Drought conditions rapidly worsening

Severe drought conditions continue to worsen and more than 444,000 people have now been displaced from their homes since November 2016 due to drought, according to the Protection and Return Monitoring Network (PRMN). The risk of famine in 2017 remains, according to the latest food security outlook released on 15 March, by the FAO-managed Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWSNET). Should the April to June 2017 Gu rainy season perform poorly, purchasing power will decline to levels seen in 2010/11, and should humanitarian assistance be unable to reach populations in need, famine remains a strong possibility.

The developments in northern regions of the country are expected to be slightly favourable but a significant decline will likely be experienced in southern and central Somalia and may be only marginally better than 2011 levels. The situation in rural areas, some of which are inaccessible to humanitarian partners, is particularly critical. Rural populations make up two thirds of the people in IPC Phases 3 and 4, and nearly 90 per cent of those in IPC Phase 4, according to FSNAU. The depletion of water sources has forced communities to rely on private water vendors at prices many can barely afford.

Conditions in early 2017 are comparable to early 2011. Declining purchasing power and inability of humanitarian partners to reach affected people coupled with persistently high malnutrition levels were key drivers of famine in 2011. However, today humanitarian access and footprint is better than it was in 2011. In 2011, the lack of rainfall in the preceding year was worse in the north and parts of the south. In 2017, the same is true for central regions. The food security situation in central and southern pastoral areas is better in 2017 compared to 2011, especially in north eastern and southern agro-pastoral areas. Wheat and rice prices are expected to deteriorate, and may be only slightly higher than in 2011, according to the FSNAU. The rainfall projection and purchasing power is similar in 2011 and 2017.

Displacements due to drought growing amid protection concerns

As drought conditions worsen, so are related displacements. Some of the displaced people are forced to trek long distances because they cannot afford transportation costs. More than 444,000 people have been displaced in Somalia between November 2016 and March 2017, majority of them from rural to urban areas seeking humanitarian assistance, according to preliminary figures from the UNHCR-led Protection and Return Monitoring Network (PRMN). Many of the displaced are moving into existing IDP settlements while others have set up new settlements in towns. Some 4,100 people have crossed over to Dolo Ado camp in Ethiopia since January 2017. The majority of new arrivals are from Bay, Gedo and Middle Juba. Displacements lead to increased protection concerns as families are separated and children and elderly are left behind, while makeshift camps leave women and children particularly vulnerable to risks of sexual and gender-based violence (SGBV). Many of the newly displaced are forced to spend the nights in the open. In K-13 IDP settlement near Mogadishu, there has been a steady flow of displaced...
### BASELINE

<table>
<thead>
<tr>
<th>Population (UNFPA 2014)</th>
<th>12.3m</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (Somalia Human Development Report 2012)</td>
<td>$284</td>
</tr>
<tr>
<td>% pop living on less than US$1.9 per day (World Bank 2016)</td>
<td>52%</td>
</tr>
<tr>
<td>Life expectancy (UNDP-HDR 2011)</td>
<td>51 years</td>
</tr>
<tr>
<td>% population using improved drinking water sources (UNDP 2009)</td>
<td>30%</td>
</tr>
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People from Bay and Lower Shabelle regions. New arrivals include unaccompanied children, and sick and elderly people.

### Humanitarians scale up, more needed

Humanitarian partners are stepping up life-saving assistance across the country. An estimated 1.9 million people received cash and voucher transfers in March alone, to help families meet their basic food and other needs and to protect assets from being sold as a desperate measure to secure food by affected families.

Food security partners had already doubled response in February compared to January to reach some 1.1 million people with improved access to food. In March, nutrition partners reached nearly 126,000 children and pregnant and breastfeeding mothers in the preventative programmes. Some 225 new nutrition treatment sites have been established across the country (10 stabilization centres, 158 outpatient therapeutic centres and 57 targeted supplementary food programmes). The cluster is drawing on lessons learnt from the 2011 famine which show that many of the drought-related deaths of children could have been prevented if children had access to life-saving services at safe and protected schools. Based on the evolving nutrition trends, the nutrition cluster has revised their yearly target to more than one million malnourished children for treatment and 1,430,000 children and pregnant, breastfeeding mothers for prevention of acute malnutrition. The above figures are conditional to revision as soon as the new GAM/SAM rates are generated from upcoming nutrition surveys.

