

### HIGHLIGHTS

- Humanitarian needs severe, long-term intervention required.
- 2017 in review: famine averted.
- Nutrition assistance reaches one million people.
- Medical supplies to be pre-positioned.
- Polio vaccination campaign begins
- Call to respect neutrality
- The role of the diaspora in famine prevention
- SHF releases an additional \$12.3 million
- Somalia Humanitarian Funding Trends 2010-2017

### FIGURES

# of people in humanitarian emergency and crisis	3.3 m
# of people in need	6.2 m
# of displaced people in Crisis and Emergency (IPC Phase 3 & 4)	0.6m
# of AWD/Cholera cases in 2017	78,349
# of people displaced internally by drought since November 2016	949,000
# of people in protracted internal displacement	1.1m

### FUNDING

**\$1.5 BILLION**

requested in the revised 2017 Humanitarian Response Plan

**\$1.25 BILLION**

Total humanitarian funding received for Somalia in 2017.



Over 32 tons of medicines and medical supplies to be pre-positioned in different locations. (FAO-Somalia)

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## Humanitarian Needs Severe, Long-term Intervention Required

The unprecedented drought, spanning at least four consecutive poor rainy seasons, has resulted in severe and growing humanitarian needs across the country, according to the Humanitarian Needs Overview (HNO) released on 29 November by the Somalia Humanitarian Country Team. Food security needs are nearly double the five-year average due to limited rain, displacement, lack of access to basic services and continuing conflict. The number of people in Emergency (IPC 4) have increased tenfold from 83,000 in January to 866,000 people in November 2017. Overall, 6.2 million people are in need of humanitarian and protection assistance. More than half of these require urgent life-saving assistance. The overall median prevalence of Global Acute Malnutrition (GAM) rate is at 17.4 per cent in some locations, which is above the emergency threshold of 15 per cent. Over two million people, including one million in 2017, are now displaced and constitute one-third of those in need of assistance.

The 2018 Somalia HNO reflects a collective and shared understanding of the humanitarian crisis, needs and the number of people who require assistance. It draws from multiple sectoral assessments and consultations with affected communities, authorities and humanitarian partners at all levels and their input guide the overall humanitarian response in 2018.

NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs)



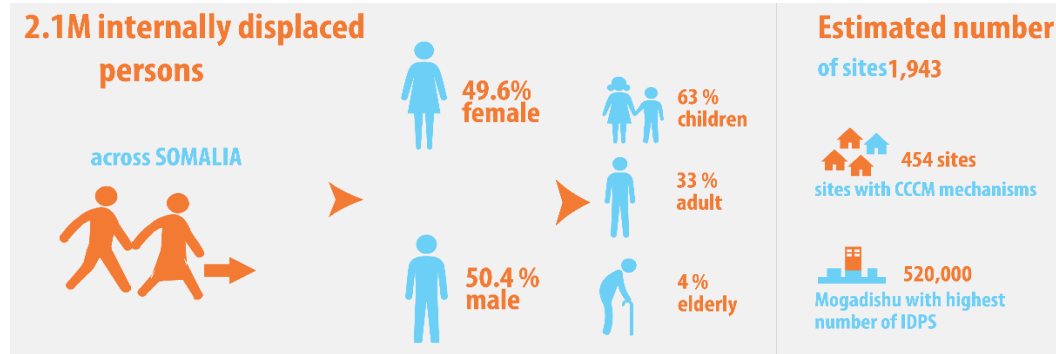
NUMBER OF PEOPLE IN STRESS (IPC2)



NUMBER OF PEOPLE IN CRISIS (IPC3)



NUMBER OF PEOPLE IN EMERGENCY (IPC4)





The prospects for recovery in 2018 remain grim, with a below average Deyr season (October – December) and a long-term forecast of another below-average Gu season (April - June 2018). In addition, the December Global ENSO projects a 65-75 per cent (up from 55-65 per cent in October) chance of a La Niña phenomenon between December 2017 – March 2018, with Somalia being among the countries at highest risk of the weather event. La Niña is typically associated with below average rainfall in the Horn of Africa region. The Inform Global Index Results for 2018 ranks Somalia among countries that are at very high risk of humanitarian crisis and disasters. Its population is also ranked among the most susceptible to potential hazards partly because of their socio-economic vulnerability. Lack of institutions, infrastructure and access to basic services aggravates their vulnerability. In part, due to these factors, the Index ranks Somalia as among the countries still far from ending poverty in all its forms.

