

SOMALIA - COMPLEX EMERGENCY

FACT SHEET #2, FISCAL YEAR (FY) 2013

SEPTEMBER 30, 2013

NUMBERS AT A GLANCE

870,000

People Experiencing Acute Food Insecurity

U.N. Food Security and Nutrition Analysis Unit (FSNAU) – September 2013

1.1 million

Total Internally Displaced Persons (IDPs) in Somalia

Office of the U.N. High Commissioner for Refugees (UNHCR) – September 2013

174

Cases of Wild Poliovirus Type 1 (WPV1) in Somalia in 2013

U.N. World Health Organization (WHO) – September 2013

1 million

Somali Refugees in Neighboring Countries

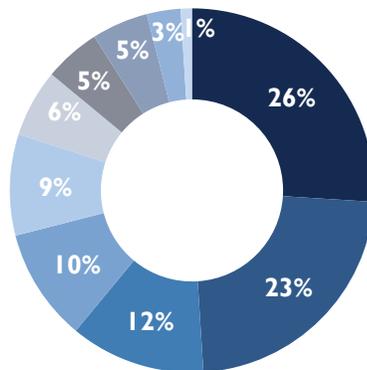
UNHCR – September 2013

206,000

Acutely Malnourished Children under Five Years of Age in Somalia

FSNAU – September 2013

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2013



- Water, Sanitation, & Hygiene (26%)
- Health (23%)
- Economic Recovery & Market Systems (12%)
- Agriculture & Food Security (10%)
- Nutrition (9%)
- Logistics and Relief Commodities (6%)
- Humanitarian Coordination & Info Management (5%)
- Protection (5%)
- Humanitarian Studies, Analysis, or Applications (3%)
- Other (1%)

HIGHLIGHTS

- 2013 Somalia Consolidated Appeal (CAP) requests \$1.15 billion to meet humanitarian needs among 2.7 million people
- Insecurity continues to limit humanitarian access throughout Somalia
- Despite improved food security, malnutrition levels remain elevated

HUMANITARIAN FUNDING TO SOMALIA TO DATE IN FY 2013

USAID/OFDA	\$45,261,520
USAID/FFP ²	\$77,085,523
State/PRM ³	\$12,800,000

\$135,147,043

TOTAL USAID AND STATE ASSISTANCE TO SOMALIA

KEY DEVELOPMENTS

- Approximately 870,000 people are experiencing Crisis- and Emergency-level—Integrated Food Security Phase Classification (IPC 3) and IPC4, respectively—food insecurity in Somalia, according to FSNAU, representing the lowest food insecurity levels since the 2011/2012 drought and famine crisis. However, the U.N. warns that recent food security gains are fragile, with nearly 2.3 million additional people still in danger of reverting to Crisis-level food insecurity.
- Mid-2013 U.N. assessments indicated that the number of people in need of humanitarian aid decreased from 3.8 million people in January to 2.7 million people in July, prompting the U.N. to reduce the first year 2013 Somalia CAP from \$1.33 billion to \$1.15 billion—a decrease of approximately \$179 million.
- In FY 2013, the U.S. Government (USG) provided approximately \$135.1 million in humanitarian assistance to Somalia, including nearly \$45.3 million in USAID/OFDA support for agriculture and food security; economic recovery and market systems (ERMS); health; humanitarian coordination and information management; logistics and relief commodities; nutrition; protection; and water, sanitation, and hygiene (WASH) activities and other humanitarian interventions. In addition, USAID/FFP provided approximately \$77 million in emergency food assistance for drought-affected and displaced populations, while State/PRM provided \$12.8 million in multi-sectoral assistance for refugees and other vulnerable populations.