Nearly 570,000 people were assisted with temporary and/or sustainable access to safe water, 36,000 people with safe sanitation and 498,000 people with hygiene promotion activities in February. In February 2017, the Protection Cluster reached nearly 24,000 persons with protection and prevention activities as drought related displacements continue to grow. The shelter cluster reached nearly 58,800 people with essential household items while some 8,000 people were assisted with transitional or permanent shelter. More than 8,000 children in 35 schools in drought affected areas were provided with water. In addition, partners are supporting 26,000 school children through provision of school supplies, safe learning spaces, and teachers’ support among others.

FAO and its partners launched a nationwide emergency livestock treatment campaign in March targeting nearly 20 million livestock in all regions in Somalia benefiting almost 3 million people. This is part of efforts to protect livestock as productive assets. The emergency treatment campaign is being supported by water trucking and mineral blocks to livestock.

The Logistics Cluster is mobilizing dedicated air assets to facilitate the airlift of 100 cubic meters of urgent cargo to locations across Somalia, including Luuq, Diinsoor, Wajid, Baidoa, Belet Weyne, Hudiir, Bardhere and Dolow. This is in addition to over 500 metric tonnes of food transported to hard-to-reach destinations such as Diinsoor, Wajid, Garbahare, and El Barde. The Cluster is also assisting humanitarian agencies to ship humanitarian supplies on a monthly basis from Mombasa to Mogadishu, and/or Berbera/Bossasso/Kismayo. This has ensured a more predictable and regular delivery to all functional Somali Ports.
Replicating the Drought Operations Coordination Centre (DOCC) opened in Mogadishu on 27 February to help strengthen coordination, a DOCC was opened in Baidoa on 19 March by the acting President of South West State Mohamed Hassan Fiqi and the Deputy Humanitarian Coordinator Mr. Vincent Lelei. South West State is one of the hardest hit areas by the drought in Somalia, with high levels of displacement and spreading of AWD/cholera. Access remains a major challenge for humanitarian partners to respond to the drought to some of the areas in the region due to insecurity. The Protection Cluster has reported an increase in incidents of rape and other forms of sexual and gender based violence among newly arriving IDPs, now at five (5) cases reported per week. The number is likely to be higher due to under reporting. With the Gu rains about to start in April, Health and WASH response will be of increasing demand in Baidoa. Clusters operating out of the DOCC in Mogadishu and Baidoa conducted missions to Dimsoor, Xudur and Wajid and elsewhere in March to assess the humanitarian situation and guide the scale-up.

A drought operations center was also opened in Garowe on 30 March by Vice President Mr. Abdihakim Abdilahi Omar Amay who thanked partners for making this happen and underlined that the presence of a DOCC in Puntland will help reinforce accountability and transparency in aid delivery. He committed to support the DOCC and requested partners for a joint mission to Mudug/Gaalkacyo to assess the humanitarian situation. UNFPA Representative Nikolai Botev represented the Humanitarian Coordinator at the launch and underlined how the DOCC will help reinforce humanitarian response and enable rapid scale-up.

**High level visits draw attention to the humanitarian crisis**

On 7 March, United Nations Secretary-General António Guterres visited Somalia. Accompanied by Emergency Relief Coordinator Stephen O’Brien, the Secretary-General met the President of the Federal Government of Somalia in Mogadishu and visited internally displaced people in Baidoa, South West State. He called for more support to avert famine and prevent a further deterioration of the humanitarian situation. With Baidoa chosen as the first field visit of his tenure as Secretary-General, Mr. Guterres underscored the need for a massive scale-up of humanitarian assistance to prevent what along with Yemen, South Sudan and northern Nigeria is the worst humanitarian crisis the world has faced since the creation of the United Nations.