Life-saving assistance will remain an urgent priority, but the persisting humanitarian situation requires a simultaneous and complementary effort to address the underlying causes to recurring crises. In line with the New Way of Working and building on efforts since 2012 to create household resilience, humanitarian and development partners are pursuing more sustainable mid-to longer-term investment in reducing risk and vulnerability. The Drought Impact Needs Assessment (DINA) and the Recovery and Resilience Framework (RRF) will pursue medium to long-term recovery and resilience solutions that address root causes of vulnerability.

## 2017 in review

### Famine was averted

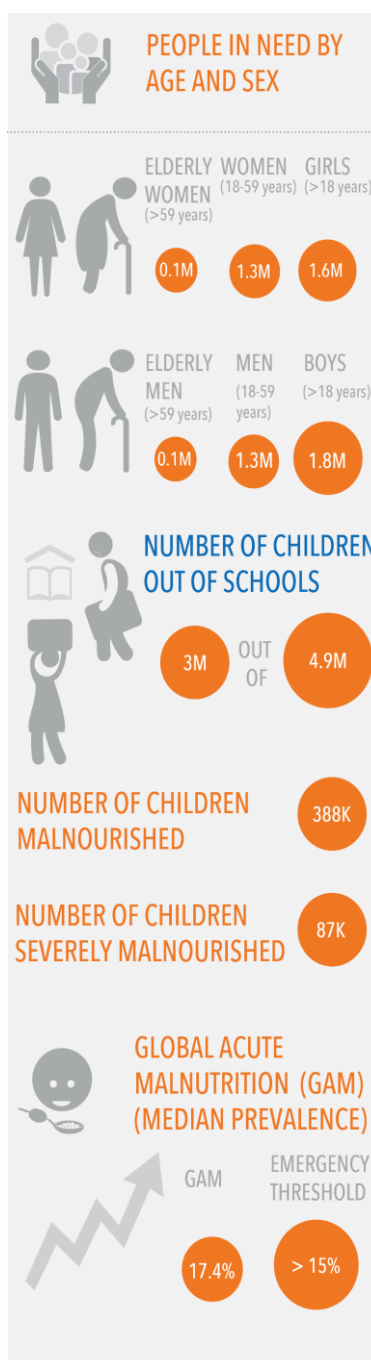
The year 2017 was one of the most challenging in the past half-decade. Just as Somalia was geared towards strengthening linkages between humanitarian action and development interventions based on improvements on the political and security fronts, the country was confronted by a looming famine in the wake of an unprecedented drought spanning three failed rainy seasons. Alarm bells were raised in March, August, November 2016, including the launch of the 2017 HRP in January.

Early show of solidarity by donors enabled humanitarian assistance to scale up massively in 2017 and famine was successfully averted, thanks to collective Somali and international efforts. With nearly \$1.3billion mobilized towards famine prevention, over three million people were reached per month with life-saving assistance and livelihood support. A significant part of the response was delivered as cash based assistance which enabled humanitarians to expand their reach across the country including in hard-to-reach areas, despite a challenging and extremely difficult operating environment.

Two major communicable diseases – measles and AWD/cholera – were contained. However, measles remains a focus as partners prepare to launch a nationwide vaccination campaign early next year that builds on previous, targeted vaccination of hotspots. At the peak of the AWD/cholera outbreak, WASH and Health care services were scaled up, mainly in areas prone to communicable diseases. Some 110 cholera treatment facilities, including 56 centers and 54 units, have been operationalized across the country in 2017. A total of 78,784 cases and 1,159 deaths (CFR 1.47 per cent) have been reported in 55 districts in all the regions of Somalia as of 3 December. No deaths were recorded since August 2017.

Nutrition services reached over one-million acutely malnourished individuals, mainly children, pregnant and lactating mothers. New nutrition service delivery facilities, including mobile sites, have been set up since the beginning of 2017.

