typical household, or Minimum Expenditure Basket (MEB) - by region over time and highlights any factors which may affect availability, access and price. The dashboard builds primarily on FSNAU's market monitoring, as well as other assessments and supply chain monitoring carried out by CWG partners. FSNAU monitors prices of key goods in 48 main and 51 rural markets across Somalia on a monthly basis, tracking in particular the price of items making up the MEB, as well as other items. The data is published monthly. FEWS NET furthermore produces regular supply and market outlook reports for Somalia, monthly livestock price updates, as well as a quarterly cross border trade bulletin for East Africa, including Somalia.

The map shows the three months change in the urban minimum expenditure basket by region. The map is one example of how cost of living and markets are monitored in Somalia.



Source: FAO-FSNAU

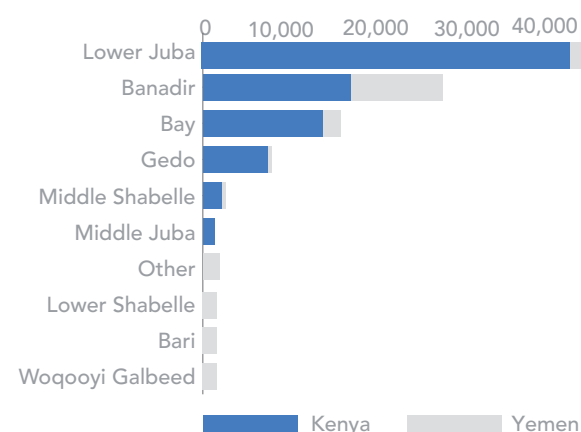
Refugee returnees

From the onset of voluntary returns from Kenya (within the framework of the Tripartite Agreement between Kenya, Somalia, and UNHCR) in December 2014 until 31 August 2017, a total of 72,104 refugees have returned to Somalia, including 32,217 refugees who have returned in 2017.²¹ Notably, the refugee returns in 2016-17 increased substantially compared to previous years. In addition, a total of 32,622 Somalis have returned from Yemen through the ports of Bossaso and Berbera since the onset of the crisis in Yemen in 2015. Somalia has also witnessed increasing returns from Djibouti. In 2018 UNHCR plans to assist 107,000 returnees mainly from Kenya (65,000), Yemen (40,000) and other countries (2,000).

The majority of returns will continue to be to the urban areas in Jubaland (Kismayo), Banadir (Mogadishu) and South West State (Baidoa). It is important to note that refugee returns in Somalia are taking place in the context of ongoing conflict, violence, insecurity, impunity, absence of effective institutions, and lack of infrastructure, which continue to undermine conditions conducive to solutions. Areas of return are generally substandard in terms of access to education, health, protection and WASH services. There is limited capacity for absorption of returnees within the constraints of existing poor basic services. Participatory assessments conducted in March 2017 by UNHCR Somalia with returnees in Bossaso, Garowe and Mogadishu revealed that the main challenges faced by returnees are access to employment / livelihoods and basic services such as health, shelter and education. Post-return monitoring by UNHCR similarly highlights access to education and housing as major gaps.

The FGS has also underlined that the creation of investment, education and employment opportunities are essential for the sustainability of livelihoods and the political and security stabilization of the country, as well as the sustainable return and reintegration of refugee returnees. The return and reintegration of returning refugees has important links with the (re)integration of IDPs and the broader process of peacebuilding process that can contribute to the prevention of new or secondary displacement. UNHCR's initial return and reintegration assistance feeds into longer-term reintegration and durable solutions efforts in line with the Comprehensive Refugee Response Framework, which is applied in Somalia through the Durable Solutions Initiative, based on the National Development Plan.

Somalia Returnees



Source: UNHCR

Outlook for 2018 and beyond

The *Deyr* rains (October-December) started late and have performed below average in many parts of the country. Rainfall performance in October, which is the start and peak month of the *Deyr* season, was poor. The rains were erratically distributed and approximately 50 per cent below average in most areas. This would make the *Deyr* season the fourth consecutive season of poor rainfall. As a result of this, and the cumulative impact of the past below-average seasons, pasture and water resources are well below normal. Rainfall in November and December is not expected to significantly improve crop prospects. Cropping activities for the *Deyr* season are occurring at lower than normal levels, and the cropping conditions are poor in most areas.²²

Furthermore, the recent climate forecasts indicate an increased likelihood (55-60 per cent) of La Niña between October 2017 and February 2018. La Niña events are typically associated with below-average rainfall totals in the Horn of Africa between October and December.²³ The forecasts also indicate dry conditions to continue during April to June 2018 *Gu* season, with rainfall likely to be below-average. This would mark the fifth consecutive poor season in Somalia.²⁴

The upcoming rainy seasons, even if performing below-average, are crucial for the rural communities who need to utilize the rainy seasons to improve livestock body condition and maximize food production in the short-term and reduce further asset losses. Another season of poor rainfall performance will limit pasture generation and water availability, reduce rain-fed crop harvests, and exacerbate already high levels of acute food insecurity.²⁵ The impact of prolonged drought has been severe for communities and their livelihoods, both pastoralists and agricultural, and requires several seasons to improve. In pastoral areas affected by protracted drought, livestock losses have been significant, livestock production and reproduction have declined sharply. The remaining herds require enough pasture and water following a 'normal' rainy season to enable significant strengthening, and to be fit enough to reproduce offspring during this time, if properly supported. Economic improvement and stabilization at the household level will probably take over one year, until early 2019 at a minimum, due to livestock gestation periods and depending the size of the livestock losses. The estimates indicate that the households that have lost about half of their herd, it will take from six months to two years to fully recover and be financially secure again.²⁶

Despite the poor *Deyr* rains, support for livelihoods in rural areas can be a deciding factor for voluntary and informed IDP returns, preventing further drought related displacement, and importantly can help to prevent a further deterioration in food security. Livelihoods remain rural people's greatest defense against famine and their greatest opportunity to recover early. The food security conditions are expected to deteriorate, with more areas to be classified as Emergency (IPC Phase 4), and increased livestock deaths and population displacements are likely during the *Jilaal* dry season (January-March). Incidences of AWD/cholera has declined sharply after July but the upcoming *Deyr* and *Gu* seasons may trigger an increase in the number of cases to above normal rates, and the measles outbreak is expected to continue.

A risk of famine (IPC Phase 5) persists in regions where populations in IPC Phases 3 and 4 is significant, such as portions of Galmudug, Hirshabelle and South West States, as well as the disputed regions of Sanaag and Sool. Continued life-saving assistance is required at large-scale to avert catastrophe. Given the extended drought, heavy livestock losses and disease outbreaks, it is critical to invest in strengthening the resilience of drought-affected populations to ensure that any gains made during the provision of relief assistance are sustained, and to mitigate a further deterioration of food security in the future.

Considering the deterioration in the humanitarian situation in recent years, it is likely that needs will continue to remain high and that the number of people in need will only be brought down through more sustainable approaches to reduction in

risk, needs and vulnerability, including through reconciliation that can complement the immediate humanitarian efforts. In line with the New Way of Working, this will require focused and prioritized collaboration between the Government of Somalia and a broad range of UN agencies, international and local NGOs, private sector, civil society actors and international partners. It will require work over multiple years towards collective outcomes, including improved food security and protection. Finally, in parallel with a principled humanitarian and development response, underlying causes of the continued risk of famine – i.e. persistent instability and armed conflict, challenged governance, as well as inter-communal competition for resources – need to be addressed, in order to sustainably reduce the threat of famine in times of drought.



Photo: Muse Mohammed/IOM

BREAKDOWN OF

PEOPLE IN NEED

Over 6.2 million Somalis or more than half of the population is in need of humanitarian assistance and protection due to the ongoing drought and conflict. This includes 866,000 people in Emergency (IPC Phase 4), 2.3 million people in Crisis (IPC Phase 3) and approximately 3.1 million people who are Stressed (IPC Phase 2).²⁷ More than two million IDPs make up a particularly vulnerable group among those in need. Displacement has been heightened by the drought and are generally exacerbated in conflict-affected areas. Within the vulnerable groups, women, children and marginalized communities are particularly at risk and face specific protection concerns associated with clan, identity, ethnicity, gender and age.

NUMBER OF PEOPLE IN NEED

6.2M

18

	BY STATUS						BY SEX & AGE*		TOTAL
	IDPs	Refugees	Returns	Host communities	Rural	Urban	% female	% children, adult, elderly*	People in need
Camp coordination & Camp Mgmt.	2.1M	0.02M	0.1M	-			49.6%	63 33 4%	2.1M
Education	0.9M	-	-	-			45%	100 0 0%	2.4M
Food Security	1.04M	-	-	-	2.9M	2.2M	49.9%	45.9 52.1 2%	6.2M
Health	-	-	-	-			50.5%	55.6 41.2 3.2%	5.7M
Logistics	-	-	-	-			0%	0 0 0%	0M
Nutrition	0.06M	-	-	-			51%	0 0 0%	1.2M
Protection	2.1M	0.03M	0.1M	1.06M			53%	63 33 4%	3.6M
Shelter	2.1M	-	.05M	-			51%	50 46 4%	2.1M
WASH	1.4M	-	-	-			55%	55 43 2%	4.4M

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

** Covers malnourished/to be malnourished children under 5

SEVERITY OF

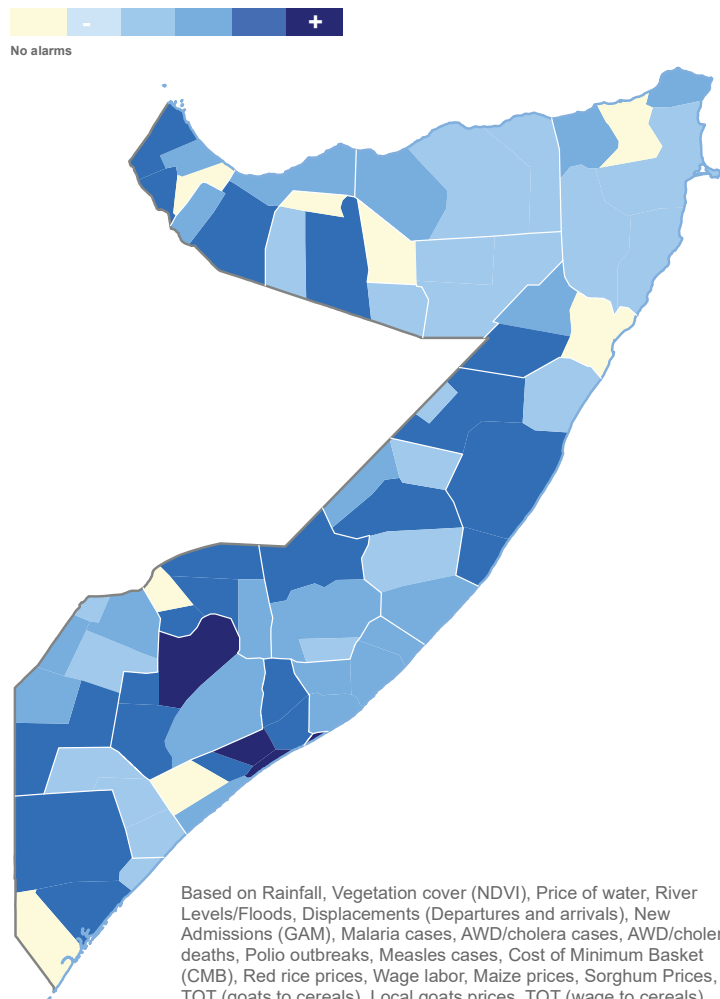
NEED

Acute humanitarian needs have increased significantly in 2016 and 2017 to levels not seen in recent years in Somalia. Due to significant loss of livestock and agricultural productive assets, recovery from the current drought and re-establishment of livelihoods will require several seasons of good rainfall. Strengthening access to basic services is also a priority to reduce the level of vulnerability and need.