On 15 March, the UK Foreign Secretary Boris Johnson visited Mogadishu to boost response efforts. The Foreign Secretary, while visiting the Drought Operations and Coordination Centre (DOCC) in Mogadishu, commended humanitarians for the extensive efforts to mitigate the impact of the drought.

**AWD/cholera outbreak continues to spread**

The AWD/cholera outbreak exacerbated by deepening water shortages, drought related displacement and hygiene and sanitation continues to spread. As of 29 March, 18,819 AWD/Cholera cases and 443 related deaths have been recorded since the beginning of 2017. The number of suspected cases recorded since January has increased significantly compared to cases reported during the same period in 2016, according to the Health Cluster. The current case fatality rate of 2.35 per cent is much higher than the emergency threshold of 1 per cent, underscoring the severity of the outbreak. While the outbreak has spread to regions such as Bakool, Gedo, Hiraan, Middle Jubb and Middle Shabelle, Bay region has borne the greatest brunt of the outbreak accounting for over 50
Humanitarian partners step up response to stem the outbreak

The Government of Somalia with the support of the WHO and UNICEF launched an oral cholera vaccination (OCV) campaign on 15 March targeting over 450,000 people in high-risk areas across the country. The campaign, the first of its kind in Somalia, comes at a time when the country is grappling with a severe drought that has led to widespread water shortages. The campaign is targeting select communities in Mogadishu, Kismayo and Belet Weyne through a combination of fixed and mobile sites for maximum accessibility by the communities. The vaccines will be administered to at-risk persons aged one year or older and will be delivered in two rounds. The first round ended on 19 March while the second round of the campaign will be held from 18 to 22 April.

Health Cluster partners in collaboration with Federal and State health authorities have operationalized 18 cholera treatment centers (CTCs) and 24 cholera treatment units (CTUs) in some of the worst affected areas. As of 29 March, some 18,819 AWD/Cholera affected people received assistance in all the established facilities. The WASH cluster has reached some 316,000 people in southern and central region through the provision of hygiene kits, chlorination of water points, hygiene promotion campaigns and the provision of clean water. Patients at the Kismayo Cholera Treatment Centre are also receiving hygiene kits as part of discharge package. Some 160 hygiene promoters have also been trained in Kismayo.

In Bay region, humanitarian partners have deployed 20 community health workers to support overcrowded cholera treatment facilities in hard-to-reach areas. Further, active case search and outbreak response and case verification is implemented by WHO supported surveillance teams in the affected locations. Health partners together with health authorities at Federal and South West State level have deployed rapid response teams to bolster responses in Bay and Bakool regions which were largely inaccessible to most partners. Additional emergency medical supplies mainly Diarrhoea Disease Kits have been pre-positioned in six districts in the two regions. Partners have also procured additional health kits including 70 diarrheal disease kits and will be distributed to major hubs in Mogadishu, Hargeisa, Garowe, and Baidoa within the next three weeks.

However, despite the robust response from partners, gaps remain. Inadequate funding to health cluster, lack of access due to insecurity and a dearth of basic health facilities and services have hampered response efforts. There is need to urgently scale up WASH and health activities to help reach some of the most affected people and communities currently without services.
Funding increases but needs continue to grow

Donors have been swift in providing funding to allow humanitarian partners to scale up assistance. More than US$400 million has been made available according to the OCHA-managed Financial Tracking System. Partners are seeking some $825 million to reach 5.5 million people with life-saving assistance until June 2017. A quick disbursement of funds will ensure partners are able to swiftly scale up response in the worst affected areas.

Pooled funds have been instrumental in boosting humanitarian response. From January to March 2017, more than $48 million combined has been channeled through the Somalia Humanitarian Fund (SHF) and the Central Emergency Response Fund (CERF). With funding made available in January, February and March, the two funds have been at the forefront of famine prevention response with critical funding rapidly put to use by national and international partners. The $28 million allocated by the SHF in 2017 has been made available almost exclusively to non-governmental partners, who are receiving 98 per cent of funding, of which 35 per cent is being channeled directly through national NGOs.