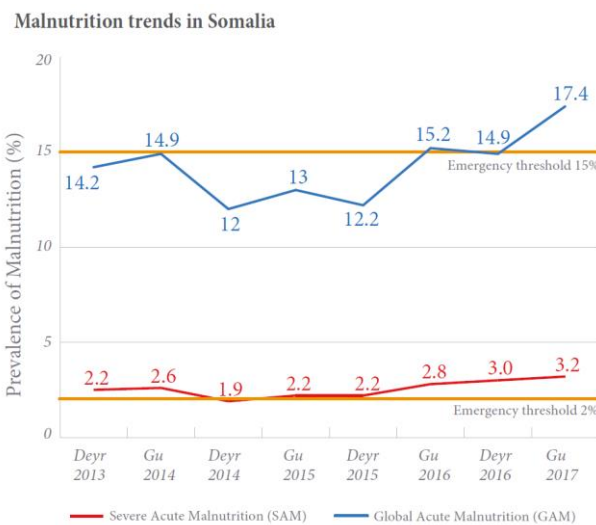
Prioritization of geographical areas with high need were reviewed and targeting adjusted where required, to allow for flexible scale-up in hotspots, and transition to relief and recovery where conditions permit. Better integration of multi-sectoral response enabled a people-centered approach addressing protection risks. Three rounds of SHF allocations have also prioritized greater integration across clusters and catalyzed further integration across the system. With the deployment of mechanisms such as the Drought Operations



Coordination Centres in Mogadishu, Baidoa and Garowe, as well as enhanced coordination with Federal and regional authorities on prioritization of areas and needs, humanitarian partners were able to make efficient use of the available resources to prevent famine. Improved communication with communities, including awareness raising about available services for the most vulnerable, has led to a better reach of existing emergency programmes.

### Nutrition assistance reaches one million people

Widespread acute malnutrition continues to persist across Somalia. Some 1.2 million children are projected to be malnourished, of whom about 231,000 are in IDP settlements from September 2017 to September 2018. Most of the IDP settlements have recorded GAM rates of above 15 per cent emergency threshold.






Source: UNICEF - Nutrition Cluster

Despite a challenging operational environment, particularly in some areas in Middle Juba and Bay regions, nutrition partners have continued to scale up their response in 2017 reaching approximately one million acutely malnourished individuals. This is about 94 per cent of the annual target of 1,155,000 people for 2017. Cluster partners also treated 382,556 beneficiaries for acute malnutrition and reached 442,385 beneficiaries with nutrition preventive services including Blanket Supplementary Feeding Programme, Maternal Child Health and Nutrition and Infant and Young Child Feeding interventions in 2017.

*Low immunization coverage and high morbidity have continuously led to increased admissions in treatment centers.*

While drought and conflict have continued to drive needs, low immunization coverage and high morbidity have continuously led to increased admissions in treatment centers. Limited healthcare services, lack of dietary diversity and poor child care/feeding practices, lack of access to basic services and humanitarian assistance significantly contributed to the deterioration of nutrition situation across the country. Severely malnourished children are nine times more likely to die of killer diseases such as AWD/cholera and measles.

In 2018, the nutrition cluster will build on the 2017 achievements and continue to focus on life-saving activities and community resilience-building activities in priority crisis-affected geographical areas (all areas with high levels of GAM/SAM, including IDP settlements), and preventive nutrition programmes across the country through an integrated multi-sectoral approach. The nutrition cluster will also work to enhance access to and utilization of quality, high impact mother and child nutrition interventions to reduce acute malnutrition and contribute to lowering of child mortality and morbidity.

 <b>Malnutrition needs point prevalence</b> (388,070 GAM, 87,250 SAM)	 <b>Malnutrition needs burden</b> (1.2m GAM, 231,829 SAM)	 <b>Rates GAM/SAM</b> (17.4 % GAM, 3.2% SAM)
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## Health Update

### Medical supplies to be pre-positioned

The World Health Organization (WHO) supported the Somali Federal Ministry of Health with over 32 tons of medicines and medical supplies to be pre-positioned in districts of Banadir in Mogadishu as well as regions of Kismayo, Baidoa, Adado, Belet Weyne and Hudur.

The shipment includes Interagency Emergency Health Kits (IEHK) for treating different diseases and health conditions. The consignment also contains medical and surgical supplies such as surgical instrumental sets, different kinds of plasters, cotton wools, gauze swaps, rubber and elastic bandages, surgical gloves, catheters, and many other supplementary items.

The over 32 tons of medical supplies are sufficient for a population of approximately 200,000 for nine months (January-September 2018), and this is part of the preparedness plan for the joint WHO and MOH rapid response to seasonal outbreaks and drought emergencies in different parts of Somalia. Due to decades of conflict, insecurity and instability, Somalia's public health system has collapsed, in particular in the central and southern parts of the country, and many health indicators continue to be extremely low. Where health facilities exist, the shortage of medicines is immense and requires the efforts of health partners to support the Ministry of Health to address this critical gap.

