



OCHA

SOMALIA

DROUGHT RESPONSE & FAMINE PREVENTION

15 November - 15 December 2022



Photo: OCHA/Giles Clarke

KEY FIGURES

7.8M

People affected by drought across Somalia

7.6M

People targeted

89%
of target

6.8M

Reached

\$2.27B

Total requirements

55%
funded

\$1.25B

Received



SOMALIA: [Drought Response & Famine Prevention Dashboard / Overview](#)

KEY DEVELOPMENT

Famine thresholds not surpassed, but the drought situation remains extremely serious as the country marks its fifth consecutive failed rainy season by year-end

Response efforts of local communities and the scale-up of humanitarian assistance in Somalia have prevented famine thresholds from being surpassed as of December 2022, according to the updated Integrated Food Security Phase Classification (IPC) [Analysis](#). The situation however remains extremely serious as the underlying crisis has not improved and the scale and severity of the humanitarian emergency are expanding. Famine is a strong possibility from April to June 2023 and beyond if humanitarian assistance is not sustained and if the 2023 April to June rains underperform as current forecasts indicate.

OVERVIEW

According to the latest IPC analysis released on [13 December](#), the ongoing delivery of humanitarian assistance by humanitarian actors and local communities is mitigating the size of the acute food-insecure population and prevented the worsening of food security and nutrition outcomes to IPC Phase 5 Famine levels during the October - December period. The situation remains extremely serious, however, as the underlying crisis has not improved due to the impacts of five consecutive seasons of poor rainfall, a likely sixth season of below-average rainfall from March to June 2023, and exceptionally high food prices. The situation is exacerbated by concurrent conflict/insecurity and disease outbreaks (primarily acute watery diarrhea/cholera and measles).

The prolonged and extreme drought conditions have resulted in excess cumulative deaths and, increased malnutrition, and excess mortality will continue to accumulate unless assistance is further scaled up and sustained in crucial sectors.

Amid an anticipated scale-down in humanitarian assistance starting in April 2023 due to insufficient funding, Famine (IPC Phase 5) is projected among agropastoral populations in Baidoa and Burhakaba districts and displaced populations in Baidoa town of Bay Region and in Mogadishu between April and June 2023. In addition, several areas and population groups in central and southern Somalia are at risk of Famine.

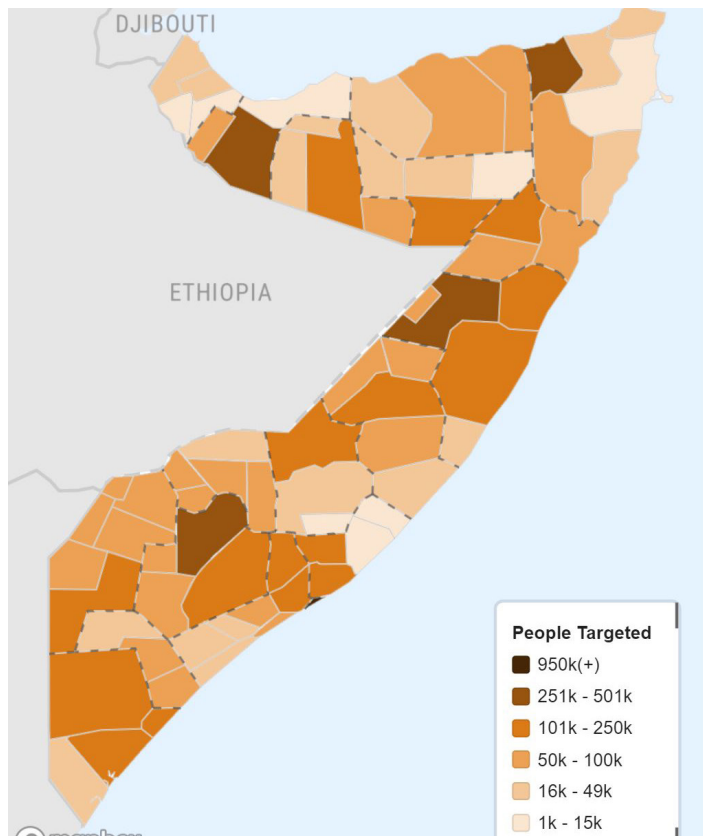
According to the IPC, the non-declaration of a Famine for the October to December 2022 period, however,

does not necessarily represent an improvement in the drought situation, rather it reaffirms a continuation of an extremely serious situation. Nearly 50 per cent of the population in Somalia – 7.8 million people – are estimated to be affected by the longest and most severe drought in the country’s recent history. Over 1.3 million people are internally displaced due to drought and more than 50,000 Somalis, including those affected by the drought, have sought safety and assistance in Ethiopia and Kenya. More than 3.5 million livestock have died since mid-2021, devastating livelihoods and reducing children’s access to milk.

