SOMALIA

Operational Plan for famine prevention

(Jan - Jun 2017)
The humanitarian situation in Somalia is rapidly deteriorating and famine is a strong possibility in 2017. This comes only six years after a devastating famine led to the death of more than a quarter of a million people – half of them children. The severe drought is a result of two consecutive seasons of poor rainfall, more in some areas. In the worst affected areas, large-scale crop failure and high levels of livestock deaths are occurring. Malnutrition and drought-related diseases are on the rise, so are displacements, including to Ethiopia. Increasing competition for resources such as water is already increasing local tensions and could trigger further inter-communal conflict. Over 6.2 million people-half the population-are in need of humanitarian assistance. The situation of children of Somalia is particularly grave.

A large scale-up of the drought response in February and March can help prevent the worst-case humanitarian scenario and save lives and livelihoods. This will also help preserve important gains made in recent years. A total of US$825 million is requested for the first half of 2017 to reach 5.5 million people with life-saving assistance and livelihood support.

A drought – even one this severe – does not automatically lead to a catastrophe if humanitarian partners respond early enough with timely support from the international community. There are significant differences and opportunities today, compared to the 2011 famine, including a more engaged donor community, closely following the situation on the ground. NGOs and UN agencies have a better footprint now than in 2011, allowing for a more granular analysis of the situation and enabling better targeted scale-up. There are systems in place for rapid scale-up of Cash based programming, systems which were only starting up back in 2011. Enhanced engagement with local actors and improved coordination with the Federal Government and State-level authorities has helped ensure a more joined up reading of the situation, allowing partners to increasingly be on the same page in terms of scope and scale of the crisis, and enhancing accountability. Stronger partnership with the Organization of Islamic Cooperation and Muslim charities allows for better coordination and collaboration across various aid streams. Improved engagement with local NGOs and enhanced risk management systems have helped ensure greater efficiency and more accountable spending of resources.

Building on lessons learned from the 2011 famine, this Operational Plan outlines the main needs, gaps and plans for response by humanitarian partners in the first half of 2017 to prevent a famine. It is based on the worst-case scenario given that even if the Gu rains are better than foreseen, the crisis is already at a point where much of the damage has been done.

Of the $825 million required for the first half of 2017 to reach 5.5 million people with life-saving assistance and livelihood support, $35 million have already been contributed by donors, hereof $18 million from the Central Emergency Response Fund and $14 million channeled through the Somalia Humanitarian Fund. These requirements, which reflect an increase in operational requirements, are part of the overall 2017 Somalia HRP requirement, which will be revised accordingly in early March 2017.

### SITUATION OVERVIEW

<table>
<thead>
<tr>
<th>TOTAL POPULATION</th>
<th>PEOPLE IN NEED</th>
<th>REQUESTED FOR 6 MONTHS</th>
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<tr>
<td>12.3 million</td>
<td>6.2 million</td>
<td>825 million</td>
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**KEY CATEGORIES OF PEOPLE IN NEED**

- **2.9 million** people in **Emergency**
- **3.3 million** people in **Crisis**
- **363,000** Acutely malnourished children (prevalence estimates)
- **5.5 million** Targeted

Sources: Total population - FGS/UNFPA; IDP numbers - UNHCR; Humanitarian needs - FAO’s Food Security and Nutrition Analysis Unit (FSNAU).
OVERVIEW OF THE CRISIS

Several consecutive seasons of poor rainfall has led to a severe drought, causing acute shortage of water. The country is witnessing a near total crop failure, rising livestock deaths, epidemic outbreaks and reduced rural employment opportunities. Poor households, including those displaced, face rapidly diminishing food access, as staple food prices continue to rise sharply and livestock prices decrease. In Mogadishu, prices of coarse grains increased up to 35 percent. In most markets of key maize producing region of lower Shabelle, maize prices surged in January by 32-41 percent. Overall, prices of coarse grains in January in key markets of central and southern Somalia were up to twice their levels of 12 months earlier (FAO).

Poor rainfall experienced in the upper parts of the Shabelle basin during the previous rainy season, coupled with over utilization of the river water in Somalia and Ethiopia, have led to a significant reduction in the water levels in Shabelle River, according to the Somalia Water and Land Information Management (SW ALIM). Some parts of the river in the lower reaches have dried up, already several weeks ago. According to SWALIM, water availability for human and animal consumption will continue to deteriorate. Where crop production has been poor, irrigated agricultural production has also been negatively affected as the water levels are too low to support irrigated farming.