As of November this year, WHO has provided the Somali Federal Ministry of Health with over 105 tons of medicines and medical supplies distributed to health facilities in different parts of the country. In addition, improving access to emergency medical supplies and capacity building activities have enhanced the medical supply chain and storage conditions in Somalia. Over sixteen national trainers were trained to cascade training on Storage of Emergency Supplies and Health Commodities in different drought and Acute Watery Diarrhea (AWD)/cholera affected areas this year. The pre-positioning of medical supplies by WHO was supported by the Government of German and the UK Department for International Development (DFID), complementing earlier support provided by the UN Central Emergency Response Fund (CERF).

### Polio vaccination campaign begins

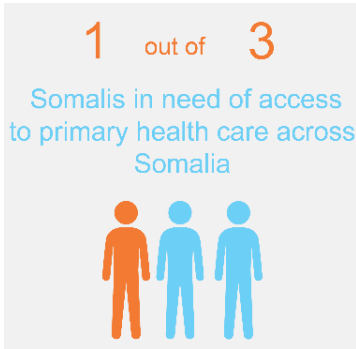
The Federal Government of Somalia's Ministry of Health with support from the WHO and UNICEF launched a focused three-day oral polio vaccination campaign targeting 726,699 children under five years of age in districts of Banadir and Lower and Middle Shabelle regions.

Somalia has been polio free since August 2014, when the last case of polio was reported from Hobyo district of Mudug region. However, as a preventative measure, it is imperative that all children under five years of age in targeted locations, whether previously immunized or not, receive two drops of oral polio vaccine. The campaign has been carefully planned to ensure all children in the targeted areas, particularly those who have been missed in previous vaccination campaigns, are reached.

The campaign will be conducted in two rounds through house-to-house visits by vaccination teams. The first and second round will involve the use of oral polio vaccine for children under five years of age. Inactivated polio vaccine (IPV) will be used in the third round to boost immunity among children between 2-23 months of age. More than 4,400 vaccinators and monitors, and around 800,000 doses of vaccine have been mobilized to conduct the activity.

## Call to respect neutrality

On the International day of neutrality on 12 December, humanitarian partners in Somalia urge all actors to respect the neutrality and sanctity of humanitarian personnel, facilities





and assets in compliance with the fundamental principles of humanitarian action. The four fundamental humanitarian principles were originally proclaimed in 1965 by the International Committee of the Red Cross (ICRC) and later adopted by the United Nations its Resolution 46/182 on 19 December 1991 and subsequently, in a separate Resolution number 58/114 on 5 February 2004, adopted (operational) Independence as another important principle of humanitarian action.

The operating environment in Somalia remains challenging. Over 165 violent incidents impacted humanitarian organizations in 2017 and these affected 123 humanitarian workers. Majority of the violations were directly targeted at the humanitarian organizations by both state and non-state actors. This situation results in obstacles to deliver effective and timely assistance to people in need. Although humanitarian organizations continue to explore options to secure and sustain humanitarian access to hard-to-reach areas in a principled humanitarian manner, wide scale perception of their compromised neutrality and operational independence continues to undermine these efforts. There is need to step up awareness raising and advocacy efforts to protect the sanctity of humanitarian action premised on the fundamental principles in Somalia.

## Funding Update

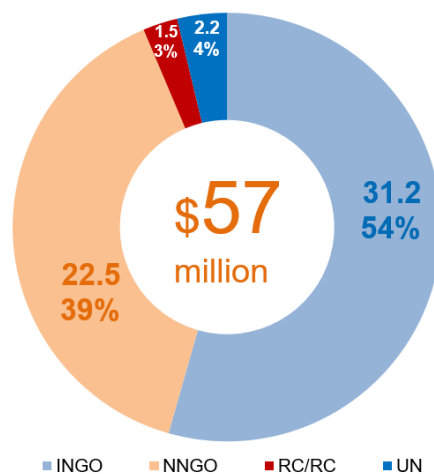
### SHF releases an additional \$12.3 million

The SHF has allocated an additional \$12.3 million through the Second Standard Allocation in November and December to support the continuity of famine prevention efforts into 2018. The funds will support 30 project activities in some of the worst-affected areas across Somalia. The allocation, focusing primarily on non-governmental partners (98 per cent of the funds allocated to NGOs), brings SHF funding for famine prevention response in 2017 to \$57 million. Around 46 per cent of the latest SHF funds have been channeled directly through local NGOs as part of the Grand Bargain commitment from the World Humanitarian Summit to support localization of aid.