Priority geographical areas currently include the regions where populations in IPC Phases 3 and 4 significant: South Mudug and Galgaduud in central regions, Hiraaan, Bay and Bakool in the south and Sanaag and Sool in the north. IDP settlements in urban areas with critical malnutrition levels such as Mogadishu, Baidoa, Dhusamareb, Garowe, Berbera, Bossaso, Dolow and Hargeisa are also prioritized. Given the extent of loss of productive assets, the humanitarian needs in Somalia are expected to remain high in the coming years and the recovery and stabilization of food security situation will require several good rainy seasons. The erratic rainfall

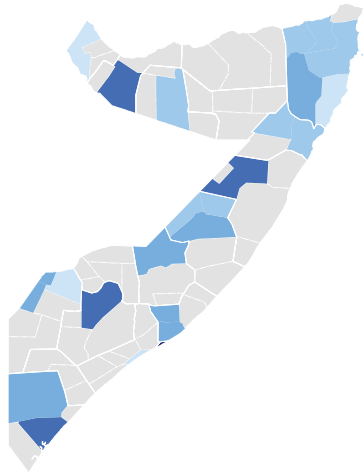
distribution and the changing volume of humanitarian aid contributes to frequent shifts of the crisis hotspots. The improvements continue to be fragile, and the risk of relapse into worsening state of food insecurity remains if humanitarian assistance is not sustained. For example, the deterioration of several regions in Somaliland from Stressed (IPC Phase 2) to Crisis (IPC Phase 3), and others moving from Crisis to Emergency (IPC Phase 4) is a serious concern. This highlights that Somaliland has not yet been stabilized and that vulnerability and poor resilience of many communities persist.

SEVERITY MAP



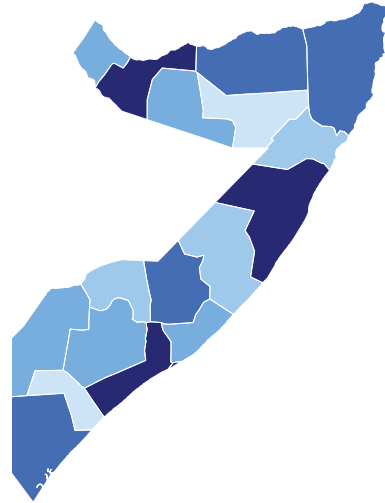
Source: FAO-FSNAU, Dashboard link: <http://dashboard.fsnau.org/>

CCCM



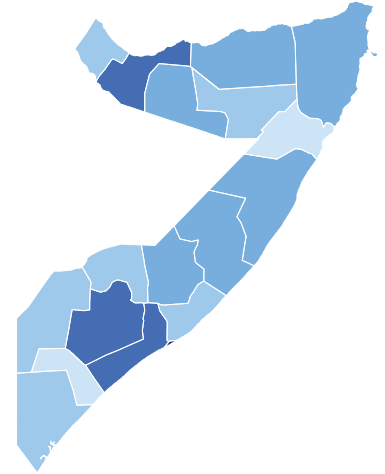
Estimated number of IDP sites by district

EDUCATION



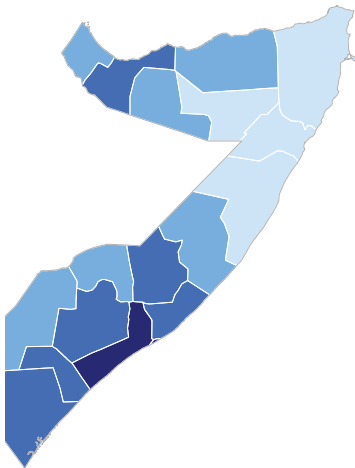
Number of drought-affected children of school going age by region

FOOD SECURITY



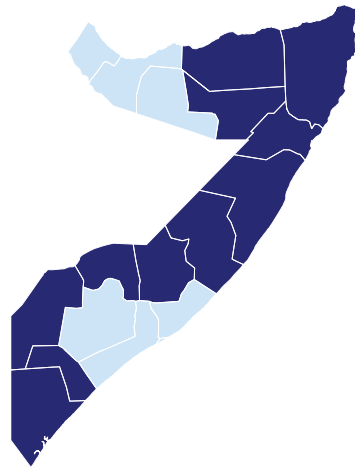
People in need per region based on IPC projection (August-December 2017)

HEALTH



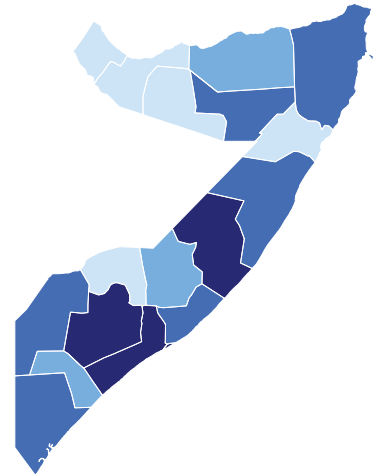
Population gap in primary health care coverage

NUTRITION



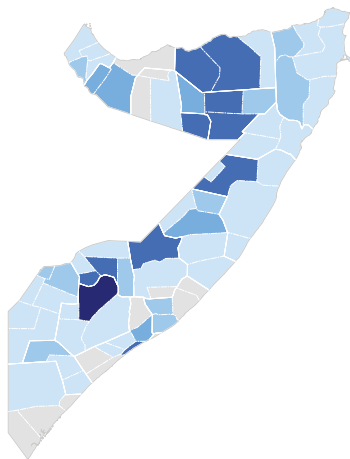
GAM Prevalence by region

PROTECTION



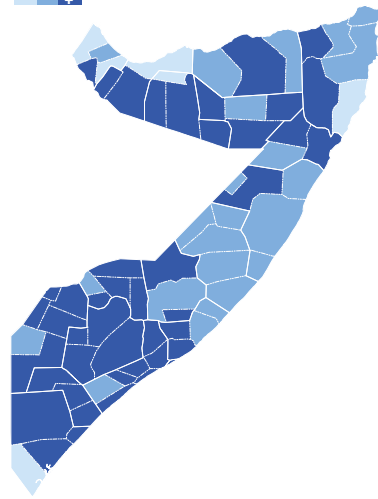
Protection concerns and needs by region

SHELTER



Population in need of NFIs per district

WASH



WASH vulnerability by district

PART II: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

-  Camp Coordination & Camp Management
-  Education
-  Food Security
-  Health
-  Logistics
-  Nutrition
-  Protection
-  Shelter
-  Water, Sanitation & Hygiene

ASSESSMENT PLANNING AND INFORMATION GAPS

CAMP COORDINATION & CAMP MANAGEMENT

OVERVIEW

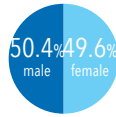


Coordination and management systems are required to ensure equitable access to services and protection for displaced persons in informal settlements. Although the scale of displacement is massive, there is no consolidated data on the number of sites in the country, the number of people living in sites, or the services available in these sites. People displaced to informal settlements and camp like settings are not having their basic needs met due to inconsistent service provision, exclusion from accessing services, or from the sheer absence of services due to poor targeting of settlements, while they are at risk of forced evictions. The lack of core services and site planning contributes to serious public health risks, preventable deaths, and increased risks of gender-based violence especially for women and girls. Existing coordination and management mechanisms are largely informal, with most sites being managed by Informal Site Managers (community leaders or gatekeepers), frequently imposing a barrier to constructive and consistent engagement with affected populations. These mechanisms have limited accountability and little adherence to minimum standards, exposing displaced populations to recurrent protection violations, including diversion of assistance and violations of safety and integrity of individuals.

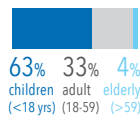
NO OF PEOPLE IN NEED

2.1 M

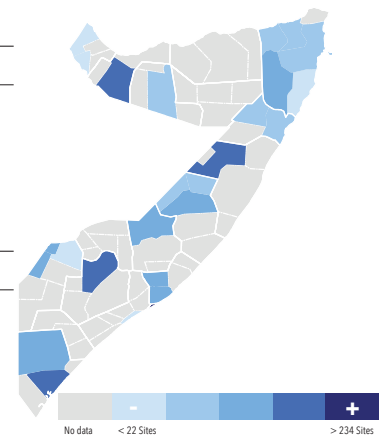
BY SEX



BY AGE



ESTIMATED NUMBER OF IDP SITES



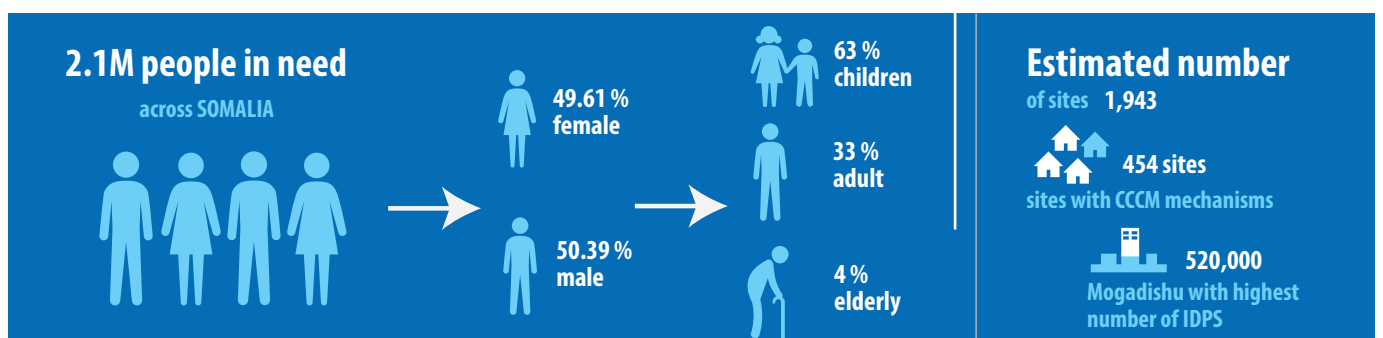
Most displaced people move to an urban area for security reasons and to access humanitarian assistance. There are almost 2,000 recorded IDP sites in the country and as people continue to be displaced, the number of sites and people living in sites will continue to grow. Vulnerable groups such as minorities and weaker clans, women, girls, boys, persons with disabilities, and older people are affected differently in displacement, while their needs might not be appropriately identified and where they face varying levels of access to assistance. Additionally, vulnerable individuals and communities are at risk of discrimination, abuse, and extortion in displacement affecting their dignity and increasing humanitarian needs.

