2.9 million Somalis are in humanitarian crisis
50,000 children are severely malnourished and at death’s door
Women in Somalia face the second highest risk of maternal death in the world and babies are at the highest risk of dying on the day of their birth

1.1 million people are displaced within their own country
Polio has returned, with 193 cases recorded in the last year
Just 30% of the population has access to clean drinking water
Fewer 1 in 4 people have access to adequate sanitation facilities
1 in 7 children are acutely malnourished

The sad truth is that these statistics from Somalia are better than previous years, so this is celebrated as a success. But “better” is not the same as “success” in a context where most aspects of everyday life fall far below acceptable living standards.

We should measure progress against minimum standards, not gains made against an already terrible situation. With a third of the population in need of aid, Somalia is clearly in severe crisis. Neither should we compare degrees of desperation across countries. It is not right, for example, to pit Syria against Somalia and claim one deserves more attention. We should be working to reach and maintain minimum standards globally giving adequate attention to all crises at all times.

Somalia presents a unique and challenging context where destabilising factors like conflict and cyclical drought are a regular feature. While gains have been made, communities still remain only one shock away from disaster. As we learned in 2011, not heeding the warning signs of crisis in already fragile communities can lead to tragedy.

Our organisations are working on the ground and know the reality. And it’s not good. Only 12% of Somalia’s humanitarian funding needs have been met so far this year – an additional USD $822 million is still needed. Funding needs to be able to respond to uncertainty and be invested in good time. There is a very real risk that people still in need will not be reached and those already helped will fall back into crisis.

We are in a position now, to make a difference – as long as funds are available and flexible. Without action to address Somalia’s humanitarian and development needs, we are at risk of failing Somalis once more. Just because the figures may look “better”, now is not the time to be complacent.

Above image: Hamza Sheikh Elmi, mother of six in Mogadishu. Photo credit: Oxfam

1 All statistics in this document, other than where specified, come from surveys and assessments undertaken by organisations working in these areas
2 From Centers for Disease Control - http://wwwnc.cdc.gov/travel/notices
RAINS AND FOOD INSECURITY

In South Central Somalia, Belaytweyne district received just seven days – or 86.5mm – of rainfall in October and November. Poor rains led to a poor harvest, representing just 30% of the 2012 harvest and 47% of the 5-year average (2008–2012). This has left half of the agro-pastoral population with less than two meals a day.

In Dolow, Gedo region, displaced families face critical levels of acute malnutrition. And in Garowe, Puntland, the last half of 2013 saw high levels of acute malnutrition among people in IDP camps.

DISPLACEMENT
As well as the already huge numbers of people displaced from their homes, an estimated 12,000 more Somalis were displaced by conflict in the South of the country between 17 and 22 March 2014. Safety and security are key for return of refugees. Without this durable solutions cannot be achieved.

SHELTER
Only 17,793 (11%) people out of an estimated 153,000 IDPs living in Puntland have received help to build a permanent house since 2009.

DRINKING WATER
In South Central Somalia, people have little or no access to clean drinking water across many districts in Bakool, Bay and Middle Shabelle. Although some people living near urban areas have at least limited access, people in rural areas do not have access to the clean water they need.

SEXUAL & GENDER BASED VIOLENCE
In the first half of 2013, there were at least 800 cases of sexual and gender-based violence reported in Mogadishu alone. The actual figure is likely much higher, with fear of reprisal meaning that many cases go unreported. And it’s not just women who are affected – about one third of survivors of sexual violence are children.

HEALTH
In Bargaal district of Bari region, there is only one health facility servicing approximately 20,000 people, and communities lack basic health services. As elsewhere in Somalia, complications of pregnancy are a major killer of women during childbirth. The nearest hospital that can provide the services they need is in Bossaso, which is more than 300 km to the south.

TOILET FACILITIES
Poor access to basic toilet facilities remains a reality. In Kismayo, South Central for example, less than 10% of the population has access to adequate facilities, whilst people in Jowhar and Bayad have almost no access at all. In Puntland diarrhea is the second main cause of sickness and death. Across the country only 17% of people have access to any toilet facility. This lack of sanitation is a ticking time bomb for disease.

CHILD MALNUTRITION
The last 6 months of 2013 saw the children of Belaytweyne district remain in a critical nutrition situation, with more than 15% suffering from acute malnutrition. Children are dying, and those who survive suffer from stunted growth. In Eyl district and Burhane district in Puntland, nutrition programmes have recorded a continuous rise in children registered with severe malnutrition. This trend will continue as the long-term effects of the cyclone that hit Puntland last November are felt.

LIVELIHOODS
Over 40% of Somalis rely on remittances to meet their basic needs. About one third of people say they would not be able to afford basic food, medicines and school fees, if remittances were stopped. The threat of closure of Somali remittance accounts by US and UK banks will force these transactions underground – making them less transparent and cutting household income across the country drastically.

In Baidoa, very few households are engaged in their traditional farming and livestock keeping. This is because many people in the rural areas moved to IDP camps in Baidoa town or Mogadishu during the conflict between 2009 and 2012. Some families have returned but have not resumed farming due to lack of labour and purchasing power to clear their farmlands that have now become bushes. Families hit by last November’s cyclone in Puntland, lost up to 75% of their assets – mostly as a result of livestock deaths. 700 households in the coastal area of Banderbaya district are still in urgent need of humanitarian support in order to rebuild their livelihoods.
“I used to herd goats and sheep, but I lost all my livestock in the 2011 drought and had to move to Badhan village with my family. My husband died eight years ago and I am left alone to take care of my ten children. It’s very difficult to get three meals a day for all of them. I’ve had to rely on well-wishers and little jobs, and I could only send two of my children to school.” Ardo Hussein Abdulle, 51 years old, Badhan village, Sanaag, Puntland State of Somalia.

“My children and I fled barefoot when the civil unrest started in our area. It took us nine days to reach Luuq from Wajid which is only 90 Kilometres” said. We were threatened by soldiers.” Ahmed Ali Madnur a newly arrived IDP, father of 7 children from Wajid district of Bakol region.

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“I did not have anything to give her. Fatuma’s feet are swollen; she has diarrhea, fever and no appetite. I came to Mogadishu to get help. I had twins but one died when she was very young.” Halima Mohamed, 26 year old mother speaking about her one year old daughter, Fatuma, Mogadishu, Somalia.

In regard to access to latrines: “My children can go to the nearby bushes anytime of the day. Since I need my privacy, I help myself at dawn or at dusk, or else I have to go and queue for around 30 minutes. It’s quite frustrating.” Miss Muminio Ali Abdi Galyow, a widow and a mother of four girls is one the new IDPs who have arrived from Hudur to Darusalam IDP camp in Baidoa.

Image below: Pastoralist in Puntland Photo credit: Karen Prinsloo - Adeso/CARE

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