Ongoing drought had a devastating effect on most of the pre-existing water sources, leading to their progressive and then definitive drying-up. Faced with the disappearance of their usual water sources, people have two options: if they can, they buy water from private water vendors, usually at very high cost. This increases pressure on the limited existing infrastructures and increases risk of infrastructure to break. Those who cannot pay for water, rely more and more on unprotected and unsafe water sources, with increased risk of water borne diseases like AWD/cholera. This behavior is at the origin of the steep increase in AWD/cholera cases seen in the last few months in more than 35 different districts. The unusual and very early drying up of the Shabelle river, as a consequence of poor rainfall in the Ethiopian highlands coupled with over utilization of the river water in Somalia and Ethiopia, has deprived several hundred thousands of people living along the Shabelle River of access to the usual water source for personal and agricultural use. This is a significant wildcard and could potentially lead to additional and massive displacements in the next few weeks.

There are already worrying similarities to the conditions that led to the famine in 2011, but a much larger percentage of the population is now at risk. Labor prices are collapsing, local food prices are rising, animal deaths are increasing, malnutrition rates are starting to rise, water prices are spiraling and people are starting to move in growing numbers, both within the country and to neighboring countries.

Just as in 2011, drought-related diseases such as AWD/Cholera and measles are also on the rise. Somalia experienced a major AWD/Cholera outbreak in 2016 which was brought under control, but again started spreading in November 2016, with more than 3,100 cases and 42 deaths recorded in the first four weeks of 2017 alone. The outbreak is currently spreading to new villages and districts, in particular along the Shabelle River, with the drought and subsequent water shortage and malnutrition exacerbating the spread of the outbreak. Preliminary forecasts indicate that below average to near average rainfall is expected to prevail across most parts of Somalia during the forthcoming 2017 Gu (April-June) season. As a result, only minimal improvements are expected during this time and in some areas, further deterioration in food security and water access is possible. If the 2017 Gu (April-June) season performs very poorly, if purchasing power declines to levels seen in 2010/2011, and if humanitarian assistance is not scaled up at a massive scale in the coming weeks and months, Famine (IPC Phase 5) would be expected.

PEOPLE AFFECTED AND IN NEED OF ASSISTANCE

The number of people in need of assistance in Somalia has increased from five million in September 2016 to over 6.2 million in February 2017, more than half of the population in Somalia. This includes a drastic increase in the number of people in “crisis” and “emergency” from 1.1 million six months ago to nearly 3 million projected for February to June. 65 per cent (1,883,000) are in rural areas, 18 per cent (529,000) are in urban areas and 17 per cent (500,000) are internally displaced. Over 3.3 million are categorized as 'Stressed', in IPC Phase 2.

As was the case during the 1991 and 2011-12 famines, Bay and Bakool are particularly hard hit, with 42 and 47 per cent of the population in Crisis or Emergency, accounting for more than 500,000 of the 2.9 million in crisis and emergency. Hereof, the vast majority, 84 per cent (421,000) are in rural areas and will potentially start moving towards urban areas as the situation deteriorates, joining existing settlements for IDPs which are already under-served and overstretched.

In the context of severe drought, the drying up of parts of the Shabelle River early in the year could have severe impact in coming months on people in Hiraan, Middle and Lower Shabelle living along the river since they rely on it as the main and often only water source. The months of January and February usually experience the lowest amounts of river flow along the Shabelle River, but January 2017 has seen significantly below normal levels along the river since the beginning of the month.

It is projected an estimated 4.5 million people will be in need of urgent Water, Sanitation and Hygiene (WASH) services by the end of April 2017. The situation for children is especially grave. Some 363,000 acutely malnourished children are in need of urgent nutrition support, including life-saving treatment for more than 71,000 severely malnourished children. The total caseload for one year will be 944,000 acutely malnourished children, including 185,000 severely malnourished children. School children are dropping out due to the drought. Children and women are more at risk of violence and abuse during such times. The largest health sector program, the Joint Health and Nutrition Programme (JHNP), which was supporting the roll out of basic essential health services package in nine regions across the country and providing services to close to 5.5 million is ending in March 2017. This is likely to lead to weakened ability to control the ongoing epidemic outbreaks (AWD/Cholera and Measles).

The drought is also uprooting people. In the first three weeks of 2017 alone, more than 33,000 people were displaced due to drought in southern and central alone, including more than 3,000 individuals who crossed the border to Ethiopia. In Borama, Somaliland, approximately 8,000 households
The effects of drought and famine have distinct gender dimensions. Family separation associated with displacement places an enormous burden on women to find food and other essentials for their families and forces them to migrate with their small children without their husbands. This places them in a vulnerable position where they become exposed to gender-based violence.

The majority of drought-related displacement takes place from rural to urban areas. In Baidoa, for example, more than 7,000 people arrived in the first three weeks of January in search of water and food, having traveled by foot, in donkey carts and trucks. Most of the families have joined existing settlements for internally displaced in Baidoa. Most of the newly displaced (80 per cent) are from villages in the Bay region. It is foreseen that as the situation continues to deteriorate, increasing numbers of people from rural areas will move to urban centers and join settlements for internally displaced. In some cases, families split up and let children and women move to towns, while men stay behind with the remaining animals. In other cases, preemptive movement is done by the strongest family members, leaving behind young children, women and the elderly.