AFFECTED POPULATION

Since the beginning of 2017, over a million people have been internally displaced. The population's coping mechanisms, have been affected over successive years due to conflicts, destruction of assets (such as water points, livestock, land-grabbing), leaving them more vulnerable to shocks such as drought, while also inhibiting return to their places of origin. Marginalized groups and weaker clans are reported to be particularly more vulnerable. Many have joined existing informal settlements, adding to the estimated total of 1.1 million IDPs as at end of 2016. Displaced people in informal sites are in greatest need of CCCM services in order to reduce barriers to assistance, ensure even coverage of service delivery, enhance the accountability of humanitarian actors to affected populations, and strengthen community participation and empowerment through consistent engagement.

HUMANITARIAN NEEDS

Living conditions in sites must be improved and protection concerns mitigated. The majority of IDPs settle in informal and unplanned settlements where living conditions are poor, while forced eviction is a common threat due to an absence of formal tenure agreements and a lack of restraints on abuses of marginalised or discriminated communities. Newly displaced populations join those whose displacement has become protracted, thereby adding to the pressure on available services. Poor living conditions in sites increase vulnerabilities of displaced people and expose them to health and protection risks. Sites are overcrowded, unplanned, and



unclean. There is a need to identify and address threats to health and safety, and ensure a minimum level of services such as sanitation and adequate shelter is provided, improving the dignity and living conditions of affected populations, while reducing protection risks, particularly for women and girls. Humanitarian assistance needs to be complemented by more sustainable durable solutions and local integration to IDPs, currently making up more than 15 per cent of the population. With strengthened community engagement, the CCCM interventions will work towards identifying options for durable solutions and contribute to the streamlining of humanitarian approaches.

Access to information and community participation is critical. Displaced populations in general lack platforms to raise their voices, access to information about their rights and available services. Displaced communities, especially new arrivals, need improved access to information in order to make

choices about where they reside, how they can receive services, and how to plan for their future. Marginalized groups, are often completely left out of community consultations or governance structures, resulting in further disempowerment and the risk of compromised access to assistance – on occasion purposefully so due to the actions of gatekeepers. Strengthening targeting to reach the most vulnerable and establish their needs, gaps, in service provision, complaints or concerns, as well as return intentions is needed to inform policies and assistance to be provided to these communities.

As a result of inadequate site level information on humanitarian and protection needs, as well as inconsistent detailed response monitoring, often assistance does not effectively reach the most vulnerable, leading to deterioration in their humanitarian situation, heightening vulnerability and increasing protection concerns and risks.



Photo: Giles Clarke Getty/OCHA

EDUCATION

OVERVIEW



Lack of access to education has persisted with enrolment rates historically ranked among the lowest in the world. The majority of children have continued to be deprived of formal schooling since the education system collapsed in early 1990s. An estimated 30 per cent²⁸ have access to learning opportunities while more than three million children of school going age 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.²⁹

AFFECTED POPULATION

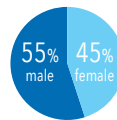
In 2017, the humanitarian situation significantly deteriorated due to the severe drought, resulting in increased student absenteeism in schools in drought-affected areas, as families rely on negative coping strategies including enlisting children to search for water resources, which in turn can increase children's exposure to protection risks, including gender-based violence. Rising food and water prices have cut into the incentives for teachers provided by parents and communities, resulting in teachers not showing up in schools, thus further jeopardizing children's education. The FSNAU/FEWS NET post-*Gu* assessment estimates that 6.2 million are in IPC phases 2, 3 and 4, indicating severe food insecurity.³⁰ An estimated 2.4 million of these are school-aged children. Of out the 2.1 million IDPs in Somalia, an estimated 972,000 are school-aged children and out of these approximately 366,000 school-aged children have been displaced since November 2016 due to drought and conflict. Taking into account overall enrollment figures and access to education for IDP children, it is estimated that almost 50,000 children, who would otherwise have been enrolled, lost their opportunity to go to school due to displacement between November 2016 and August 2017.³¹

The Somalia Education Baseline Survey (2016) identified 664 incidents of threats or attacks on education in central and southern Somalia. The incidents include attacks on schools and school personnel, occupation of schools, threats from armed non-state actors, and from conflict in the surrounding areas, clan fighting, and other unspecified events.³² Analysis suggests a relationship between communities' capacity to cope with drought impacts and prevalence of violence and conflict

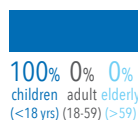
NO OF PEOPLE IN NEED

2.4 M

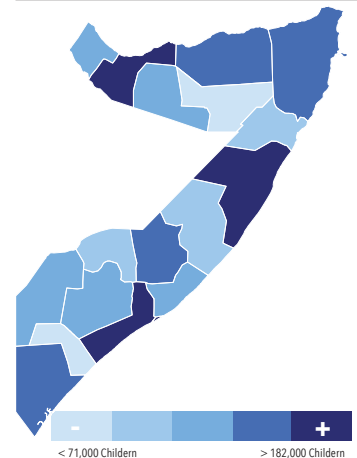
BY SEX



BY AGE



NUMBER OF DROUGHT-AFFECTED CHILDREN OF SCHOOL GOING AGE BY REGION



affecting education.³³ Based on numerous surveys conducted in 2017, it is estimated that more than 80,000 school children across the country were forced out of school mainly due to school closure related to drought and conflict.³⁴

HUMANITARIAN NEEDS

Cluster assessments in 2016³⁵ identified high needs and gaps for Education in Emergencies, as existing capacities and resources are unable to meet the current requirements. These gaps and needs are due to a lack of adequate learning facilities, lack of trained teachers, basic emergency teaching and learning materials, as well as basic WASH facilities and school feeding. In Puntland, 70 per cent of school children do not have access to safe drinking water and 80 per cent do not have access to food provision. In Somaliland, 41 per cent of school children do not have access to safe water and 77 per cent have no access to food provision.³⁶ In central and southern regions, an estimated 90 per cent of schools do not have access to safe drinking water.³⁷ The lack of appropriate access to WASH facilities increases the risk of waterborne diseases such as AWD/cholera. During the first half of 2017, a significant number of schools closed due to AWD/cholera outbreaks. With the expected average to below average rainfall during the 2017 *Deyr* season, continued outbreaks of AWD/cholera will be expected.³⁸ The lack of access to school feeding severely hampers the health and learning abilities of children. The Somalia Nutrition Cluster projects



3 million children of school going age

are out of school



2.4 million school aged children severely

affected by drought



IPC phases 2-4

30% school-aged children in Somalia



are enrolled in schools

that 1.2 million children are, or will be, acutely malnourished by the end of 2017.³⁹ Severely malnourished children are nine times more likely to die of fatal diseases such as AWD/cholera and measles.⁴⁰ The high numbers of malnutrition among children under five years indicates a significant likelihood of malnutrition among children of school going age as well.

The significant increase in displacement continues to put additional pressure on the already strained and precarious education system in urban areas. Access to education for displaced children should not only give them an opportunity to continue or begin their education, but also provide a safe space, access to food and water and relevant life skills. An existing community structure like the school serves as a unique entry point for other lifesaving services, including access to safe drinking water, food, AWD/cholera prevention, and protection mechanisms reaching one of the most vulnerable groups – children.

Lessons learnt from the 2011 famine⁴¹ show that many of the deaths of children caused by the drought could have been prevented if children had access to life-saving services at safe and protected schools that ensured children remained in school and surrounding communities were supported through reach out activities extending from school facilities. In the 2011 famine, a large proportion of the children who dropped out of school never returned to school. Children and youth who do not continue their learning are at great risk of joining the cohorts of out of school children and adolescents putting them at risk of harmful practices, especially child marriage, possible child labor and recruitment by armed groups.⁴² In 2017, non-state armed actors released a new curriculum to be implemented in areas under their control which might further increase the risk of radicalization and recruitment of children as well as attacks and intimidation of schools, school children, teachers and parents.



Photo: UNICEF

FOOD SECURITY

OVERVIEW



A large-scale humanitarian response has averted famine in 2017. However, the impacts of the drought continue to expand and deepen the needs and the risk of famine remains. One in two Somalis remain acutely food insecure and an estimated 2.1 million people are internally displaced. La Niña phenomenon will likely result in a fourth season of poor rains and the drought extending into 2018, worsening already dire food security conditions. Humanitarian assistance needs to be sustained to protect fragile gains and prevent the situation from worsening.

FSNAU/FEWS NET famine alert in January 2017 catalyzed a rapid and widespread scale up of food, cash, social safety net and livelihood assistance. Nonetheless, 6.2 million people face continued high, and in some locations, increasing levels of acute food insecurity. Of this total, 3.1 million are in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) – a nearly three-fold increase in one year. A further 3.1 million are under Stress (IPC Phase 2). The FSNAU post-*Gu* 2017 assessment notes the situation could have been far worse without sustained humanitarian intervention, and that the risk of famine continues. Post-*Gu* findings also show that food security improved in some locations where famine risks were highest, access possible and humanitarian efforts concentrated most in the first half of 2017. Conditions in Bay and Bakool in southern Somalia as well as Bari in the northeast have shifted from IPC 4 to 3 (from Emergency to Crisis). Also, the rapid scale-up and wide coverage of the humanitarian response largely contained displacement within people's same region of origin. As a result, IDPs have greater prospects for returning early to their communities of origin, if they are willing and able.

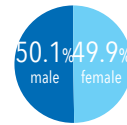
AFFECTED POPULATION

Against the backdrop of the ongoing conflict, people have been severely affected by consecutive seasons of poor rainfall, spanning the last two years. According to FSNAU, most of Somalia's rural livelihood zones are now classified as Crisis or Emergency. The protracted drought has had a drastic impact on the already fragile agricultural and livestock assets and has further eroded natural resources and the resilience of affected rural communities. Large-scale livestock losses and low agricultural production have significantly impacted household access to food and income. Prices of food and non-food commodities have increased well above the five-year average, weakening household purchasing

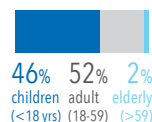
NO OF PEOPLE IN NEED

6.2 M

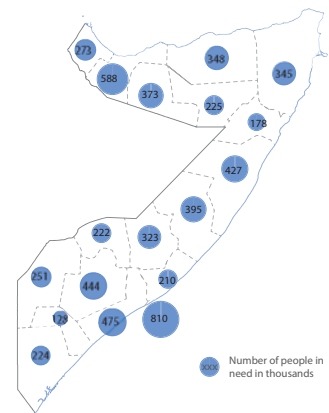
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BY AGE



PEOPLE IN NEED PER REGION BASED ON IPC PROJECTION (AUG-DEC 2017)



power. Marginalization and discrimination due to societal conditions and/or power dynamics continues to render some groups at risk of being affected by food insecurity and vulnerable to shocks. In addition, individuals or households may have limited access to food due to age or gender or disability based discrimination.