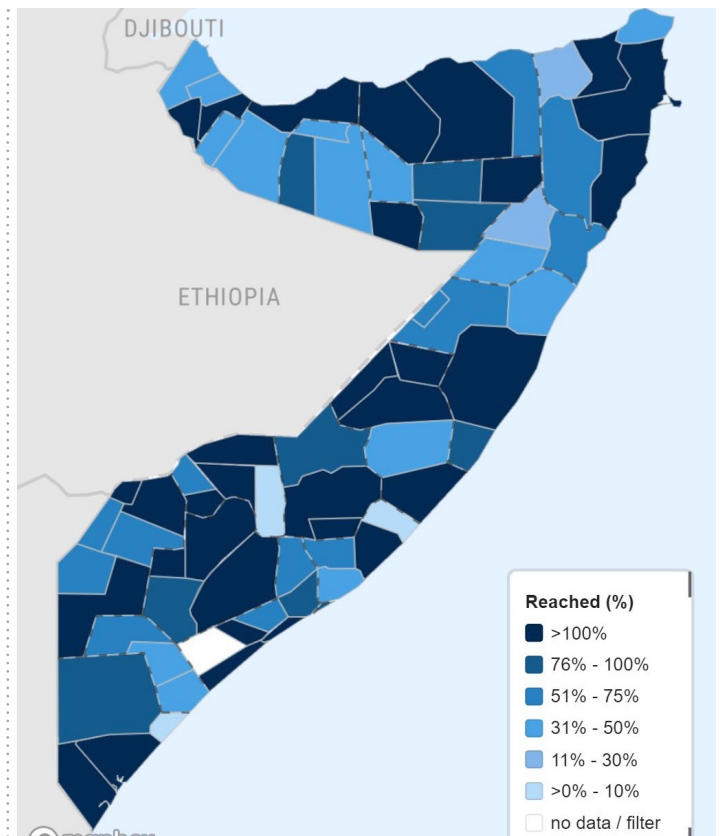
About 5.6 million people are facing acute food insecurity; 241,000 in Catastrophe through December 2022

While 6.7 million people had been projected to be facing IPC 3 and above from October through December, the updated IPC analysis indicates that between October and December 2022, about 5.6 million people across Somalia are experiencing high levels of acute food insecurity classified in Crisis or worse (IPC Phase 3 or above), including 1.5 million classified in Emergency (IPC Phase 4) and 214,000 in Catastrophe (IPC Phase 5). The population facing Crisis or worse (IPC Phase 3 or above) is expected to increase to more than 6.3 million between January and March 2023, including 322,000 in Catastrophe (IPC Phase 5), and about 1.8 million children under 5 will likely face acute malnutrition through June, including over 513,000 who are expected to be severely malnourished.

Drought Affected People Targeted



Drought Affected People Reached



Update on Deyr rainfall performance

According to [FEWSNET](#), despite localized light to moderate rains in the south in early to mid-November, most of Somalia remained dry in December. Cumulative rainfall deficits since the start of the Deyr season in October are much larger, ranging from 25 to 70 per cent below average across most of Somalia. Given currently below-average Deyr rainfall performance and with no rainfall forecasted in the

Ethiopian highlands, river water levels in the Juba and Shabelle basins in southern Somalia will be atypically low in the coming weeks, according to the [FAO SWALIM](#). The rains received so far provided immediate relief to water stress, but as the Deyr season comes to a peak, more rains are required to meet the deep groundwater deficit across the country and end the current drought conditions across Somalia.

HUMANITARIAN RESPONSE

About 6.8 million people had received humanitarian assistance by October 2022

Following the humanitarian scale-up since August, humanitarians were able to reach about 6.8 million or 89 per cent of the targeted 7.6 million people by the end of October, up from 4.8 million people as of July. As humanitarian needs continue to rise, assistance must be sustained and made timelier and more effective, especially in IDP sites where continuous new arrivals and concentrations of people are stretching the available facilities. and the ongoing efforts to deliver life-saving support.

CLUSTER NEEDS, GAPS & RESPONSE

Food Security

Between October and December 2022, an estimated 5.6 million people are experiencing Crisis or worse (IPC Phase 3 or higher) outcomes, including 214,000 people estimated to be in Catastrophe (IPC Phase 5), according to the [IPC analysis](#). Of particular concern are marginalized and minority groups who have been disproportionately impacted by previous emergencies.

While the ongoing Deyr (October-December 2022) rains marginally replenished pasture and water resources and enabled crop cultivation in some areas, water and pasture scarcity persists and crop production prospects for the January 2023 harvest are reportedly grim; Deyr season cereal harvest in southern Somalia is expected to be 40-60 per cent below the 1995-2021 average.