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

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

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

INSECURITY AND HUMANITARIAN ACCESS

- Inter-communal violence in Kismayo town and surrounding areas of Lower Juba Region in late June and a series of armed group attacks in and around Mogadishu between July and early September underscore the challenging security situation in Somalia. Ongoing insecurity creates logistical challenges for organizations providing humanitarian assistance to populations in need and impedes accurate and comprehensive assessments of the humanitarian impact of the fighting.
- As of late September, al-Shabaab continued to interfere with relief operations in rural areas across southern Somalia, particularly in Middle Juba Region and parts of Bakool, Bay, and Gedo regions, according to humanitarian actors. The Ethiopian National Defense Force began to withdraw from Bay Region's capital city of Baidoa in mid-July, which may further restrict humanitarian access and result in additional population displacement.
- In mid-August, Médecins Sans Frontières (MSF) ended all programming in Somalia due to violent attacks on staff members and what MSF described as a tolerance of attacks on humanitarian workers in Somalia by both armed groups and civilian leaders. At the time of the organization's closure, MSF had employed more than 1,500 staff in Somalia and conducted a range of health-related activities, such as malnutrition treatment, primary and maternal health care, epidemic response, and immunization campaigns. After 22 years of providing humanitarian assistance in Somalia, the organization's withdrawal signals the lack of sufficient security assurances for relief and development actors operating in Somalia.

DISPLACEMENT

- As of September 30, an estimated 1.1 million people remained internally displaced within Somalia, representing a nearly 25 percent decrease from the estimated 1.46 million people displaced at the peak of the 2011/2012 drought crisis, according to the U.N. Approximately 80 percent of current IDPs—or more than 890,000 people—reside in southern and central Somalia. In addition, nearly one million Somali refugees reside in neighboring countries, including approximately 472,000 refugees in Kenya, 245,000 refugees in Ethiopia, and 231,000 refugees in Yemen.
- USAID/OFDA and USAID/FFP partners continue to address the needs of IDPs through in-kind food aid, food vouchers, cash transfers, and short-term employment opportunities, as well as health, nutrition, protection and WASH activities. USAID/FFP partner the U.N. World Food Program (WFP) is also providing vocational training in tailoring, masonry, carpentry, and electronic repair, targeting IDP and other vulnerable households in Mogadishu. By acquiring technical skills, the more than 5,300 participants will improve their income-generating opportunities.
- IDPs in Somalia are frequently subjected to abuse and exploitation, living in one of the least protective environments in the world. USAID/OFDA partners are working throughout Somalia, increasing access to medical services and psychosocial support for survivors while simultaneously working to prevent gender-based violence by increasing the physical safety of IDPs and addressing the cultural norms that legitimize sexual violence.

FOOD SECURITY AND LIVELIHOODS

- Approximately 870,000 people in Somalia will likely experience Crisis- or Emergency-level food insecurity through December, representing a 17 percent decrease from the estimated 1.05 million individuals experiencing Crisis or Emergency levels of food insecurity in January 2013 and a 78 percent decrease from the estimated 4 million people in crisis at the height of the 2011/2012 drought, according to a joint report by FSNAU, the U.N. Food and Agriculture Organization (FAO), and the USAID-funded Famine Early Warning System Network (FEWS NET).
- Food security has improved due to a near-average July-to-August *gu* harvest, improved milk availability, low staple food prices, vulnerable households' improved purchasing power from labor and livestock sales, and sustained humanitarian interventions during the first half of 2013. Although FEWS NET and FSNAU expect most areas of Somalia to experience stable food security through December, the food security situation will likely deteriorate in the agro-pastoral livelihood zones of Hiran Region and some areas in Mudug, Galgaduud, and Lower Shabelle regions due to below-average rainfall.