In the northwest (including Sool and Sanaag), approximately 569,000 people are in IPC Phase 3 and 251,000 people are in IPC Phase 4. In the northeast (excluding Sool and Sanaag), 374,000 people are in IPC Phase 3 and 113,000 people are in IPC Phase 4. In the central regions, 548,000 people are in IPC Phase 3 and 269,000 people are in IPC Phase 4, while in southern regions 850,000 people are in IPC Phase 3 and 169,000 people are in IPC Phase 4.

Multiple seasons of low agricultural production have left poor farming and agro-pastoral households with little to no food stocks or income. Many households have resorted to negative coping mechanisms to sustain their food levels, such as borrowing money which increases their indebtedness, consuming less preferable foods or skipping meals, early marriage to reduce burden on the family, and engaging children in labor. Some households are also resorting to selling a portion of their standing crops as fodder for livestock. Most poor pastoralists and agro-pastoralists have sustained substantial livestock losses (40-60 percent northeast and central regions). Livestock production and reproduction have also reduced significantly, resulting in limited milk available



La Niña phenomenon

will likely result in a fourth season of poor rains and the **drought extending into 2018**, worsening already dire food security conditions

2.4 million

have received an immediate life-saving assistance per month



A large-scale humanitarian response has averted famine thus far but the **risk of famine continues**

1 out of 2

Somalis remain acutely food insecure, **more than 2 million people are internally displaced**



for consumption at home. Livestock mortality and distress sales have increased indebtedness and destitution among pastoralists.

Drought and conflict continue to displace a growing number of people. The food security and nutrition situation of IDPs and the urban poor has deteriorated. These populations also have high levels of acute malnutrition, morbidity and mortality. The level of acute food insecurity and malnutrition among the newly displaced is very high, exacerbated by the loss of their means of livelihood for the majority. In summary, the most pressing factors driving humanitarian needs are: (i) persistent, high levels of acute food insecurity and malnutrition, (ii) significant loss of livestock and successive poor crop harvests, (iii) rising food prices that limit the capacity of poor households to afford food, (iv) erosion of coping capacity and increasing indebtedness in rural areas, (v) consequent population displacement out of rural areas and limited livelihood skills and opportunities in (peri-)urban locations, and (vi) forecast for a fourth consecutive season of below average to average *Deyr* rains.

HUMANITARIAN NEEDS

The most pressing humanitarian needs in 2018 are: (i) immediate access to food and nutrition; (ii) rural livelihood support to restore own food access, prevent further displacement, and enable early return or local integration or settlement elsewhere for the willing and able, (iii) urban livelihood support to improve own food access and facilitate integration in the same location or elsewhere. The outcomes of 2017 seasonal food security and nutrition assessments are testimony to how fast and far food security can decline in Somalia. With poor rains anticipated for a fourth consecutive season, drought is likely to extend into 2018 and could worsen already dire food security conditions. Therefore, improvements to the situation will be driven primarily by humanitarian assistance, which must be sustained.

Immediate access to food and nutrition: 6.2 million people are acutely food insecure. Since October 2016, the total number of people in Emergency (IPC Phase 4) has significantly increased, from 43,000 people to 800,000. The risk of famine continues. People in IPC 3 and 4 need continued support to meet their immediate food needs.


Emergency livelihood support to restore own food access, prevent further forced displacement due to lack of food and enable early return, integration or settlement elsewhere. There have been substantial livestock losses, cereal production is far below average, and food prices remain well-above average in parts of the country. Conflict and drought in rural areas have led many to abandon their livelihoods and seek assistance in (peri-) urban locations. These factors have seriously compromised household access to food and income of affected populations. Pastoralists need a range of support to keep their animals alive, healthy and productive such as feed, water and veterinary care. Farmers and agro-pastoralists need quality seeds and land preparation support to make the most of upcoming season. These rural communities would also benefit from cash-based interventions to help them repay their debt, retain a better share of their harvest and reinvest in their livelihoods. The year 2018 presents an opportunity for organizations to partner in facilitating the early voluntary returns of drought displaced people, who are willing and able.

Urban livelihood support to improve own food access. There are now more than 2 million IDPs in Somalia. Newly displaced have joined long-standing IDPs on the edges of (peri-)urban settings, many risk discrimination and marginalization. Few IDPs have appropriate skills and networks to enter the formal and informal job market. Some will require not only new skills but livelihood support to create their own employment through the creation of small enterprises. Peri-urban agriculture is also an underexploited way for families to diversify their livelihood while improving food security and nutrition.

Region	Total Population	Population in IPC Phased 3 and 4	% of IPC 3 and 4 from total population
Awdal	673,264	141,000	21
Bakool	367,227	171,000	47
Banadir	1,650,228	444,000	27
Bari	730,147	105,000	14
Bay	792,182	324,000	41
Galgaduud	569,434	285,000	50
Gedo	508,403	94,000	18
Hiraan	520,686	215,000	41
Lower Juba	489,307	93,000	19
Lower Shabelle	1,202,219	134,000	11
Middle Juba	362,921	30,000	8
Middle Shabelle	516,035	46,000	9
Mudug	717,862	275,000	38
Nugaal	392,698	107,000	27
Sanaag	544,123	215,000	40
Sool	327,427	143,000	44
Togdheer	721,363	171,000	24
Woqooyi Galbeed	1,242,003	150,000	12
Total	12,327,529	3,143,000	25

HEALTH

OVERVIEW

 Somalia's health system has significantly underperformed for many years because of the longstanding conflict and instability. The health sector was further overburdened in 2017 due to the impacts of the drought and worsening humanitarian crisis. This has increased a burden to a population with an already poor health, leading to increased levels of malnutrition across the country, a major AWD/cholera outbreak with over 78,000 cases reported, and a measles epidemic affecting all regions with a total of nearly 19,000 cases reported. Drought and conflict can be identified as the major underlying factors causing major population displacement during 2017, and thus, increased health needs across the country.

AFFECTED POPULATION

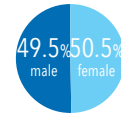
The health risks remain from malnutrition, diseases such as measles and possible resurgence of AWD/cholera outbreak following the *Deyr* 2017 rains, poor hygiene and sanitation, through to the end of 2017 and early 2018. This is beyond excess avoidable morbidity and mortality occurring as a consequence of major gaps in health service availability, accessibility and utilization.

The lack of comprehensive and reliable epidemiological and disease information from all regions has made it very difficult to ascertain the extent of gaps in service provision and burden of disease across the country. This has made prioritization and strategic planning a challenge for the medium-long term. 2016 reports on core indicators for Somalia's health situation and health system performance⁴³ show that even prior to the onset of the 2016/2017 drought, young children and women of child bearing age disproportionately bear the brunt of the protracted health crisis across Somalia. Amongst children under the age of 5 years, 42 per cent were stunted whilst 13.2 per cent were wasted. Both the under-5 mortality rate of 137/1000 as well as maternal mortality ratio of 732/100,000 live births were the highest in the region. Women of child bearing age die as a result of complications during and following pregnancy and childbirth, even though most maternal deaths are preventable. The actions needed to prevent or manage complications are well documented: All women need access to antenatal care in pregnancy, skilled care during childbirth, and follow-up support in the six weeks after delivery. Data on health service delivery indicators is limited, however in 2016 Diphtheria-

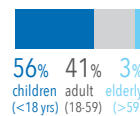
NO OF PEOPLE IN NEED

5.7M

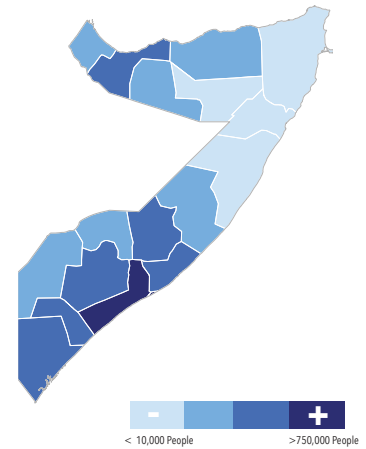
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POPULATION GAP IN PRIMARY HEALTH CARE COVERAGE






Tetanus-Pertussis DTP3 coverage was 51 per cent and measles coverage of six percent was reported.⁴⁴

For a child born in Somalia, the risk of dying is highest in the neonatal period, the first 28 days of life, and approximately 45 per cent of child deaths under the age of five years will occur during that period. From the end of the neonatal period and through the first five years of life, the main causes of death are pneumonia, diarrhea and malaria. Across this age range, malnutrition is an underlying contributing factor in about 45 per cent of all deaths from all causes. Vaccination, nutrition, exclusive breastfeeding alongside safe water and food can avert significant numbers of deaths amongst children at risk of dying.

The population of Somalia is very young, with approximately half of the country's population under the age of 15. The 2.4 million children under the age of five constitute a key 'high at-risk' group. Somalia has recorded one of the highest wasting rates globally, surpassing the emergency threshold of 15 per cent.

According to the FSNAU/FEWS NET 2017 Post-*Gu* Seasonal Food Security and Nutrition Assessment, 388,000 children are acutely malnourished, and 87,000 out of them are classified as Severe Acute Malnutrition. The past decade, the stunting rates have remained high, currently 23.2 per cent. The number of malnutrition admission cases has sharply increased between January and June 2017 in the stabilization center of Banadir Hospital, the main referral

<p>1 out of 3 Somalis in need of access to primary health care across Somalia</p> 	<p>More than 78,000 cases of AWD/cholera and 1,159 deaths in 2017</p> <div style="display: flex;"> <div style="border: 1px solid white; padding: 5px; margin-right: 10px;">cases</div> <div style="border: 1px solid white; padding: 5px;">deaths</div> </div> 	<p>1 out of 7 Somali children dies before seeing their fifth birthday</p> 
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hospital for southern and central region, with a case fatality rate reaching up to 11 per cent. This can be decreased through urgent interventions that quickly improve the quality of services and care provided at the stabilization centre.

HUMANITARIAN NEEDS

A preliminary health service mapping exercise was completed through the Health Cluster in March 2017 based on Service Availability and Readiness Assessment (SARA) data (2016) and supplemented by additional information from Health Cluster partners.⁴⁵ The mapping exercise highlights significant regional inequities in service delivery availability, exacerbated by complete closure or inaccessibility of facilities across areas of the country.

Out of 1,075 facilities in Somalia, 801 (74.5 per cent) health facilities are functioning whilst out of the remaining 274 facilities, 105 (9.8 per cent) are closed and 169 (15.7 per cent) are inaccessible. The SARA study determined that, nationally, there is less than one health facility per 10,000 population (0.76 facilities per 10,000 population), which indicates the country is 38 per cent of the way towards achieving the facility density target of two health facilities per 10,000 population. However, even these figures hide the very significant inequalities in health service availability across different areas of the country.

The focus on control of AWD/cholera has placed significant stress on limited pre-existing services. Beyond this, barriers to access healthcare remain critical and are attributable to gaps in geographical coverage, access limitations for specific vulnerable populations and gaps in sub-sector provision e.g. GBV service provision.

