



RISK OF RELAPSE CALL TO ACTION : SOMALIA CRISIS UPDATE

JULY 2014

On 7 May 2014, 26 agencies asked the world to remember Somalia, where 2.9 million people are living in crisis. At that time, only 12% of Somalia's humanitarian needs had been funded for 2014. That figure now stands at 27% - and we're already halfway through the year. In the last few weeks experts have been on the ground assessing what activities are needed where, to pull people out of crisis. Based on their findings, agencies are now asking for action across eight sectors to save lives and avoid a relapse to the catastrophe of 2011.

We need to work now - over the next 3-6 weeks - to address the most critical needs. But more than this, we need consistent support in the next 3-6 months and beyond. If assistance is made available to invest now, with a 'no regrets' commitment to the Somali people, at minimum we can save lives that could be lost tomorrow. At most, we can save even more lives by building peoples' resilience to cope with future shocks. To date there have been eight warnings of an impending food security crisis across Somalia. In 2011 it took 16 such warnings, at least 260,000 deaths (half of them young children)¹, and finally a declaration of famine, before action and funding was eventually available. The information provided here is a snapshot of what is needed in areas across Somalia; it is not comprehensive and does not cover all needs in all areas. Its aim is to show the importance of immediate action and should be read in conjunction with the Humanitarian Country Team's Response Plan.

FOOD SECURITY & LIVELIHOODS



3.17 million people are currently in need. Many areas across the country have been affected by poor rains, leading to crop failures, lack of food, lack of fodder for livestock, and overgrazing. Rising food prices and continued conflict could cause the food security situation to deteriorate in coming months. Wages are barely covering food and water needs, and over 40% of Somalis rely on money sent from relatives and friends overseas to meet their basic needs.



Action needed over the next 3-6 weeks:

- Cash relief for pastoralists and agro-pastoralists across all affected areas (\$140 per month in Somaliland and Puntland, \$90 per month in Hiraan). Conditional cash transfers could be linked to agricultural and livestock training.
- Cash for Work activities that will improve livelihood facilities and community infrastructure. Activities linked to increasing capacity of water catchment areas, irrigation systems and water infrastructure will be of particular value.
- Provision of diesel to riverine communities in Hiraan, to support cash crop production (for rapid income), production of cereal (for food access) and fodder (for livestock).
- Agricultural and livestock inputs (tools and restocking). Seed distribution for food crops across all areas, but in particular Beletweyne, Jalsaqi, Afgoye.



Next 3-6 months:

- Training on disaster risk reduction.
- Rehabilitation of degraded lands and promotion of re-vegetation/tree nurseries, fodder production, woodlots, seed bulking.
- Improving farmers' productive capacity and access to services and inputs through skills training.
- Improving land management to expand arable land.
- Improvement of animal health (animal vaccination, skills training of community based animal health workers).
- Promotion of community based safety net mechanisms, early warning disaster preparedness plans and effective community emergency preparedness plans.

**CAP FUNDING RECEIVED TO DATE
\$104M OF \$388M REQUESTED.**

27% OF WHAT IS NEEDED.

¹ <http://www.aljazeera.com/news/africa/2013/05/201352113337568731.html>

WATER, SANITATION & HYGIENE



Rains have underperformed. In South Central Somalia, people have little to no access to clean drinking water. In Puntland, and Southern and Eastern Somaliland some areas have had less than 5mm of rains over the past few weeks, berkads (water storage facilities) have dried up. Water prices have increased and pastoralists are selling their assets or increasing their debts in order to cope. In Mogadishu, there remain major gaps in funds to provide water to IDPs. Added to this some flooding has happened.



Next 3-6 weeks:

- Emergency water distribution through vouchers or cash relief, and water source treatment.
- Safe water distribution through trucking or vouchers is needed for over 158,000 IDPs in Mogadishu.
- In Puntland, between 210,000-280,000 people need access to safe drinking water.
- In South Central Somalia, water trucking is needed for communities in Mataban district, in the central Hiran region. In Kismayo activities to mitigate acute watery diarrhoea (AWD) are urgently required.
- In Somaliland water trucking and rehabilitation of berkads is needed.



Next 3-6 months:

- Cash for work projects to rehabilitate old, and build new water points (including shallow wells, berkads and boreholes).
- Hygiene promotion and hygiene kit distribution. Promotion of safe excreta disposal to prevent acute watery diarrheal.
- Desilting of water pans for surface water harvesting.
- Support to operational costs for motorized water supply systems through provision of fuel subsidies.

**CAP FUNDING RECEIVED TO DATE
\$5.8M OF \$78M REQUESTED.**

8% OF WHAT IS NEEDED.

NUTRITION

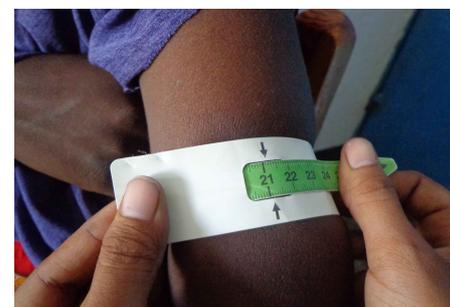


304,000 children under the age of five need treatment for malnutrition. Of these, 77,000 are severely malnourished and are at high risk of death and disease. One in seven children under five suffers from acute malnutrition. The situation is worst amongst IDP communities.



Next 3-6 weeks:

- Where markets are functioning, unconditional cash transfers are needed to help the most vulnerable households meet their basic needs and combat malnutrition.
- Outpatient Therapeutic Program and Stabilization Centres that support nutrition programs such as programmes for treatment of acute malnutrition (moderate and severe) need to be sufficiently funded and supplies available to prevent deterioration of children's health and ensure their survival.