- Despite the overall improved food security situation, nearly 2.3 million additional people—one-third of Somalia’s population—are experiencing Stressed—IPC 2—levels of acute food insecurity and remain highly vulnerable to shocks, according to FEWS NET. Continued humanitarian assistance and livelihoods support are essential to help food-insecure households meet immediate food needs, protect livelihoods, and build resilience to future shocks.
- As of late September, a USAID/FFP implementing partner had reached nearly 28,000 households across Somalia through short-term employment activities, which rehabilitated approximately 60 feeder roads, 180 water catchments, and 200 canals while increasing household income. These activities have helped vulnerable households meet basic food needs while rehabilitating productive infrastructure and increasing target communities’ access to markets and to water for agriculture and livestock use. The USAID/FFP partner suspended similar activities in some locations for an estimated 7,400 additional households due to security concerns.
- In August, USAID/FFP partner WFP provided assistance, including nutrition support and livelihoods-strengthening activities, to approximately 775,000 people. WFP launched 35 new food-for-assets projects, which aim to improve community infrastructure while increasing households’ access to food. One project will train project participants on salt harvesting and rehabilitate three natural salt production sites in Galkayo town, Mudug Region. WFP is also distributing emergency food to vulnerable populations in Kismayo town, Lower Juba Region, and Mogadishu.
- USAID/OFDA provided more than \$4.4 million for agriculture and food security activities and nearly \$5.3 million for ERMS interventions in FY 2013. With \$4 million in USAID/OFDA funding, a partner is diversifying income and livelihood options for households and communities through supporting the development of agricultural-related employment opportunities and enhancing other productive sectors.

NUTRITION, HEALTH, AND WASH

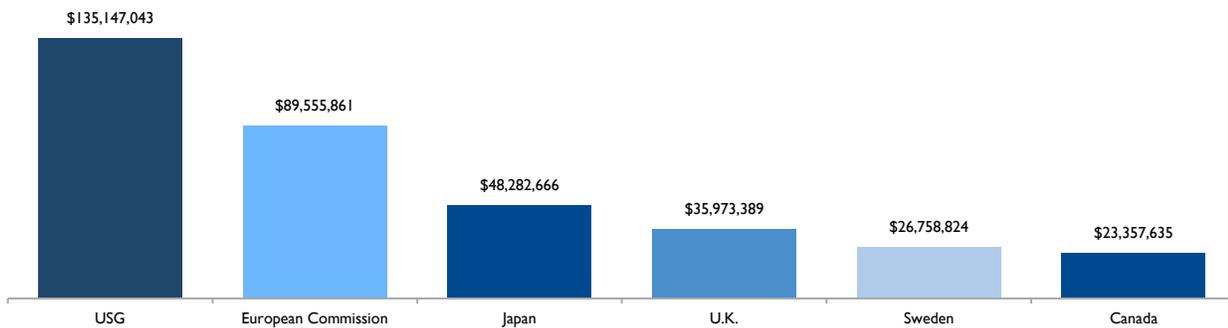
- Although overall nutrition conditions in Somalia have improved since 2011, global acute malnutrition (GAM) levels remain high, particularly in southern Somalia and among IDP communities. More than 206,000 children under the age of five—one out of six children in Somalia—are acutely malnourished according to FSNAU. GAM prevalence among children under five years of age residing in IDP communities averages nearly 17 percent, exceeding the WHO emergency threshold level of 15 percent. Factors contributing to malnutrition include poor infant and young child feeding practices; inadequate sanitation facilities; limited access to safe drinking water and health care; prevalence of diarrheal disease, acute respiratory infections, and malaria; and population displacement, which disrupts household income sources.
- Humanitarian agencies estimate that approximately 1.5 million people may lack access to specialized health care services due to the withdrawal of MSF. Humanitarian actors are collaborating with the Federal Government of Somalia (FGoS) Ministry of Health and Organization of Islamic Cooperation coalition member organizations to address resulting health care and nutrition service gaps, including the handover of former MSF facilities to other capable organizations, wherever possible.
- WHO has confirmed more than 170 confirmed cases of WPV1 in 13 regions of Somalia since the outbreak began in May. FGoS health authorities, with support from the U.N. Children’s Fund (UNICEF) and WHO, have conducted five polio vaccination campaigns in Somalia targeting approximately 4 million people. However, access constraints due to insecurity continue to hinder outbreak-control activities, with approximately 600,000 children in need of the polio vaccine located in inaccessible areas in southern and central Somalia.
- Humanitarian partners are preparing an integrated approach to address the high malnutrition levels across Somalia. With more than \$4.1 million in FY 2013 support, USAID/OFDA partners are implementing nutrition activities, including strengthening outpatient therapeutic feeding centers, providing highly nutritious supplementary food to vulnerable populations, and educating households on improved infant and young child feeding practices. USAID/FFP has also provided 140 metric tons (MT) of ready-to-use therapeutic food to treat severe malnutrition. With more than \$11.7 million in FY 2013 USAID/OFDA support, USAID/OFDA partners are improving access to safe drinking water supplies through WASH infrastructure rehabilitation activities and community trainings on sanitation and hygiene practices to reduce disease incidence and improve health outcomes. In addition, USAID/OFDA provided nearly \$10.3 million for health interventions, including improving surveillance for the early