In 2017, nearly 19,000 cases of suspected measles were detected by October, which is significantly higher compared to the previous years, 5,657 cases in 2016 and 7,498 cases in 2015. Due to the protracted drought and compromised nutritional status of children under five years of age, clinical complications are common and measles mortality remains high. The age distribution of measles cases reveals 84 per cent are < 10

years of age. In recent years, the MCV1⁴⁶ coverage (Measles-Containing Vaccine first dose) in Somalia, as estimated by WHO/UNICEF, has remained at the 46 per cent level. With this level of coverage, the number of children susceptible to measles, increases rapidly and Supplementary Immunization Activities are required every year in order to prevent wide scale outbreaks, increasing pressure on an overburdened health system. In addition, communication and social mobilization in outbreak preparedness and response are currently inadequate.

The ongoing conflict, drought, poor water availability and sanitation coupled with worsened food security and displacement contribute to the risks of increased mortality and morbidity, thus there is an urgent need to ensure the provision of basic health services. The estimations of existing coverage highlight that 5.7 million people, out of the total population of 12.3 million, lack access to essential health services. Despite relative control over the AWD/cholera epidemic, FSNAU data continues to show critical levels of severe acute malnutrition, high levels of morbidity in surveyed populations and Crude Death Rates (CDR) and/or Under-Five Death Rate (U5DR) which have surpassed emergency thresholds.⁴⁷ Needs are especially high amongst IDPs and in areas controlled by non-state armed actors, where access to health services is either absent or extremely limited. Also amongst underserved, rural areas where drought is most severe.

Health facility data, especially from the drought-affected areas, indicates a progressive increase of people seeking basic health services. So far health cluster partners have been able to reach 2.4 million people (56 per cent coverage) out of the target 4.3 million in 2017. Health agencies providing essential, lifesaving health services are faced with challenges of lack of access and underfunding, in addition of the worsening health situation as a result of the drought. In 2018, a range of urgent interventions are needed in the health sector, especially targeting the already weakened drought-affected regions in Somalia. The emphasis will be on support for coordinated basic and secondary health care services, measles vaccination, disease surveillance and reporting, capacity building and provision of essential drugs and medical supplies.



Photo: IOM

LOGISTICS

OVERVIEW

The operating environment in Somalia remains one of the most hazardous in the world. Regular and sustained access to the most affected areas and populations represents a challenge due to conflict and insecurity, capacity limitations and deteriorated infrastructure. A number of key operational areas remain only accessible by air while others are completely inaccessible. Severe access constraints have a direct impact on the ability of the humanitarian community to efficiently and effectively deliver humanitarian relief to populations in need, requiring an ongoing, scaled-up logistics response for humanitarian cargo and personnel.

HUMANITARIAN NEEDS

As Somalia remains a disaster-prone country, there is a pressing need to enhance the logistics capacity of the humanitarian community to prepare and rapidly respond to emergencies, ensuring that logistics services, tools and networks are fit for purpose. Coordination and sharing of information and resources must be strengthened to focus on engaging diverse stakeholders and foster national networks. There is a need to work collaboratively to tackle access constraints, defining long and short term solutions, including the rapid rehabilitation of crucial infrastructure as airstrips, roads and ports. Sustained advocacy remains decisive for the resolution of issues that impact the logistics community in Somalia, such as the need for investment in preparedness, inclusion of logistics requirements in contingency planning, and access requirements.

Ensuring a gradual reduction of the humanitarian footprint while paving the way for a well-established government leadership, it is essential to continue strengthening the logistics capacity and preparedness of national actors in Somalia. The logistics community must invest in promoting capacity building activities and tight collaboration with the national humanitarian logistics actors, including the Ministry for Humanitarian Affairs and Disaster Management (MoHADM) and the National Disaster Management Agency.

Due to the lack of commercial operators in Somalia and insecurity along roads, the air services provided by the United



Nations Humanitarian Air Service (UNHAS) constitute the only option to travel to most destinations within Somalia.

The lack of a safe, secure and efficient commercial alternative endorsed by the United Nations to fly humanitarian personnel and cargo into and across Somalia, makes UNHAS one of few options to reach those locations safely and to ensure high standard of aviation security on the ground. The need for UNHAS to provide crucial air services for the entire humanitarian community remains at the core of the logistics response.



Photo: Logistics Cluster/WFP

NUTRITION

OVERVIEW



Somalia is one of the top ten countries with the highest prevalence of malnutrition in the world, and the third highest in the eastern and southern Africa region.⁴⁸ The Global Acute Malnutrition (GAM) is at 17.4 per cent⁴⁹ amongst children under five years, with 3.2 per cent being severely malnourished. Despite the large-scale humanitarian assistance delivered, the FSNAU/FEWS NET) post-*Gu* assessment indicates sustained high-level risk of famine in some parts of Somalia by the end of the year.⁵⁰ This is due to a combination of severe food insecurity, high acute malnutrition and high burden of disease. The projected number of children who are, or who will be acutely malnourished, has increased since the beginning of the year to 1.2 million,⁵¹ including over 231,829 (including IDPs) who have or will suffer life-threatening severe acute malnutrition (SAM) over the next one-year period from Sep 2017-Sep 2018. Severely malnourished children are nine times more likely to die of killer diseases such as AWD/cholera and measles, and the rising malnutrition outcomes are a direct manifestation of the combined impact of drought and conflict.⁵²

AFFECTED POPULATION

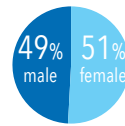
As per the FSNAU/FEWS NET post-*Gu* 2017 food security and nutrition assessment findings, the current global acutely malnourished population quantified from both IDPs settlements and rural livelihood zones have increased by 20 per cent and 10 per cent, respectively. At the beginning of the year, the GAM rate was 14.9 per cent, while the SAM rate was 3.07 per cent, with 363,000 acutely malnourished and 71,000 SAM prevalence while projected figures were 971,503 acutely malnourished and 188,000 SAM cases. Currently the GAM rate has increased to 17.4 per cent, while SAM rate increased to 3.20 per cent with 388,070 acutely malnourished children and 87,250 SAM (point prevalence estimate). Projected figures (burden) would be 1,260,568 acutely malnourished and 231,829 SAM cases. Hence between September 2017 and August 2018, the need in the cluster is estimated to be 1.2 million acutely malnourished children of which 231,829 are severely malnourished children. The FSNAU/FEWS NET post-*Gu* 2017 preliminary results revealed that the current poor nutritional situation identified in most of the IDPs settlements and rural livelihood zones will further deteriorate or remain in serious or critical situation. Recent assessments show higher

NO OF PEOPLE IN NEED

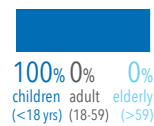
1.2M

covers malnourished/to be malnourished children under 5

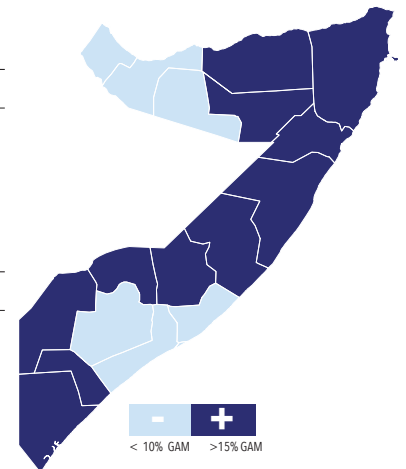
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GLOBAL ACUTE MALNUTRITION PREVALENCE BY REGION



prevalence of GAM in boys compared to girls across all under-five children. The difference was statistically significant in all areas surveyed.

HUMANITARIAN NEEDS

Widespread acute malnutrition persists across Somalia. Further analysis on the seasonal surveys conducted by FSNAU since 2007 to 2016 clearly indicates the fact that acute malnutrition trends in Somalia remain stable at emergency level of GAM/SAM threshold and further deteriorating with no significant variations in the malnutrition rates over the years ($p > 0.05$). The significant deterioration of malnutrition situation seen among the IDPs can be attributed to high morbidity (disease incidence e.g. AWD/cholera, measles), 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. Stunting or chronic malnutrition, is a considerable driver given the fact that there is significant association between GAM and stunting ($r = 0.38$; $p < 0.05$) and SAM and stunting ($r = 0.51$, $p < 0.01$) as detected in the latest survey by FSNAU. This shows that acute malnutrition is often superimposed with chronic malnutrition which can further aggravate malnutrition levels in the community.



Malnutrition needs
point prevalence

(388,070 GAM, 87,250 SAM)



Malnutrition needs
burden

(1.2m GAM, 231,829 SAM)



Rates
GAM/SAM

(17.4 % GAM, 3.2% SAM)

Overall in Somalia, conflicts, displacements, drought and disease are contributing to the high levels of child acute malnutrition. IDP populations face considerable challenges where high pervasiveness of women headed households are chronically combating high levels of acute malnutrition. These mothers are away from the homes in search for casual labour, while children and infants are without proper care. They are also susceptible to frequent evictions, leaving families with poor housing structures and limited sanitation and hygiene facilities. In addition, individuals or households may suffer restrictive access to nutrition services due to age, gender, social discrimination or due to a specific vulnerability such as disability. Providing difficulties in targeting marginalized communities as exclusionary measures are taken by some gate keepers to ensure services reach prominent clans.

Drought and conflict related displacement in urban centres further exacerbate the situation. With more than 975,000 new IDPs in 2017, the limited resources available are further strained, and leaving the most vulnerable (pregnant/nursing mothers and children) at risk of death. Studies also show 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.

Furthermore, the 2015 Nutrition Causality Analysis (NCA) study in Somalia conducted by the SNS Consortium with support from WFP across six locations in central and southern regions of Somalia, between March and November 2015, indicates the causes of acute malnutrition are multiple and complex. These include less known underlying drivers in need of urgent attention, as well as factors already documented. Unsurprisingly, the NCA research has confirmed that 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 Somalia, due to their 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 are seen to have a major impact.

The 2016 Infant and Young Child Nutrition (IYCN) assessment conducted by FSNAU and UNICEF in collaboration with the Ministry of Health in Somalia, showed an increase in prevalence of exclusive breastfeeding for the first six months from 5.3 per cent (2009) to 33 per cent (2016). The number of infants put to the breast within one hour after delivery was 80 per cent during the survey. By the age of six to eight months, 80 per cent of infants and young children had been introduced to solid, semi-solid or soft foods. This positive trend can be partly attributed to scale up of IYCN interventions. However, providing the recommended number of meals, and ensuring those meals contain at least four food groups (as per the minimum acceptable diet) as well as iron-rich foods, is still a challenge in most parts of Somalia. The proportion of children aged 6 - 23 months meeting requirements for a minimum acceptable diet remains unacceptably low at an estimated nine per cent, linked to household food insecurity (lack of access and availability of diverse foods) and poor feeding practices. Bottle feeding, which is not a recommended practice, was found to be common among around half of the caregivers who participated in the survey. Various factors impact the implementation of IYCN practices, such as cultural beliefs, and are identified within this report. Access to food and money, as well as education, influenced IYCN practices.

The importance of involving multiple sectors in addressing malnutrition is essential as the causes of malnutrition are complex and interconnected. Therefore, sustainable solutions require coordination and integration with health, agriculture and social protection among others.