As the situation further deteriorates, population movements to more settled areas continue. Some families travel to other areas in search of water and grazing. Often this family separation places an enormous burden on women to find food and water and look after their small children without their husbands. This places them in a vulnerable position where they become exposed to gender-based violence.

STATE SITUATION

Two poor rainy seasons in South West State has resulted in water scarcity, poor crop production and pasture failure in Lower Shabelle, Bay and Bakool. Rural areas in Lower Shabelle, Bay and Bakool are dry and inhabitable and these areas were the worst affected by famine in 2011. Bay and Bakool regions has experienced two and four poor crop production seasons, respectively which resulted in a sharp decline in crop income, limited livelihood opportunities and high cereal prices. Livestock deaths are rife due to diseases and lack of pasture and water. Some families are selling off their livelihood assets at very low prices to get money for food or transportation to Mogadishu and other urban areas. About 3,900 people from Lower Shabelle region moved to Afgooye and Mogadishu while in Bay region, an estimated 18,000 people arrived in Baidoa, putting further strain on limited resources in these areas. Drought-related distress migration from these areas has been reported in Mogadishu, Banadir region with an estimated 700 drought-affected people having arrived since November. AWD/Cholera cases have been increasing in Baidoa and Lower Shabelle. At least 1,000 people mainly children and the elderly have been affected with nearly 20 deaths recorded in Baidoa. Traditionally SWS is among states with very poor access to essential health care services.

In Jubbaland, lack of safe water and poor hygiene and sanitation has resulted in AWD/Cholera. Combined with crops failure, water shortage, poor harvest and reduced milk production due to poor livestock body condition, this has aggravated the food and nutrition situation. The loss of livelihoods assets has diminished access to loans, a common coping mechanism among Somali communities. Since January, more than 12,500 people have migrated within Jubbaland, to other regions or crossed into Ethiopia in search of life-saving and livelihood opportunities. According to the IOM’s displacement tracking matrix (DTM) programme, approximately 1,500 households (7,500 individuals) have been displaced from the Bakool region to Luuq, Gedo region, over a four week period (January 2017). An estimated 800 households (4,000 individuals) are reported to have been displaced into Doolow during the same period alone. Between 4-24 January, an additional 950 households reported arriving into Doolow IDP camps. In Kismayo, DTM team has confirmed a new influx of over 500 households in January 2017. This migration has raised the number of IDPs in Jubbaland to 161,000. Some 81,000 of these moved to Afmadow, Dhobley and Kismayo. In addition, epidemic outbreaks such measles and AWD/Cholera were also reported from Lower Juba and parts of Gedo.

Crop production was poor in HirShabelle as the Shabelle River level in Hiraan region has reached the lowest in two consecutive dry seasons of 2015 and 2016 and therefore unable to support irrigation farming. Downstream in Jalalqsi, Mahaday, Jawhar and Balad districts, the river has dried up pushing the prices of water and food up. Of the four main livelihood groups, namely the pastoral, agro-pastoral, riverine (cropping) and urban, pastoralists are most affected because they have the least options of coping with shocks. Already, some 80,000 pastoralists have migrated from Belet Weyne, Muddug, Galgaduud, Middle Shabelle regions and Zone five of Ethiopia to Matabaan, Maxaas and east of Belet Weyne district of Hiraan region. These areas have some pasture and water as they received some rains in November. However, women, children and the elderly are left behind with no limited or no food and water. Both Hiraan and Middle Shabelle have been hotspots for AWD/Cholera outbreak for the last two months. Some 150 cases were recorded in Middle Shabelle while some 60 cases were seen in Hiraan only in the last two weeks of Jan 2017.

Four seasons of poor rains in Galmudug affected agro-
The northern inland pastoral livelihood zone of Sool, Sanaag, Bari and Nugaal regions experienced livestock assets depletion due to increased sale and mortality, declining livestock to cereals terms of trade and increased indebtedness. Puntland experienced three consecutive seasons of poor rainfall which resulted in poor crop and livestock production. More than 80 per cent of land is used by pastoralists and total loss of livestock, destitution and displacement has been reported in some parts of the zone. The livelihood has been classified in ‘emergency’ (IPC Phase 3). Water shortage and depletion of pasture partly due to over grazing has resulted in the emaciation of livestock and voluntary migration to rain-fed areas. The price of water has spiked from $2 to $7 for per 200-liter drum but in Bari it has tripled to $15. Puntland has fair access to basic health services compared to states in the south. However, the closure of JHNP and access of health services to pastoral/rural communities now poses the greatest challenge.