detection and treatment of communicable diseases, providing essential medicines and supplies, and increasing access to primary health care services for displaced populations and host communities across Somalia in FY 2013.

OTHER HUMANITARIAN ASSISTANCE

- As of September 30, donors had committed \$435 million—approximately 37 percent of \$1.15 billion total requested funding—to the 2013 Somalia CAP.
- In addition to funding interventions in the agriculture and food security, ERMS, health, nutrition, and WASH sectors, USAID/OFDA helps improve overall humanitarian response capacity in Somalia by funding humanitarian coordination and information management; humanitarian studies, analysis, or applications; logistics support and relief commodities; and protection activities. In FY 2013, USAID/OFDA provided more than \$9.4 million toward these efforts, including \$1 million to WFP to support U.N. Humanitarian Air Service to provide safe, efficient interagency air transportation to deliver assistance and conduct assessments throughout Somalia.

2013 TOTAL HUMANITARIAN FUNDING* PER DONOR



*Funding figures are as of September 30, 2013. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the current calendar year, while U.S. Government (USG) figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2012.

CONTEXT

- Since 1991, Somalia has experienced a persistent complex emergency due to chronic food insecurity, widespread violence, and recurrent droughts and floods. The 2011 drought—widely regarded as the country’s worst in 60 years—severely deteriorated food security among pastoralists and populations in marginal farming areas, resulting in famine in areas of Bay, Bakool, and Lower and Middle Shabelle regions, as well as among IDPs in Mogadishu and the nearby Afgooye corridor.
- Despite improvements in recent months, malnutrition rates remain among the highest in the world, and ongoing insecurity in parts of southern and central Somalia—particularly in areas lacking established local authorities and where al-Shabaab is present—contributes to the complex emergency in Somalia. Sustained life-saving humanitarian assistance, coupled with interventions aimed at protecting livelihoods and building resilience, is critical to help vulnerable households meet basic needs, reduce malnutrition, and protect livelihoods.
- In response to ongoing humanitarian needs, on November 2, 2012, U.S. Ambassador James C. Swan, Special Representative for Somalia in Nairobi, Kenya, renewed the disaster declaration for the complex emergency in Somalia for FY 2013.

USAID AND STATE HUMANITARIAN ASSISTANCE TO SOMALIA PROVIDED IN FY 2013¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
Implementing Partners	Agriculture and Food Security; ERMS; Health; Humanitarian Coordination and Information Management; Humanitarian Studies, Analysis, or Applications; Logistics and Relief Commodities; Nutrition; Protection; WASH	Countrywide	\$45,222,176
	Program Support		\$39,344
TOTAL USAID/OFDA ASSISTANCE			\$45,261,520
USAID/FFP³			
WFP	38,430 MT of Title II-Funded and IDA-Funded Emergency Food Assistance for Relief, Nutrition, Safety Net, and Livelihoods Activities	Countrywide	\$65,702,300
Implementing Partners	Cash- and Market-Based Programs; 140 MT of Title II-Funded Emergency Nutrition Products	Countrywide	\$11,383,223
TOTAL USAID/FFP ASSISTANCE			\$77,085,523
STATE/PRM			
Implementing Partner	Multi-sector Refugee Protection and Assistance	Countrywide	\$12,800,000
TOTAL STATE/PRM ASSISTANCE			\$12,800,000
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO SOMALIA IN FY 2013			\$135,147,043

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of September 30, 2013.

³ Estimated value of food assistance.

PUBLIC DONATION INFORMATION

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

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