Prices of staple foods, water and fuel prices remain at record-high levels across the country, far above the 2017-2021 five-year average, including

for local cereals (32-142 per cent), imported rice (27-85 per cent), and diesel (43-102 per cent). The urban poor across Somalia continue to struggle to feed themselves in the face of rising food prices.

Response

As of [November](#), Cluster partners have reached about 5.2 million people out of the 6.37 million (81 per cent) targeted for assistance across the country. According to the [Food Security partners](#), funding for humanitarian food assistance is currently sufficient to reach over 5.8 million people per month, on average, through March 2023, which is expected to mitigate the size of the acutely food-insecure population and prevent the worsening of food security and nutrition outcomes in many areas. However, levels of acute food insecurity across Somalia remain very high and will further deteriorate if food assistance is not sustained at similar levels beyond March 2023.

Nutrition

Approximately 1.8 million children under the age of 5 face acute malnutrition through June 2023, including 513,550 who are likely to be severely malnourished, according to the IPC acute malnutrition analysis conducted in August and valid to date. The nutrition situation among rural and displaced populations remains Critical (GAM 15-29.9 per cent) due to limited access to milk, high food prices as well as the continued outbreaks of measles and AWD/cholera. The Cluster aims to reach over 90 per cent of acute malnutrition cases through various activities including outreach to rural populations and hard-to-reach areas. Partners are mapping their capacity to deliver adequate services to meet needs, especially of marginalized communities.

Health

Health Cluster partners have reported an increase in cholera and measles cases, mainly attributed to the increased numbers of people with limited access to safe water and proper sanitation, especially in IDP sites. As of 7 December, cumulatively more than [16,000 suspected cases of measles](#) have been reported, 77 per cent (12,400 cases) among children below 5. According to the Ministry of Health, the increase is likely due to decreased vaccination coverage of children below 5 in drought-affected districts. Most of the cases have been reported in South West, Banadir, Puntland, Jubaland and Somaliland. As of December, 13,430 cases of suspected Acute Watery Diarrhea (AWD)/cholera with 73 deaths (Case Fatality Rate of 0.6 per cent) have been reported in 25 districts mostly from Banadir, Bay, Lower Juba, and Lower Shabelle regions. The outbreak is protracted since 2017, and uninterrupted transmission has been reported especially in Banadir for five years.

WASH

About 6.4 million people have no access to water, sanitation and hygiene services in Somalia. Authorities in Galmudug State are appealing for help to rehabilitate 25 boreholes to meet the increasing demand for water. In Jubaland State, partners report a gap in access to clean water and sanitation facilities in IDPs sites in Baardheere, Kismayo and Doolow Districts, aggravating an outbreak of AWD/cholera and pushing water prices up. Similarly, in Wajid, South West State, most communal shallow wells have dried up, limiting access to safe water for both IDPs and host communities. The ongoing offensive against Al Shabaab, especially in Hirshabelle and Galmudug, has damaged water supply systems, aggravating the already dire shortages.

Response

While malnutrition continues to be a major concern across the country, the number of children who received treatment in November reduced to about 38,800 for Severe Acute Malnutrition (SAM) and 78,400 for Moderate Acute Malnutrition (MAM), compared to October when about 42,000 SAM and 114,800 MAM cases were recorded. Over 1.3 million children received treatment for malnutrition between January and November. At the same time, 1,049 children have died in nutrition centres since January, due to related complications. Many more may have died without being able to receive treatment. Acute malnutrition increases the risk of death for children 11-fold. Overall, the Cluster has reached about [1.3 million](#) people out of a targeted 761,000 targeted across the country.

Response

Health Cluster partners have scaled up responses and reached about [3.7 million](#) people from a target of about 5 million people (74 per cent). Partners have increased responses through the deployment of rapid response teams in hard-to-reach areas and increasing activities in drought-affected districts. In response to cholera, the Cluster is implementing the second round of the oral cholera vaccination campaign, targeting one million children in nine high-risk districts. Cholera kits have been prepositioned in drought-affected districts to manage over 1,000 severe and 3,220 moderate cases. Health sensitization is ongoing, targeting IDPs. Between November 13 and 24, a national integrated measles campaign was conducted, reaching over 2.3 million children aged 6 to 59 months. Efforts are ongoing to vaccinate children in areas with extreme access constraints.