### Acutely food insecure people (post deyr 16/17)

<table>
<thead>
<tr>
<th>Region</th>
<th>Total population 2014</th>
<th>Number of acutely food insecure people (February - June 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Stressed (IPC2)</td>
</tr>
<tr>
<td>Awdal</td>
<td>673,264</td>
<td>136,000</td>
</tr>
<tr>
<td>Wogoyi Galbeed</td>
<td>1,242,003</td>
<td>438,000</td>
</tr>
<tr>
<td>Togdheer</td>
<td>721,363</td>
<td>188,000</td>
</tr>
<tr>
<td>Sanaag</td>
<td>544,123</td>
<td>163,000</td>
</tr>
<tr>
<td>Sool</td>
<td>327,427</td>
<td>94,000</td>
</tr>
<tr>
<td>Bari</td>
<td>730,147</td>
<td>167,000</td>
</tr>
<tr>
<td>Nugaal</td>
<td>392,698</td>
<td>87,000</td>
</tr>
<tr>
<td>Mudug</td>
<td>717,862</td>
<td>114,000</td>
</tr>
<tr>
<td>Galgaduud</td>
<td>569,434</td>
<td>201,000</td>
</tr>
<tr>
<td>Hiraan</td>
<td>520,686</td>
<td>62,000</td>
</tr>
<tr>
<td>Middle Shabelle</td>
<td>516,035</td>
<td>135,000</td>
</tr>
<tr>
<td>Lower Shabelle</td>
<td>1,202,219</td>
<td>352,000</td>
</tr>
<tr>
<td>Banadir</td>
<td>1,650,228</td>
<td>558,000</td>
</tr>
<tr>
<td>Bakool</td>
<td>367,227</td>
<td>66,000</td>
</tr>
<tr>
<td>Bay</td>
<td>792,182</td>
<td>199,000</td>
</tr>
<tr>
<td>Gedo</td>
<td>508,403</td>
<td>161,000</td>
</tr>
<tr>
<td>Middle Juba</td>
<td>362,921</td>
<td>88,000</td>
</tr>
<tr>
<td>Lower Juba</td>
<td>489,307</td>
<td>123,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12,327,529</td>
<td>3,332,000</td>
</tr>
</tbody>
</table>
CURRENT RESPONSE

With 315 active operational humanitarian partners, the humanitarian response system in Somalia continues to be one of the largest and longest-running. Through reprogramming of existing funds and through additional funding, organisations are scaling up the response, building on the response to drought that has been ongoing since 2015, mainly in northern areas. Food security cluster partners have scaled up life-saving activities in most affected areas, including Bari, Sool, Sanag and Gedo. Members of the Organisation of Islamic Cooperation are distributing food in Somaliland and coordinating with humanitarian partners there. WASH partners are providing water vouchers for schools and communities and have, for example, with funds channelled through the Somalia Humanitarian Fund since January has been providing water in most severely affected areas, including Bari, Nugaal, Sool, Sanag and Togdheer. In response to this growing crisis, UNICEF is, for example, stepping up its integrated WASH, health and nutrition response in drought areas, targeting 1.2 million children under the age of five with preventive and curative nutrition service and aims to reach 800,000 people with package of Water, Sanitation and Hygiene services. Health and WASH partners have also stepped up response in AWD/Cholera-affected areas and have pre-positioned emergency WASH and health supplies to respond effectively to the increased risk of disease outbreaks. IOM, through funding from the Government of Japan, has been providing emergency WASH (including water trucking through voucher system) and health interventions through static and mobile health clinics in Togdheer, Sool, Sanag, and Waqooyi Galbeed. Nutrition partners are providing acutely malnourished children and women, as well as pregnant and lactating mothers with critical life-saving nutrition services. Shelter partners have increased emergency activities, specifically targeting drought displaced populations with non-food items and putting a strong emphasis on pre-positioning in preparation for increased displacements.

Donors have moved quickly to provide more than $100 million to support the scale-up of the drought response in December 2016 and January 2017 alone. Notwithstanding the current volume of operational response, accelerated funding and operational scale-up of assistance is required to avoid a dramatic rise in the number of malnourished children and a spike in mortality similar to that seen in April/May 2011, before the famine was declared in July 2011. Based on lessons learnt from 2011, with sufficient and timely support from the international community, given the footprint and ability to rapidly scale up response, humanitarian partners are still able to prevent a worst-case scenario in 2017.

HUMANITARIAN ACCESS

Humanitarian organizations continue to experience a volatile and challenging operating environment due to high levels of insecurity and violence, particularly in areas in southern and central Somalia. More than 165 violent incidents in 2016 led to the deaths of 14 humanitarian staff, injury of 16, arrests and detention of 25, abduction of three and physical assault of five humanitarian personnel impacted humanitarian organizations. This is an 18 per cent increase in the overall number of incidents compared to 140 incidents in 2015.

Humanitarian organizations in parts of southern and central Somalia, including Baidoa, Belet Weyne, Galkacyo, Kismayo and Mogadishu are particularly impacted by violence. The proliferation of illegal checkpoints by both non-state and state armed actors also impede the ability of humanitarian organizations to transport humanitarian supplies by road. The Belet Weyne-Burlo-Mogadishu, Mogadishu-Baidoa-Doolow and Mogadishu-Barawe-Kismayo roads reported the highest number of incidents of illegal checkpoints.