Photo: M. Knowles-Coursin/UNICEF

PROTECTION

OVERVIEW



The protection crisis in Somalia continues to be characterized by a multi-faceted armed conflict. It is also compounded by the persistent drought, governance challenges, weakened resilience and economic vulnerability of families and communities. Both protracted and new displacement have resulted in undignified living circumstances with severe protection implications for affected men, women, and children. Localized conflict dynamics, consisting of inter-communal rivalries and competition, including regarding access to land and political power, further compound the conflict, displacement, and overall protection situation. Protection needs in Somalia stem from acts of violence, exploitation, abuse, coercion, and deprivation, especially in situations of conflict and displacement, violating international human rights law and international humanitarian law, including grave violations against children and GBV.

The crisis is aggravated by lack of access to services, low awareness of basic rights, and existing gender discriminatory and harmful socio-cultural practices, disadvantaging marginalized groups such as minorities and persons with disabilities, and affecting women and children disproportionately. Accountability for violations is limited, with formal and traditional mediation and justice mechanisms having been disrupted, or having become disrespected or inaccessible while recourse for defendants and survivors, especially women, is not guaranteed.⁵³

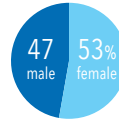
AFFECTED POPULATION

The crisis affects individuals of all ages and genders, as well as from diverse social backgrounds, in different ways and protection needs evolve over time. Somalia's societal landscape is highly granular, numerous social groups – clans and ethnic groups – and divisions between those groups remain one of the dominant characteristics of society. Livelihood strategies vary, and some of these groups have comparatively less social capital, resulting in reduced clan-based protection and potentially less (financial) support during crises. In the context of the ongoing conflict and the drought, marginalized or lower status social groups are likely to be disproportionately affected and are at heightened risk of protection violations.⁵⁴ Inequality between groups can be aggravated in situations of displacement, where power dynamics regularly result in forced evictions

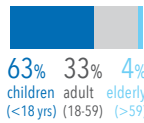
NO OF PEOPLE IN NEED

3.6M

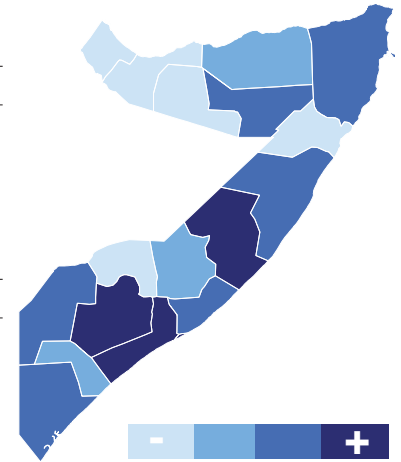
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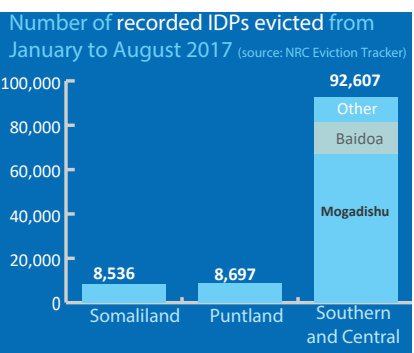
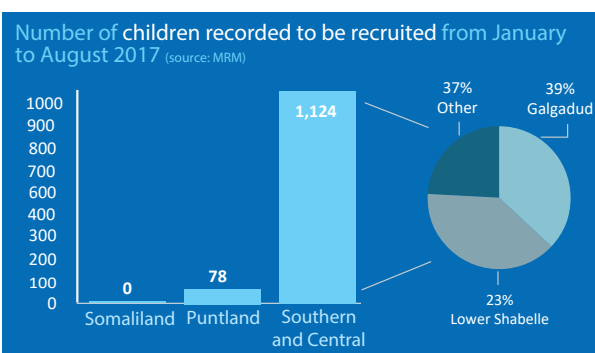
PROTECTION CONCERNS AND NEEDS BY REGION



and exploitative relationships between IDPs and land owners through 'gatekeepers' which shapes humanitarian responses and their impact.⁵⁵

Negative coping strategies are widespread due to displacement and food insecurity. According to a recent assessment 81 per cent of children interviewed had noticed a change in their parents' behaviour since the start of the drought.⁵⁶ Harmful coping strategies include family separation, early marriage, child labour, and other forms of abuse, while distress exposes women to physical (intimate partner) violence. In general, women and girls are frequently victims of GBV within IDP communities, including rape and sexual assault, raising grave concerns about the safety and security in IDP sites. Families with members with specific needs (i.e. serious health conditions, disability) are at heightened risk in adverse circumstances and might require specialized life-saving assistance, as well as interventions to mitigate further exposure to rights violations such as extortion, taxation, and abuse.⁵⁷ Populations in drought-affected areas controlled by non-state armed actors, especially men and male youth from pastoralist communities, are reported to experience hampered access to areas where assistance is provided. Ensuing family separation results in elevated protection risk exposure for women and children, also due to the risk of exploitation and abuse by gatekeepers.

The complex nature of protection violations and needs, as



well as insecurity and a lack of access to affected populations, inhibits comprehensive data gathering with sufficient detail on protection violations and needs across Somalia. Innovative approaches to protection monitoring and data analysis, at individual and community level, remain a priority, ensuring protection needs and concerns are identified and enabling targeted protection service delivery to and evidence-based advocacy on behalf of those who are most affected and vulnerable.

HUMANITARIAN NEEDS

Protection needs in the complex emergency in Somalia are mainly related to involuntary population movements, the ongoing conflict and violations by armed actors, and the weakness of formal mechanisms, institutions and services to protect and fulfil basic rights. Forced displacement reduces the self-protection capacities of affected populations and impacts on community cohesion, while it also causes severe distress which can have long-term consequences for the entire household if not adequately addressed. The impacts of drought, lack of assets, and the various facets of the conflict continue to inhibit the return of IDPs, while local integration of returnees and IDPs in urban contexts remains complicated due to lack of land/property ownership, discriminatory attitudes, inadequate support services, and limited livelihood opportunities.⁵⁸

Forced evictions continue to be an unrelenting reality, especially for those IDPs who have settled on private land. The sharp increase in drought related displacement has coincided with an increase in forced eviction trends: From January to August 2017 more than 100,000 persons have been evicted throughout Somalia, representing a 15 per cent increase in forced evictions compared to the same period in 2016.⁵⁹ However, challenges impeding awareness and forced eviction prevention remain persistent. Prevention of forced evictions is critical during the drought period, the disruption of coping mechanisms subjects already vulnerable populations to risks across all humanitarian indicators. Structural protection concerns and violations associated with housing, land and property are rampant and include land grabbing, encroachment, multiple land claims, insecure land tenure, boundary disputes, demolitions, illegal land claims, squatters, illegal occupations and land transactions, and fraud. Poor land administration and a lack of land management systems, limited access to justice, poor legal and policy frameworks, and weak institutions are structural impediments to tenure security and contribute to the protractedness of the crisis.⁶⁰

Gender-based violence affecting women and girls remains underreported but widespread, with IDPs remaining extra vulnerable (96 per cent of GBV survivors who accessed services in 2016 were female; 76 per cent IDPs).⁶¹ Data indicates that GBV occurs while in transit to IDP sites, while exposure is especially high in IDP sites, for example during water collection after dark or in shelters that offer little physical protection.⁶² IDPs from minority clans are reported to be more frequently affected, allegedly due to outsiders intruding into IDP sites.⁶³ GBV cases related to intimate partner violence, especially domestic violence and deprivation of resources, continue to be the most reported type of GBV. Gaps exist in basic service


provision for survivors, including post-rape care, psychosocial support, and comprehensive survivor-centered care, including case management.

The crisis has serious consequences for children and the protection of their rights, leading to abuse, violence, neglect, and exploitation. Key risks for children are family separation⁶⁴ and child recruitment, arbitrary arrest, an elevated exposure to GBV including early marriage, trafficking, psychosocial distress, a lack of access to education, and hazardous child labour.⁶⁵ From January to August 2017 a total of 3,443 grave violations, affecting 2,965 children (463 girls, 2,502 boys) was reported out of which 1,202 children (1,169 boys and 33 girls) were recruited by armed forces and groups, an average of 150 children per month.⁶⁶ On the move, in displacement, and affected by conflict and food insecurity these risks are aggravated. While societal customs already are an enabling factor for child marriages, 59 per cent of respondents to a recent assessment indicated early marriage is more likely during the current drought due to monetary incentives and the assumption that the husband will care for the child bride.⁶⁷ Children make up 63 per cent of the displaced, their rights – as well as rights of children across Somalia – remain severely compromised.

The ongoing conflict has resulted in contamination from Explosive Remnants of War (ERW), landmines and IEDs, which has a detrimental impact on the physical security of civilians, especially for mobile pastoral communities. From January to August 2017, 34 individuals, including 27 children, were killed and maimed by mines and ERW, while IEDs, including pressure plate operated, caused 452 civilian casualties.⁶⁸ Further, ERW, landmine, and IED contaminations limit freedom of movement and access to basic services, disrupt livelihoods, and impede stability and recovery.⁶⁹ Ongoing armed clashes continue to increase ERW contaminations, while parties to the conflict do not take clearance into consideration.⁷⁰ Explosive hazard mitigation interventions, including survey and disposal, as well as Mine Risk Education, remain essential to save lives, enable humanitarian responses, and ensure the recovery of communities.

SHELTER

OVERVIEW

 The Shelter/Non-Food Items (NFIs) Cluster supports displaced populations and the host communities, through the provision of lifesaving emergency shelter and NFIs. It also supports transitional and permanent shelter solutions that are attendant to the nature and phase of displacement as well as prevailing security of tenure. Due to the massive new displacements caused by drought in 2017, alongside the ongoing conflict, cluster partners focused mainly in emergency shelter and NFIs provision. Despite the drought, floods occur in the riverine areas further causing displacement. According to the UNHCR-led Protection and Return Monitoring Network (PRMN)-report in September 2017, over 4,000 people have been displaced due to flooding this year.⁷¹ Many of the newly displaced have moved to urban and peri-urban areas to access assistance, adding to an already protracted displacement situation. The newly displaced often join the existing settlements or form new ones. In the meantime, forced evictions have continued to increase, adding to other secondary displacements.

AFFECTED POPULATION

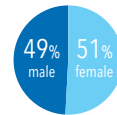
The most vulnerable IDPs are usually those living in informal settlements, who are often from marginalised groups that do not have the option of staying with relatives or host communities that could provide more security and protection. They are faced with extremely poor and overcrowded living conditions and limited access to water, food and other basic services. Informal sites are often very basic forms of settlements where displaced and poor host communities live in the open or in rudimentary makeshift shelters that are not appropriate for long-term settlement and do not last in the harsh climatic conditions. In addition, some IDPs live in abandoned government buildings. The sites often lack tenure security, with inhabitants under constant fear of eviction, and a high risk of further displacement. Due to a weak protective environment, informal settlements present opportunities for exploitation of inhabitants by the informal settlement managers, land owners and the surrounding host communities.