Next 3-6 months:

- Conditional cash transfers linked to nutrition trainings.
- Programmes for treatment of acute malnutrition (moderate and severe) need to be sufficiently funded and supplies available to prevent deterioration of children's health and ensure their survival.

**CAP FUNDING RECEIVED TO DATE
\$18.5M OF \$99M REQUESTED.**

19% OF WHAT IS NEEDED.

PROTECTION



As a result of the ongoing military offensive, most of the 857,000 people in need of urgent humanitarian assistance are displaced. Furthermore, fighting is cutting off supplies to many regions. Women and children are at significant risk of abuse, neglect, psychological and emotional distress. Emergency service provision for vulnerable girls/women and survivors of gender-based violence is needed countrywide, however, IDP communities are particularly at risk.



Next 3-6 weeks:

- Gender based violence survivor assistance with focus on psychosocial support programmes, distribution of dignity kits, medical care and non-food items.
- Increased number of Child Friendly Spaces (especially in IDP camps) including procurement of recreational kits and child protection information sharing and promotion.
- Promotion of women's participation in income generating activities and provision of cash assistance for livelihood activities as a form of protection against vulnerabilities.



Next 3-6 months:

- Establishment of community led gender based violence committees and promotion of awareness campaigns to prevent gender-based violence.
- Promotion and respect for voluntary and dignified nature of IDP resettlement.
- Need to closely monitor the plight of returnees from within the wider HoA region – be they refugees or expelled migrants.

**CAP FUNDING RECEIVED TO DATE
\$1.5M OF \$57M REQUESTED.**

3% OF WHAT IS NEEDED.

HEALTH



Basic health services are in crucial need of support. The country is suffering from an outbreak of measles, with 2,350 suspected cases reported between March and May. In many parts of Somalia, access to TB services is inadequate.



Next 3-6 weeks:

- Health education on polio prevention in Mogadishu.
- Emergency provision of essential drugs and medical supplies for Somaliland.
- Ongoing funding for Maternal and Child Health programme and expanded programme on immunization support for Baidoa Hospital.
- Minimum essential package of Maternal and Child Health services in Wajid including proper refrigerated storage facilities to expand immunizations and access to laboratory services.



Next 3-6 months:

- Increased numbers of midwives country wide.
- Support existing TB Centres and establishment of new ones.

**CAP FUNDING RECEIVED TO DATE
\$7M OF \$97M REQUESTED.**

8% OF WHAT IS NEEDED.

EDUCATION



1.7 million children are in need of support in order to access quality education. Many schools are not accessible due to bad roads or fighting, and supplies and materials are grossly inadequate. Teachers' motivation and pay are very low or lacking, and infrastructure needs repair.

Next 3-6 months:

- Vocational skills training for pastoral youth/dropouts.
- Teacher salaries/stipends, incentives and trainings.
- School supplies, renovation of classrooms and provision of mobile classrooms.

Next 3-6 weeks:

- Cash for education to maintain/increase access to education for pastoral children and youth.
- School feeding programs.
- Investment in clean water sources at schools.

**CAP FUNDING RECEIVED TO DATE
\$9M OF \$51M REQUESTED.**

18% OF WHAT IS NEEDED.

These immediate needs are just the tip of the iceberg, and the number of people in crisis is growing. Poor rains in April, May and June are compounding the difficulties that families are facing. Security and access remain huge challenges across Somalia. Recent military offensives have restricted farmers from accessing their fields at a crucial planting time. They've also created insecurity along major transport routes, making basic goods in markets much harder to come by. Prices of water and livestock are rising and agencies on the ground are struggling to reach those in need. As a result of the military offensive, delivering aid is also becoming more expensive (with the cost of a helicopter reportedly \$350,000 per month and an aircraft \$250,000 per month). Overall, humanitarian space is dwindling and substantial funding is being locked into stabilization and New Deal initiatives. These multi-partner trust funds have thus far largely been a disappointment - bureaucratic, slow to disburse and subject to politics.

Despite these challenges, agencies working on the ground continue to reach people in need. We are working hard to address access issues and to strengthen our internal risk management mechanisms. Accountability concerns and fear of diversion are real challenges, but they should not be used as an excuse for not doing what we can now. The strides we have made through new programmes in previously hard-to-reach areas will be lost if funding is not committed. The current 73% funding gap means that programmes addressing these needs and delivering vital basic services are at risk of shutting down. On 27 May, UNICEF warned if funding was not received immediately, the agency would have to suspend essential life-saving health services within one month.

If we do not act now we will lose the gains we have made so far. As fast as we are reaching people, we are at risk of leaving and failing them again. With limited funding the needs of the people we can reach are already not being met. Continued low levels of support will only increase the numbers in need. It costs at least three times more to respond to a food crisis than to prevent it. If we continue to move towards a relapse, this crisis will cost donors and governments a lot more than acting now.

NGOs Represented

Action Africa Help-International (AAH-I)
ACF
ACTED
Adeso – African Development Solutions
ARC
CARE
CISP
CEFA
COOPI
Concern Worldwide
Danish Refugee Council (DRC)
International Medical Corps
Intersos
IRC

Jubbalandese Charity Centre, JCC
KAALO
Polish Humanitarian Action
Medair
Mercy Corps
Muslim Aid
Norwegian Church Aid
Norwegian Refugee Council (NRC)
Oxfam
Save the Children
Solidarites International
WASDA
World Vision
VSF Germany