The October-November 2016 conflict in Gaalkacyo continues to impact movement between areas in southern and central Somalia, and northern Somalia. A road blockade between north and south Galkacyo has been in place since 1 December 2017 and has severe impact on the transfer of humanitarian supplies from northern regions to southern and central Somalia. Humanitarian organizations continue to advocate with Galmudug and Puntland authorities for a waiver to enable the transfer of supplies, especially to drought-affected areas. The extended closure of the Kenya-Somalia border for official business that came into effect in late October 2016 also hampers humanitarian as well as cross border operations.

Bureaucratic impediments are also on the increase due to the absence of a centralized regulatory framework for NGOs and international organizations, disruptions, delays, intrusion in humanitarian facilities, arrests and detention of humanitarian workers and occasional temporary suspensions of humanitarian programmes. At least 94 incidents were registered by aid agencies in 2016 alone. The majority of the incidents were related to multiple registration and reporting requirements, arbitrary taxation, and contractual arrangements and procedures. More than 50 of the impediments were successfully resolved through dialogue and negotiations with authorities mainly in southern and central Somalia and Puntland but more consistent efforts will be required by authorities at Federal and State level to address this, as well as illegal road blocks. The Access Taskforce established in November 2015 will continue to implement the access strategy endorsed by the HCT in 2016.
RESPONSE STRATEGY

While the response strategy for 2017 initially adopted towards the end of 2016 had a focus on drought response, humanitarian partners are now shifting to pre-famine scale-up to mitigate the rapid deterioration of the situation due to lack of rains in October-December 2016 and the anticipated below normal rainfall between April to June 2017. Building on lessons learned from the 2011 famine, the primary focus is on providing urgent life-saving water, food, nutrition and health services to the three million people who are in crisis and emergency, in particular to malnourished children in need of assistance, to allow them to stay alive and also protect livelihoods where possible.

To prevent famine, urgent scaling up of humanitarian assistance through frontloaded delivery of assistance to those most in need, is the core of the response strategy. Accordingly, humanitarian partners will adopt a two-pronged inter-cluster approach that relies on

- Extension of humanitarian assistance as close to the rural population as feasible, to stabilize the situation in rural areas and mitigate the impact of the possible famine and minimize displacement, and at the same time

- Enhancing the response capacity in larger hubs throughout the interior to meet needs of newly displaced due to drought and other vulnerable groups.

This approach builds on the extensive drought response implemented since late 2015, including through prioritization of cash-based programmes and enhanced coordination with national and state-level structures and other partners, underpinned by a continued focus on strong risk management.

While a number of areas continue to be hard to reach, the increased humanitarian foot print will allow for assistance to be provided closer to where communities are, maximizing the effectiveness of the response, in line with lessons learned from the 2011 famine. For health services, for example, the reach of an extensive network of health posts outside major districts and towns will be further extended through mobile clinics scaled up in priority areas, to provide services as close as possible to where the most vulnerable are. In the same vein, existing community structures like schools, which already serve as unique entry point for lifesaving services, including access to safe drinking, food, AWD/cholera prevention, and protection mechanisms, will be used to expand reach to one of the most vulnerable groups – children. This approach also builds on lessons learnt from the 2011 famine, when half of the quarter million deaths were among children. 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. Safe learning environments and access to education are critical to ensure that children displaced by or affected by drought are better able to cope, survive and recover from drought impacts and contribute to longer term peaceful development of Somalia.

Every effort is being put to ensure close collaboration with the disaster management agencies of government both at national and subnational level, including the newly established Federal States. At the national level, the Federal Government of Somalia has initiated a National Drought Committee, working closely with the international community, the private sector and other stakeholders. The Committee comprises representatives from Drought Committees from all the states (Somaliland to be confirmed). In Somaliland, the National Environment Research and Disaster Preparedness agency NERAD is operational while in Puntland the Humanitarian and Disaster Management Agency HADMA takes the lead. Other states have or are establishing equivalent State-level and district-level disaster management committees.

The extent to which humanitarian partners are able to rapidly scale up and mitigate the impact of drought in rural areas will strongly influence the scale and scope of new displacements towards urban areas by April and May, which is when a sharp increase in mortality and displacement could be expected.

Cash based assistance will be one of the response modalities to the drought in Somalia. Most humanitarian partners are already engaged in and are now prioritizing cash assistance through SCOPe or mobile banking, in order to scale up assistance timely and to reach remote areas more easily. Under the food security sector, at least fifty percent of the assistance will be in the form of cash or vouchers in places where markets are functioning, playing a stabilizing role on local markets by maintaining the demand from existing retailers. The WASH sector will continue to provide cash based water vouchers, where applicable, and hygiene kits when available locally. Multi-purpose cash will be expanded, targeting similar beneficiaries through SCOPe, in order to reduce food insecurity and malnutrition by providing basic services. The Cash Working Group will serve as the coordinating body at cross-sector level. Monitoring will be scaled up and market information will be shared regularly among partners through the Cash Working Group.