According to UNHCR-led PRMN report of October 2017, over one million IDPs had joined the already existing 1.1 million protracted IDPs, and the numbers are projected to increase.⁷² The PRMN data indicates that the major cause of displacement

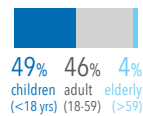
NO OF PEOPLE IN NEED

2.5M

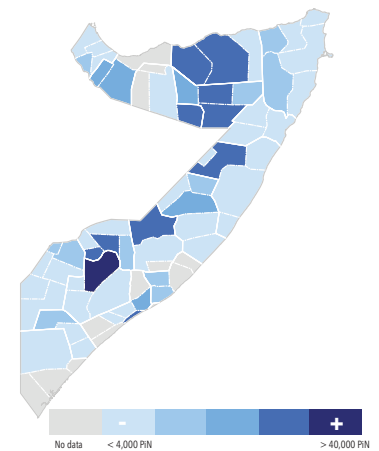
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BY AGE



POPULATION IN NEED OF NON-FOOD ITEMS BY DISTRICT



in Somalia in 2017 remains the drought, especially for the IDPs arriving in Baidoa and Mogadishu. The number of drought-induced displacement is estimated to be 860,000 and conflict and insecurity related 172,000 in the end of October. Conflict and insecurity have driven displacement in particular in Lower Shabelle, Middle Shabelle, Hiraaan, Gedo and Galgaaduud regions.⁷³


Moreover, forced evictions of IDPs have resulted in secondary displacement of approximately 90,000 IDPs in various towns in Somalia between January and August 2017. In August 2017 alone, landlords evicted 845 households from five IDP settlements in Baidoa while in Wardhigley district in Mogadishu, IDP leaders reported evictions of 3,000 IDPs.⁷⁴ IDPs continue to be at risk of rights violations, including evictions and physical attacks and further displacement. As a result, they are unable to pursue more durable solutions for their situation. Many of the hosting communities continue to have the same need for assistance as the displaced and the returnees, with the expectation of them sharing the available limited services and resources.

HUMANITARIAN NEEDS

Various assessments across Somalia indicate shelter among the top three priority needs of the newly displaced IDPs; the other priority needs being food and water.⁷⁵ Shelter was cited as a priority need by 82 per cent of the assessed households in Baidoa, in a Settlements-assessment conducted by REACH in

NFI Non Food Items (NFIs)



 Housholds across Somalia are in need of 150,000 Non Food Items (NFIs)



Shelter/Shelter Kits Needs

Housholds across Somalia

are in need of Emergency Shelter Kits / Temporary shelters (ESKs), Transitional / Semi permanent Shelters and permanent Shelters

→ 70,000
Emergency Shelter Kits /
Temporary shelters (ESKs)

→ 20,000
Transitional / Semi
permanent Shelters

→ 5,000
permanent shelters

April 2017. A considerable number of households is reported to live in emergency (57 per cent) or temporary (27 per cent) shelters that will soon be in need of replacement, or upgrade to more durable shelters due to their limited lifespans. A total of 87 per cent of the households indicated having no floor covering material which tends to worsen situations in shelters during the rain seasons. In addition, only one per cent of the households had an acceptable NFI score, as a result of lacking basic non-food items such as sleeping mats, jerry cans and plastic sheeting. According to the preliminary results of a Joint Multi-Cluster Needs Assessment (JMCNA) conducted by REACH, shelter was mentioned among the top three priority needs in 17 out of 30 districts, although the population frame was not composed of IDPs only. More than 50 per cent of the respondents' shelter structures were makeshift structures covered with plastic sheeting, with approximately 25 per cent reporting damage to their shelters. Post-return monitoring by UNHCR similarly highlights access to education and housing as major gaps.

Most shelters found in the settlements do not meet the minimum standards of space size, cover and privacy. They thus do not provide sufficient protection from harmful elements and physical safety and security; nor do they ensure sufficient privacy and dignity for the groups, families, and individuals living in them, increasing the risks of SGBV especially for girls and women. The newly displaced are in immediate need of life-saving emergency/temporary shelters and NFIs, whereas protracted IDPs are in need of more durable assistance which involves local reintegration or return, sustainable transitional shelter or permanent shelter solutions. Overcrowded

settlements are in need of support to decongest and reduce the risks of fire and spread of easily communicable diseases.

Sustainable solutions in regards to IDP settlements are difficult to realise without addressing the problematic issue of housing, land and property (HLP) rights. IDPs are often subject to arbitrary evictions as the security of tenure is unpredictable. As most of the land where IDPs are settled is privately or communally owned, informal agreements are common between the land owners and residents. In many cases, the agreements tend to be exploitative, requiring that residents pay for the use of the land, and at times, IDPs are expected to pay with part of the assistance provided.

Access to markets and basic social services is a basic necessity to IDPs, returnees and host communities having access to livelihoods, dignified living conditions and eventual sustainable solutions, including shelter. Availability and access to shelter supplies is affected by challenges in transporting supplies to hard-to-reach areas, affected by conflict and lack of infrastructure. The Shelter Cluster monitors monthly the markets of the non-food items in seven towns in Somalia, following an initial NFI market assessment in March 2017. The main findings of the assessment have informed partners that shelter and NFIs assistance can largely be provided through market-based modalities, including cash and vouchers. However, in some areas conflict and limited access impedes the ability of markets to function properly, and inflation and other issues with Somali shilling as a currency are affecting the effectiveness of these modalities.



Photo: M. Knowles-Coursin/UNICEF

WATER, SANITATION & HYGIENE

OVERVIEW



Across Somalia there are multiple threats to the health and resilience of the population due to inadequate WASH facilities. The threats are multi-factorial and multi-impact. For water supply, the population is dependent on a mix of unprotected surface water sources and protected groundwater sources. Surface water sources are seasonal and usually contaminated, while protected groundwater supplies are either difficult to access to due to distance and/or not affordable due to the high costs of extraction and the dominance of private sector entrepreneurs in their operation. Somalia's private sector provides water on the market at between US\$ 5 and US\$ 15 per cubic metre during wet and dry seasons respectively, while for many developing countries the same amount of water is between US\$ 0.4 and US\$ 1.5 per cubic metre.⁷⁶ Although in Mogadishu water is US\$ 1 per cubic metre, many of the urban and peri-urban poor, including IDPs, pay up to five times more for their water than those in rural areas.⁷⁷

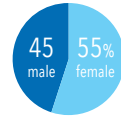
High water collection distances further limit access and water consumption for many people. Unpredictable rainfall patterns, conflict, displacement and poor operation and maintenance of WASH facilities has resulted in only 45 per cent⁷⁸ of the population having access to improved/protected water sources. Limited household assets mean that there are limited or no funds for maintaining WASH facilities, including the de-silting of berkads, traditional rainwater harvesting reservoirs, which collect water during the wet season for use in the dry season. At the institutional level, Somalia lacks policy and institutional frameworks for financing, managing and monitoring its WASH services and infrastructure which impacts on durable solutions for the displaced. The sector also lacks reliable and consistent data collection to undertake proper monitoring and analysis⁷⁹ which limits decision-making and is insufficient to guide proportionate and inclusive humanitarian WASH response.

UNHCR-led PRMN estimates that over one million people have been displaced since the beginning of the year due to drought and conflict.⁸⁰ Between January and October 2017, 860,000 people were drought-displaced while 172,000 were displaced due to conflict/insecurity and 30,000 due to other factors.⁸¹ Additionally, refugee returnees from Kenya are also moving into these same high-density IDP sites. In these over

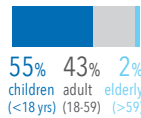
NO. OF PEOPLE IN NEED

4.4M

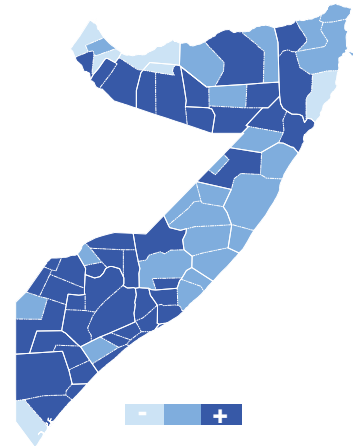
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BY AGE



WASH VULNERABILITY BY DISTRICT



crowded, typically urban/peri-urban sites, public health risk is raised with only 27 per cent of residents having access to improved excreta disposal, i.e. a facility that avoids open defaecation.⁸² Land tenure issues have meant that in some IDP sites land owners have banned latrine construction while forced evictions of IDPs from these sites result in the destruction of their WASH facilities. Nationwide, open defaecation stands at 39 per cent.⁸³ The lack of latrines, at a suitable distance from users, is a particular protection concern for women and girls as it heightens their risk of suffering sexual and gender-based violence. These high-risk poor hygiene environments have seen cholera outbreaks in 52 districts of 16 regions, the biggest outbreak in the last five years.⁸⁴ Since the beginning of the year, in accessible areas, there have been over 78,000 cholera cases and over 1,159 cholera deaths across the country.⁸⁵

For the remainder of 2017, most parts of Somalia are expected to receive average to below average *Deyr* rainfall but when combined with predicted warmer than normal temperatures for the same period, the net impact will be the depletion of water sources.⁸⁶ Over and above the challenges described above, there are people living in hard-to-reach areas where providing WASH services is even more challenging. All these factors combine to create a high-risk WASH environment in Somalia where every effort to promote hygienic practices, especially handwashing at the five critical times, is essential but made difficult by the poor coverage of WASH services.

3.5 out of **5**
are at risk of **water shortages**

Access to Hand Washing Facility **with soap**

10% nationally
8% rural
12% urban

39%
national

7%
urban

60%
rural

open defaecation

AFFECTED POPULATION

In 2017 the WASH situation deteriorated significantly due to the drought and continuing conflict which put even greater demands on existing WASH services for people in need, especially IDPs. This situation meant children and women having to search for limited quantities of water; raised protection issues around safe sanitation access for women and girls, adequate access for those with vulnerabilities such as, disabled persons, elderly, or school age children on their own and livestock loss with reduced income for WASH operation and maintenance. It is estimated that of the 6,200,000 people in need, 4,358,274 people will be in need of humanitarian WASH services in 2018. The lack of essential WASH services means serious public health risks and preventable deaths.

HUMANITARIAN NEEDS

Funding for WASH programming remains inadequate, which has prevented the massive scale-up needed to improve and extend water supply networks, increase sanitation provision and access and undertake hygiene promotion interventions among the affected IDPs, hosts and rural communities, whether accessible or not. An increased influx of IDPs in parts of Gedo, Lower Juba, Galgaduud, Bay and Bakool regions has made additional demands on already overstretched WASH facilities and will continue to do so. The deteriorating security in parts of central Somalia, Puntland and Somaliland will also drive further displacement and increase demand on limited WASH services. The ongoing drought and conflict is mainly affecting rural communities who are forced to move away to urban/peri-urban areas, losing their livelihoods, both pastoral and riverine.

In 2017 the majority of (limited) funds for water were used for additional temporary safe water supplies to support the AWD/cholera response, which reduced funds available for longer term sustainable safe water supplies. There is now a critical need to ensure access to these long-term safe water supplies and to implement a national water supply policy which focuses on moving away from over-reliance on expensive/exploitative private sector water trucking to using long-term, high-yielding and well-managed community boreholes. The WASH Cluster and SWALIM are working on this issue, including the development of national guidelines and policies for borehole drilling and construction. In the meantime, there will remain a need to support water-short communities with temporary water access through vouchers.