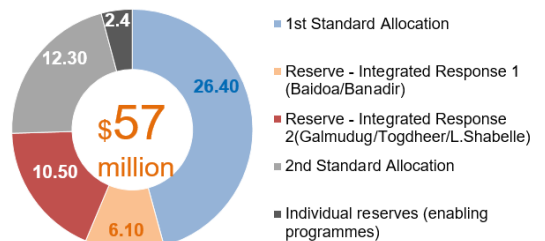
*39 per cent of SHF funds have been channeled directly through local NGOs as part of the Grand Bargain commitment from the World Humanitarian Summit to support localization of aid in 2017*

#### SHF 2017 overview

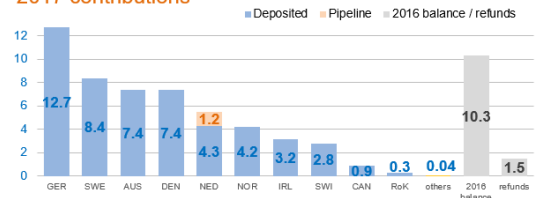
2017 allocations (allocated and programmed)



2017 focus (by allocation round)



2017 contributions



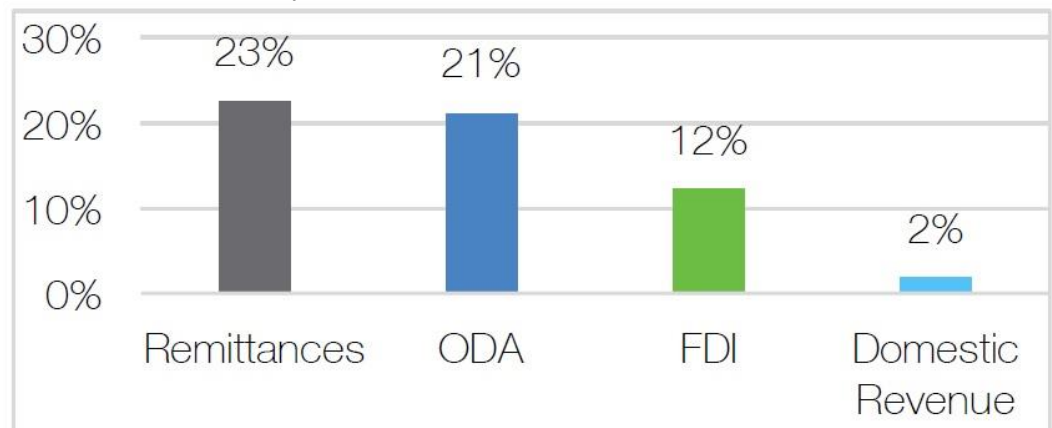
These SHF funds will enable humanitarian partners to continue their enhanced famine prevention response from 1 January 2018. Almost two-thirds of funds are geared towards the integrated multi-sectoral response – providing food, clean water and life-saving health, nutrition and sanitation and hygiene services in areas where needs are the greatest. However, the amount is only a small fraction of what will be required to sustain famine prevention efforts in 2018. Donors have been urged to provide funding for the 2018 Humanitarian Response Plan, which was part of the global launch on 1 December. Early funding in 2018, including through the SHF, will be critical to enable humanitarian partners to sustain the current life-saving efforts.

In 2017, the SHF was among the first sources of funding for the early famine prevention scale up, focusing on direct implementation and support for local and international non-governmental partners. Throughout the year, the SHF has actively promoted integration of humanitarian response to maximize the impact of limited available resources, allocating more than \$25 million for integrated interventions. This last SHF allocation round of 2017 has been made possible by the end-of-year additional contributions from Australia, Canada, Denmark and Switzerland. In 2017, contributions were also received from Germany, Sweden, Netherlands, Norway, Ireland, Republic of Korea, Azerbaijan, Sri Lanka and other non-governmental donors, doubling annual donor support to the SHF. The United Kingdom already deposited their contribution for 2018 in December.

### The role of the diaspora in famine prevention

When the famine warning was issued early February 2017, the Somali diaspora were also quick to mobilize resources for famine prevention through social media campaigns, crowdfunding platforms and peer-to-peer networks making them among the first responders. Humanitarians warned in February that without a massive and urgent scale up of humanitarian assistance, some of the worst drought-affected areas faced the threat of famine. The warning came six years after the country experienced the worst famine of the twenty-first century in 2011 which affected an estimated four million people and resulted in the loss of more than a quarter a million lives.