The Access Taskforce established in November 2015 has continued to implement the access strategy endorsed by the HCT in 2016. Work will continue on taskforce to maintain access to current operational areas, including expanding to areas that are not accessible. Through continued advocacy and working local partners, there has been significant progress, with parties allowing humanitarians access to people in need in areas that were not traditionally accessible. Engagement with the authorities will continue to ensure that efforts to facilitate speedy and unhindered assistance to those in need are maximized. The Federal and State-level drought committees will be urged to urgently help address an increase in ad hoc administrative and bureaucratic impediments which delay and escalate costs of delivery.
**TARGET**

Far more vulnerable than any other group, 200,000 severely malnourished children will be targeted with life-saving therapeutic interventions. Through existing nutrition programmes and mobile clinics, expanded feeding centers will seek to reach nearly 2 million people for treatment and prevention of Moderate Acute Malnutrition to prevent them from slipping into severe malnutrition where risk of disease and death are greatly increased. Of the 6.2 million people in need of assistance, humanitarian partners will target an overall 5.5 million people with life-saving food security assistance and livelihood support. Water and sanitation services will be scaled up to reach 4.5 million, including through water trucking, vouchers, rehabilitation of boreholes and shallow wells and provision of hygiene kits. Up to 700,000 will be assisted with non-food items and emergency shelter kits while 4.6 million people will be given access to health services to prevent avoidable morbidity and mortality.

**TIMELINESS OF THE RESPONSE**

Timeliness of the scale-up of humanitarian assistance in the coming weeks and months is paramount to preventing another famine in Somalia. Based on lessons learnt from 2011-12, it is expected that a sharp increase in mortality and displacement will take place from rural to urban areas by April-May if assistance is not expanded adequately in February and March. More than a quarter of the population was displaced within and outside Somalia in 2011. By frontloading funding to the first part of the year, more efficient use of resources can help prevent what could otherwise become a very costly response to famine later in the year.

"Famine was not inevitable, nor was the scale of human suffering caused by the drought crisis. The political and military actors (Somali and international), whose conduct restricted people’s access to humanitarian assistance, bear primary responsibility for the failure to respond earlier and more decisively. Early action could have prevented, or at least substantially mitigated, the worst aspects of the crisis, but this did not happen on the scale required. The reasons are largely political, but the international humanitarian system – including the donors – itself bears some responsibility for this failure. While some important early action was taken using available pooled funds, it was not on the scale required by the situation."


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Real time evaluation of 2011 famine response

![Graph showing the evolution of the 2011 crisis and related humanitarian response](image)

*Figure: Illustrating the evolution of the 2011 crisis and of the related humanitarian response (indicative only)*
CLUSTER RESPONSE AND REQUIREMENTS

FOOD SECURITY

Food Security Cluster partners will significantly scale up life-saving emergency food assistance (in kind, voucher and unconditional cash grants) to drought-affected people and vulnerable households to prevent famine. Partners will also equally protect the livelihoods of affected population by scaling up emergency livestock assets protection intervention such as fodder / feed supplement, veterinary care (deworming and supportive treatment) and water for livestock in a cash-based approach and water trucking in complementarity with WASH partners; and provide livelihoods input (for Gu 2017) to agro-pastoralist and fishing communities.

For food assistance the focus will be to assist as many people as possible with the most appropriate transfer. In areas at risk of population movement, the focus will be on creating catchment points close to towns and urban centers near the locations of origin to prevent larger population movement and increased vulnerability by walking long distances.

The livelihoods protection focus will be on reaching as close as possible to rural areas where famine originates and bolstering response in larger hubs where displaced populations, especially from inaccessible areas will concentrate. Where markets continue to function, as assessed by FSNAU/ WFP market monitoring, cash-based programming will be the preferred method to support those in needs and as a form of market support in ensuring supplies and price stabilization. The Cash Working Group will coordinate cash and market based response across sectors. Livelihood support to pastoralists that have retained livestock and seasonal inputs to agriculturalists to take advantage of what opportunities the Gu rainy season provides will be imperative to mitigating the potential for famine and support people in stress who are prone to fall into crisis and emergency. There is need to promote livelihood recovery, and meet household food gaps and prevent the people classified as stressed (IPC 2) from falling under crisis and emergency.

The FSC with collaboration with FSNAU and WFP-VAM will be closely monitoring food security situation in order to prioritize response area and gauge the effectiveness of the response. More localized displacement is possible though the broader footprint humanitarians have (in comparison to 2011) will assist populations to obtain assistance while still accessing their farms and pasture.