There is also a need to train and establish committees to maintain WASH facilities, as well as scale-up hygiene promotion initiatives to help minimize AWD/cholera outbreaks during the rainy seasons, the next being the *Deyr* rains that are due between October and December. The Regional Supply Hub (RSH) network, used as a prepositioning facility for hygiene kits, needs additional funds for stock replenishment to continue operating. In 2017, the RSHs proved crucial to supporting the AWD/cholera response. There is a need to ensure rapid and sustained WASH services at key emergency response sites i.e. nutrition/stabilisation centres and cholera treatment centres. Schools are also key area where WASH services need to be provided, to both retain current pupils and to enable children to attend school in safety and dignity.



Photo: Giles Clarke Getty/OCHA

ASSESSMENT PLANNING AND INFORMATION GAPS

NUMBER OF
ASSESSMENTS IN
2017

29

NUMBER OF DOCC
ASSESSMENT
MISSIONS

12

NUMBER OF
PARTNERS

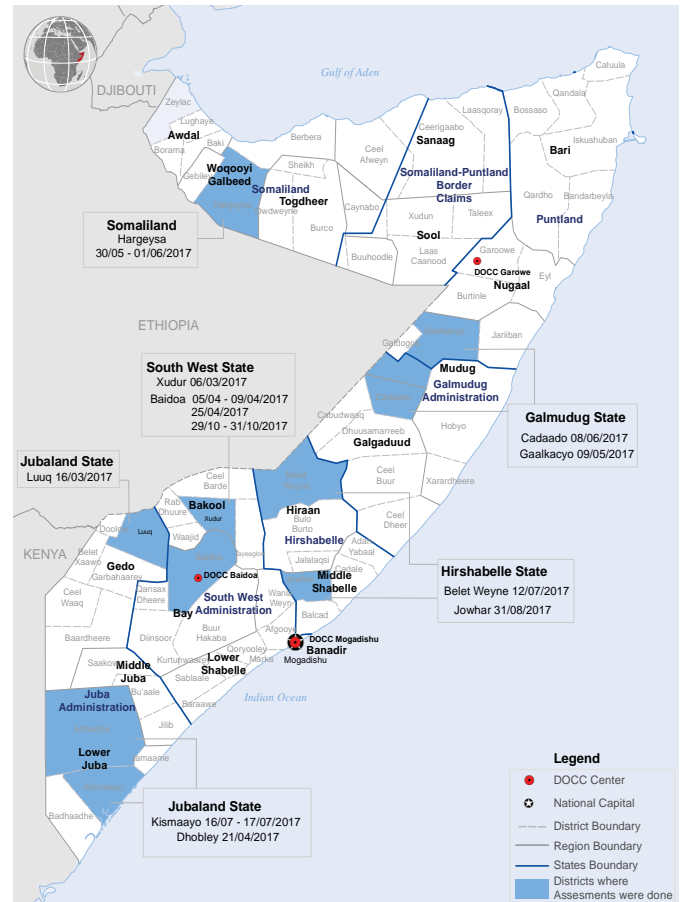
28

Since the beginning of 2017, ten leading agencies and more than 18 participant partners have carried out 41 needs assessments, including a countrywide Somalia Joint Multi-Cluster Need Assessments (JMCNA) and 12 inter-agency DOCC assessment missions. The primary source of information for humanitarian situational analysis continues to be FSNAU's periodic food security and nutrition assessments. The assessments are conducted twice a year after the major rainy seasons in Somalia, the *Gu* (March-June) and *Deyr* (October-December). FSNAU's assessments are comprehensive, countrywide and provide a credible overview of the existing food security and nutrition related needs, as well as the trends of the needs over the years. The assessments are multi-sectoral and multi-agency in nature and are coordinated by the FAO-managed FSNAU. The assessments involve the use of qualitative and quantitative data collection techniques such as, household questionnaires, observations and key informant interviews. Results from the assessments are analyzed with the Integrated Food Security Phase Classification (IPC) which classifies the severity of food insecurity using a widely accepted five-phase scale, namely; IPC Phase 1=Minimal; Phase 2=Stressed; Phase 3=Crisis; Phase 4=Emergency; and Phase 5=Famine. However, it needs to be taken into consideration that the FSNAU assessment data is conducted on the basis of the 2014 UNFPA population estimates and the latest estimates of people in acute food insecurity were extrapolated. Moreover, the reliance on FSNAU's biannual assessment results constrains the needs analysis and response times.

In April 2017, an Assessment Working Group (AWG) was established by the Somalia Humanitarian Country Team (HCT) to support the inter-cluster coordination structures through the development and communication of common positions and/or guidance on key inter-cluster assessment issues. The main purpose of the AWG is to serve as a forum for supporting coordinated needs assessments for populations directly affected by the drought in Somalia. It also advises the Inter-Cluster Coordination Group on triggers for multi-sectoral assessment and methodology, streamline multiple assessments where synergies exist across different actors and encourage clusters to strengthen emergency response preparedness capacity of local and national actors regarding assessments.

In 2017, a countrywide JMCNA was conducted by REACH Somalia. The JMCNA was triggered in response to the need for a coordinated, multi-cluster information approach to humanitarian planning and service delivery in the context of famine prevention efforts. The data for the assessment was collected at the district level between 6 July and 19 September, through household surveys conducted through a random cluster sampling methodology, with a confidence level of 90 per cent and a margin of error of 10 per cent at the district level. As a result, factsheets for 45 districts assessed have been published as part of the JMCNA.⁸⁷

DOCC Assessment Missions (March-October 2017)



Source: OCHA

As part of famine prevention efforts, the humanitarian partners established three Drought Operations Coordination Centres (DOCC) across Somalia in early 2017. The national level DOCC was set up in Mogadishu, and two DOCCs were operationalized at the regional level; in Baidoa, South West State and in Garowe, Puntland. The DOCCs were established to strengthen coordination and enhance information sharing between different actors and to improve integrated response across clusters and mission planning, for example by using joint enablers such as logistics and security arrangements. From the start, the DOCCs have had a strong link and collaborated closely with the Federal Ministry of Humanitarian Affairs and Disaster Management and respective State Administrations for strengthened cooperation on assessments, response planning and communications.










From March to October 2017, a total of 12 DOCC assessment missions have been conducted by the DOCC in Mogadishu to various regions in Somalia, i.e Somaliland, Mudug, Galgaduud, Hiraan, Middle Shabelle, Bay, Bakool, Gedo and Lower Shabelle. The DOCC-missions have an integrated composition, including cluster coordinators/ cluster support officers, OCHA and at times MoHADM representatives. The DOCC assessment missions have provided a real-time information and situational analysis on various critical hotspot locations, and offered recommendations for way forwards for different sectors and HCT as a decision-making body.

The assessment missions involved the use of Initial Rapid Assessment (IRA) and Somalia Initial Rapid Needs Assessment (SIRNA) techniques, observations and key informant interviews. The findings from the DOCC assessment missions have provided useful, up-to-date information that have guided the humanitarian partners in response planning and formed a critical part of the analytical basis for the HCT's resource mobilization efforts.

The Detailed Site Assessment is an inter-cluster and inter-agency initiative that aims to strengthen the predictability and effectiveness of multi-sectorial interventions at site level and/or areas of concentration of sites. It is led by the CCCM Cluster, which was established in May 2017, to improve coordination of the integrated multi-sectorial response at site level and to raise the quality of interventions and monitoring of humanitarian

services in communal settings. The Assessment provides multi-sector information on access/ availability to basic services in displacement sites to ascertain gaps in service provision and monitor services being provided to ensure minimum standards are being met. The DSA has been conducted in 12 high priority districts (including 14 zones of Mogadishu and Afgooye) to date, with roll out to all accessible districts expected before the end of 2017. The questionnaire is administered by a trained enumerator to key informants (camp leader and women's representative). The assessment will be implemented every three months to ensure up to date information on services. The collected information has been circulated as a data set of 1,550 identified so far, covering 1.1 million identified individuals. CCCM is planning to share the data through a regularly updated online portal.

NUMBER OF ASSESSMENTS IN 2017 BY LOCATION AND SECTOR

	 Multi-Sectorial	 CCCM	 Education	 Food Security	 Health	 Nutrition	 Protection	 Shelter	 WASH
Countrywide	1*			2			2**		
Banadir	1		1			1	1	1	
Galmudug	4					1			
Hirshabelle	1						1		
Jubaland	2					1			1
Puntland	1						1		
Somaliland						1	3		
South West	1					1	2		
Total	11		1	2		5	10	1	1

* Joint Multi-Cluster Needs Assessment (JMCNA)

** UNHCR-led Protection Monitoring and Return Network (PRMN), UNICEF Monitoring and Reporting Mechanism

INFORMATION GAPS

The absence of sex, and age disaggregated data, and sector specific needs assessments remain a significant information gap in Somalia. Most clusters, except Food Security Cluster, have for years mainly relied on area-specific ad-hoc needs assessments which has adversely affected the availability of data disaggregated by gender and age per geographical location. The lack of reliable gender and age disaggregated data has impacted targeting of the response, in particular on the differentiated needs of specific vulnerabilities of women, girls, boys and men. In 2017, important steps were undertaken with the deployment of the JMCNA in addressing this gap.

While the FSNAU seasonal assessments and JMCNA provide

data on specific periods across sectors, the primary information gap remains the availability of localized, sex and gender aggregated data (SADD) to inform integrated cluster responses in response to admin level 4 and time-bound crises. Partner assessments to fill these information gaps exist, but they suffer from unharmonized methodologies and tools, leading to a lack of reliability and failure to share findings throughout the humanitarian system. OCHA will continue efforts with clusters and the wider humanitarian system to enhance reliability of data and disaggregation of age and gender, especially as it relates to broader efforts to enhance the protective environment for the most vulnerable in Somalia.

ACRONYMS

AMISOM	African Union Mission in Somalia
AWD	Acute Watery Diarrhea
AWG	Assessment Working Group
CCCM	Camp Coordination Camp Management
CWG	Cash Working Group
DOCC	Drought Operations Coordination Centre
EPI	Exocrine pancreatic insufficiency
ERW	Explosive Remnants of War
FAO	Food and Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FGS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HLP	Housing Land and Property
IDP	Internally Displaced Person
IED	Improvised Explosive Devices
IHL	International Humanitarian Law
IPC	Integrated Food Security Phase Classification
IRA	Initial Rapid Assessment
IYCN	Infant and Young Child Nutrition
JMCNA	Joint Multi-Cluster Needs Assessment
MEB	Minimum Expenditure Basket
MoHADM	Ministry for Humanitarian Affairs and Disaster Management
NCA	Nutrition Causality Analysis
NDP	National Development Plan
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PRMN	Protection and Return Monitoring Network
RDNA	Rapid Drought Needs Assessment
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SIRNA	Somalia Initial Rapid Needs Assessment
SNAF	Somali National Armed Forces
SWALIM	Somalia Water and Land Information Management
UNHAS	United Nations Humanitarian Air Service
UNHCR	The United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene

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- Source for the quotes in the document: Feedback received from Radio Ergo Freedom Fone (September 2017)

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