Remittances to Somalia were estimated at \$1.4 billion in 2016



Source: Federal Government of Somalia Aid Coordination Unit

While their contribution is not easily quantifiable due to lack of data, Somalis in the diaspora played an important role in averting famine 2017. They are known to maintain strong ties with their grassroots, including their families, the clan system, trusted elders in the affected areas, local organizations and the government through which they channel remittances. According to data from the Federal Government of Somalia' Aid Coordination Unit, remittances to Somalia were estimated at \$1.4 billion in 2016 (23 per cent of GDP).

Assistance was both in kind and cash to help families access live-saving services and goods. In 2017, some of the remittances were diverted towards famine prevention efforts – enabling families to access food, send their children to school, access health services, build shelter, improve their access to water and sanitation, and strengthen their own resilience. The in-kind support included deploying Somali specialist volunteers such as medical doctors, nurse and public health officers to provide services in some of the worst affected areas. In addition, some of the diaspora experts continue to contribute towards strengthening the capacity of the Ministry of Humanitarian Affairs and Disaster Management at federal and state level. However, according to Abaaraha - a group of diaspora volunteers running a crisis mapping system to link responders with those in need of humanitarian assistance - there is need to strengthen coordination in different countries to improve diaspora-led humanitarian interventions in Somalia.

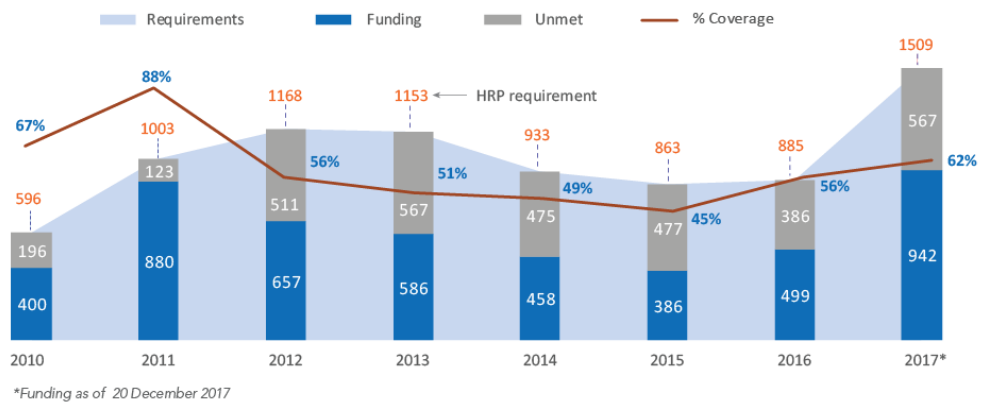
An extensive and early show of solidarity by donors, in response to urgent calls for resources for famine prevention, enabled humanitarian partners to significantly step up the response. Humanitarian assistance was scaled up massively in 2017 and famine was

successfully was averted, thanks to international support and Somali efforts both locally and in the diaspora.

### Somalia Humanitarian Funding Trends 2010-2017

Donors have consistently supported the humanitarian operation in Somalia over the past eight years (2010 – 2017), contributing over \$6.8 billion for activities in and outside of Humanitarian Response Plans (HRPs). Of the funding received between 2010 and 2017, \$4.8 billion (73 per cent of all reported funding) has been channeled through HRPs, while the other portion funded activities outside HRPs but usually contributing towards the same strategic objectives.

#### HRP FUNDING TRENDS: 2010 - 2017 (million \$)



Since the 2011 famine, donor contributions remained at an average of 51 per cent of the HRPs. However, in 2017, donors stepped up contributions to the Somalia humanitarian operation to levels akin to 2011, providing almost \$1.3 billion for humanitarian response, of which \$942 million has been channeled through the HRP. Notably the USA, the UK and ECHO doubled their humanitarian funding to Somalia in 2017 compared to 2016. Germany also increased their humanitarian funding by 46 per cent to \$118 million in 2017 from \$81 million in 2016. The funding channeled through the Somalia Humanitarian Fund (SHF) increased from \$29 million in 2016 to \$57 million in 2017.

With the early and unprecedented volume of funding in 2017, humanitarian partners were able to avert famine. Beyond the immediate life-saving assistance, however, support to livelihoods and investment in resilience and recovery has been limited. Consistent and adequate donor contributions are required to build on achievements from 2017 and extend famine prevention activities into 2018. Donors are encouraged to sustain and frontload their contributions to Somalia in 2018.

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