NUTRITION

Nutrition cluster partners will provide life-saving nutrition interventions by establishing additional mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent severe and moderate acute malnutrition in children age 5 and pregnant and lactating women. Partners will also provide preventive interventions through blanket supplementary feeding programme, maternal and child health and nutrition (MCHN), basic nutrition service package and micronutrient supplementation all targeting pregnant and lactating women and children under age 5. With 363,000 acutely malnourished children in Somalia, of which 71,000 are severely malnourished, (point prevalence) while the overall need and/or burden is estimated to be close to one million acutely malnourished children with 185,000 being severely malnourished), the requirement for scaled up response is evident in rural as well as populated centres. With coordinated interventions of WASH and health partners to address the causes of malnutrition, the main driver of mortality among children can be stemmed.

In the nutrition cluster, preparedness and response activities are interlinked in saving lives of affected community vulnerable to malnutrition as well as those suffering from acute malnutrition where by preparedness requires delivery of services beyond the classical preparedness actions; as such food based interventions to prevent acute malnutrition and to treat moderately malnourished children prevails the prevention of morbidity and mortality from severe acute malnutrition.

WFP and existing cluster partners alongside mobile clinics and expanded feeding centers will target nearly 2 million people for treatment and prevention of Moderate Acute Malnutrition to prevent them from slipping into severe malnutrition where risk of
disease and death are greatly increased. A total of 570,000 beneficiaries (both children U 5 and PLW) are targeted for treatment of malnutrition (TSF), while 1.43 million children and mothers will be targeted by WFP through MCHN and BSF (Blanket Supplementary Feeding Program) in order to prevent malnutrition. Similarly, UNICEF and cluster partners target 200,000. Severely malnourished (SAM) cases with lifesaving therapeutic interventions which otherwise would suffer high risk of mortality, WHO estimates SAM case-fatality to be 30-50 per cent.

Hence the cluster target until June 2017 would be 2.2 million beneficiaries (770,000 malnourished children for treatment plus 1.43 million children and PLW for prevention) while the revised budget requirement would be $200 million. The nutrition cluster believes there is relatively better response capacity in terms of partner’s presence on the ground with clear partnership arrangements (rationalization plan) though there is major resource constraint as the cluster is suffering from chronic underfunding.

### WATER, SANITATION & HYGIENE (WASH)

**PEOPLE TARGETED**

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**REQUIREMENTS (US$) JAN-JUN 2017**

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WASH cluster partners will continue to scale-up Wash emergency services, including water trucking/vouchers, rehabilitation of boreholes and shallow wells, provision of hygiene kits including water containers, community and household’s sensitization on safe water practice and on appropriate hygiene behaviors to affected people in northern Somalia. They will also focus, through similar activities, on initiating WASH response to drought in southern and central Somalia. In this case and as part of a coordinated response with the Health Cluster, response will be prioritized to locations that are experiencing AWD/cholera outbreaks as a direct consequence of drought. After replenishment of regional supply hubs, WASH partners will distribute hygiene kits in the regions with AWD/cholera outbreaks. Wash support to education facilities as a means to retain learners where schools continue to function will be a key coordinated response with Education Cluster partners. Improvement of Wash conditions in health and nutrition centers, through the construction/rehabilitation of infrastructures, hygiene promotion and reinforcement of operation and maintenance systems will also be at the centre of the coordination with Health and Nutrition partners. Assuming the Shabelle river remains at low levels until additional water enters the catchment area in Ethiopia with rains in April, a concerted effort will be undertaken to find water access solutions for riverine populations in accessible areas.

### HEALTH

**PEOPLE TARGETED**

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Health Cluster partners will restore critical life-saving interventions to drought-affected and vulnerable populations and prevent avoidable morbidity and mortality. Partners will support lifesaving health service delivery in affected areas through existing fixed facilities or via outreach services and mobile clinics. The supply of essential medical supplies, vaccines and equipment will also be supported. Partners will strengthen emergency preparedness and response capacities of the health authorities, including for nutrition, cholera and measles surveillance and response. Rapid Response Teams at regional level will be trained to respond to suspected disease alerts, confirm cases and support early investigation and response efforts. Cluster partners will also undertake community sensitization and mobilization on AWD/Cholera and other epidemic diseases control and prevention. Cholera vaccine will be introduced in “hot spot” areas to help prevent future outbreaks.

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1: [http://www.who.int/nutrition/topics/severe_malnutrition/en/index.html](http://www.who.int/nutrition/topics/severe_malnutrition/en/index.html)
**SHELTER / NFI**

The ongoing drought is worsening protection concerns such as gender-based violence. Women are forced to travel long distance in search of water while children drop out of school with girls facing the risk of separation as adult travel in search of food. Separated children in south regions of Somalia including drought affected areas continue to be targeted for recruitment. Newly displaced populations are at risk of tensions or conflict with host communities over scarce resources such as water and pasture. Reports of grave child rights violations remain a major challenge.

Protection Cluster partners will focus on expanding community-based child protection and GBV services and establishing referral pathways to affected communities, including clinical, psychosocial, security and safe house services, as well as training of community leaders. Additionally, the Protection Cluster will focus on social cohesion, prevention and mitigation programs that aim to harmonize communities, whilst also looking at explosive hazard education (MRE) and clearance of suspected UXO’s and minefields as they pertain to response activities of other partners and areas of concentration for internally displaced. Protection Cluster partners will also support internally displaced persons (IDPs) and returnees through technical advice, informed analysis and advocacy by providing timely information on sudden onset of displacement and protection needs through the Displacement Tracking Matrix system and Protection and Return Monitoring Network (PRMN) and direct interventions as applicable.

**EDUCATION**

An existing community structure like the school serves as a unique entry point for protection of children and other lifesaving services, including access to safe drinking water, food, AWD/cholera prevention, and protection mechanisms reaching one of the most vulnerable groups – children. This approach builds on the strategy in the Call for Aid for drought response in the north in 2016 to leverage schools as an important catchment for vulnerable children in concert with other clusters. Supporting children to stay in school during times of crisis ensures children are kept alive, protected and have the possibility to continue their education and pave the road for a better and peaceful life.

The first priority for the Education Cluster is to support children where they live and ensure they can stay in school through provision of community-based school feeding and water in the schools, AWD/Cholera prevention and hygiene promotion, and the provision of appropriate teaching/learning materials.

The second priority for the Education Cluster is to support children where they move to and ensure they can continue their education. Displacement due to the drought is increasing the pressure on the existing education facilities especially in urban areas. In addition to the life-saving assistance (food, water, AWD/Cholera prevention), establishment of temporary learning spaces, and provision of teaching/learning materials are required to ensure continued access to education, protection and survival.

**SHELTER / NFI**

Shelter Cluster partners will provide support to displaced populations and host communities in affected areas through distribution of non-food items and emergency shelter kits. The Shelter Cluster has prepared an emergency drought response structure, decentralized to the different regional hubs. A double approach of pipe-lines with voucher/cash systems will ensure an enhanced capacity to respond. Shelter Cluster partners are already evaluation market systems on NFIs as a preparedness measure. The recent SHF and CERF funding have been utilized to put this plan in action. There will be a need for transportation of humanitarians and emergency supplies to drought-affected areas to respond efficiently to time-critical activities planned by cluster partners.
The scaled up response will require additional coordination capacity or in some cases the retention of capacity slated for downsizing due to budgetary constraints projected for the 2017 budget year. In line with lessons learnt from the 2011 famine, empowerment of decentralized coordination will be prioritized, to ensure efficiency and speed of scale-up. The NGO consortium will continue to support the NGO Coordination mechanism with the recruitment of field officers to strengthen coordination in Baidoa and Kismayo. Additional security enablers are required as well as stepped up food security, nutrition, livelihoods and market monitoring and assessment by the Food Security and Nutrition Analysis Unit (FSNAU) in order to inform the overall response and prioritization. To strengthen collective approach to affected people, OCHA will work with the HCT and the ICCG to establish a collective approach on AAP/CwC to bring together the individual efforts of agencies and NGOs and ensure that community voices inform HCT strategic decision-making and help adjust operational plans appropriately.

**ENABLING PROGRAMME**

**REQUIREMENTS (US$) - JAN-JUN 2017**

$15M

Access to reach people in need remains a key constraint for humanitarian partners, especially in the southern and central regions of Somalia. The Logistics Cluster scaled up response will focus on enabling critical access to common services - transport by sea, road and air; and storage to the drought-affected areas of Somalia.

In collaboration with UNHAS scheduled passenger air transport services will be provided for humanitarian personnel responding to the emergency along with readily available medical and security evacuation services. A STOL (short take-off and landing) type plane will be prepositioned in Mogadishu specifically to transport both humanitarian personnel and light cargo to less accessible and often most-affected areas.

On a cost-recovery basis, a cargo plane pre-positioned in Mogadishu, will provide additional air service capacity, prioritizing drought-related cargo movements. Land and sea transport services, along with storage services, will upscale to be promptly provided on a cost-recovery basis too.

The Logistics Cluster will also conduct a comprehensive logistics capacity assessment, focusing on the emergency response areas to boost strategic planning and implementation efficiency. Information management services will be provided in support of operational decision making, including logistics data and maps, regular road access assessments, as well as guidance to organizations, updates on logistics gaps and bottlenecks.

**LOGISTICS**

**REQUIREMENTS (US$) - JAN-JUN 2017**

$6M

Access to reach people in need remains a key constraint for humanitarian partners, especially in the southern and central regions of Somalia. The Logistics Cluster scaled up response will focus on enabling critical access to common services - transport by sea, road and air; and storage to the drought-affected areas of Somalia.
RESPONSE HUBS AND RURAL OUTREACH

The radius of coverage from each rural outreach and hub in terms of populations that can reach. Populations that will be examined to ensure broadest coverage and minimize gaps.
Produced by OCHA on behalf of the Humanitarian Country Team (HCT)