Response

WASH Cluster partners have reached about [1.6 million](#) people out of a target of 5.2 million (48 per cent) with safe water through emergency water supply, and supported communities to operate water supply systems and repair sources. At least 295,000 people received emergency water in 28 districts from 14 rehabilitated boreholes or newly constructed supply systems in Cabudwaaq, Baidoa, Dhuusamarreeb, and Taleex districts. Communal latrines were constructed in IDP sites in Hobyo District to benefit 19,200 people. In Hirshabelle, 165 latrines have been built in Belet Weyne for IDPs, solar lights installed at 30 communal latrines and 50 shallow wells dug in Jowhar. In Jubaland, Cluster partners have reached 143,000 people through water trucking, rehabilitation, and construction of water points. Hygiene promotion is ongoing, targeting over 400,000 people



Ladan IDP settlement in Doolow. Photo: UNOCHA/Giles Clarke

DEEP DIVE: THE INTEGRATED RESPONSE FRAMEWORK (IRF)

Humanitarian organizations are prioritizing the most vulnerable people in areas of highest need, including newly displaced people and members of minority groups who are disproportionately affected by the impacts of droughts. Recognizing that integrated delivery of the four core lifesaving clusters – food security and livelihoods, WASH, health and nutrition – is essential to effectively address multisectoral drought impacts, the Humanitarian Country Team (HCT) endorsed the Integrated Response Framework (IRF) on 11 October. The IRF has been prioritized in all districts with IPC 5 populations.

Overview

The Integrated Response Framework (IRF) is a key component of the benchmark for expansion and strengthening of humanitarian access in key areas of concern. It serves as the foundation for an inter-cluster cluster response that provides first-line assistance to newly internally displaced people (IDPs), and critically underserved people in urban and rural, hard-to-reach/extreme constraints areas, categorized as operational priority area (OPA)¹ locations. This includes those living in newly accessible/recovered settlements/villages in rural areas.

The IRF first-line response aims to reduce or prevent loss of life of the most vulnerable, through an integrated delivery that converges cluster partners in the same geographical locations to facilitate the provision of all-inclusive first-line assistance to populations of concern.

This initial response incorporates, at a minimum, services and commodities from four lifesaving clusters, namely food security and livelihoods, water and sanitation (WASH), nutrition and health. It is intended to provide a buffer until a more robust second-line response is in place.

How response is initiated

- Ideally, the first-line response should be provided within one to seven days of identifying people requiring assistance and is triggered by the Area Based Coordination (ABC) mechanisms at the state level (Area Humanitarian Coordination Groups or State level Inter-Cluster Coordination Groups) or humanitarian partners.
- Verification of information regarding people in need is done in collaboration with the Camp Coordination Camp Management Cluster, [Protection and Return Monitoring Network \(PRMN\)](#), IOM's Displacement Tracking Matrix, minority groups and local authorities.
- Using a vulnerability criterion, the IRF underscores the prioritization of the most vulnerable such as female-headed households, minority groups, and people with disabilities, under a blanket, no-regrets approach to ensure that the very vulnerable are not left out.

Safe Delivery points

- As humanitarian access expands into hard-to-reach areas, safe delivery points have been identified for delivery of assistance closer to where the people reside. The safe delivery points have ensured that humanitarian responses can continue without compromising the safety and security of both the people in need and humanitarians. The safe delivery points are to be located near the villages of origin of the targeted people, within a 5 to 10-km distance. This modality of first-line response delivery is currently in use in South- West and Galmudug States.

Implementation of the IRF

- Humanitarian partners are implementing integrated first-line interventions in vulnerable urban/semi-urban IDP sites and in rural, hard-to-reach or newly accessible areas in Banadir, Galmudug, South West State, Hirshabelle, and Jubaland.

- Humanitarian partners have been able to provide life-saving supplies including in-kind food assistance, therapeutic and supplementary nutritional food supplies, water-trucking, measles and polio vaccinations, non-food items and hygiene kits, and vitamin A supplementation. Other key services and areas covered include shelter, protection, and gender-based violence.

- It should be noted that the implementation of the first-line response goes hand in hand with the second-line regular cluster response in all IPC 5 districts and includes the provision of multi-purpose cash assistance to ensure continuity.

Challenges

The roll-out of the IRF in providing a first-line response within seven days has not been as fast or effective as intended, due to several challenges, including:

- Inadequate funds to address the increasing humanitarian needs and the high numbers of new IDPs being recorded in key priority districts, driven by the prolonged drought and conflict. Banadir and Baidoa have recorded the highest number of newly displaced people, According to PRMN, Banadir received 102,000 arrivals in October and November and Bay Region received 43,000. The availability of services in these areas has further created a pull-factor and people joining their families and communities. While response in other areas is critical to mitigate this pull-factor, partners reportedly do not have capacity to scale-up in encircled towns due to funding shortages, increased needs and in some areas, insecurity.
- Limited convergence of clusters for an integrated response in many locations, due to different capacities and resources across different clusters. Not all partners have equal reach and/or are able to support responses in all areas. At the same time, most cluster funding is already tied to second-line response projects, leaving little or no funding for new, first-line interventions.
- Insufficient prepositioned stocks in priority district hubs to allow for rapid response within the seven-day timeline required for delivery of initial life-saving assistance.
- Security threats and lack of systematic security support to the movement of humanitarians and relief supplies, assessments, and monitoring in the five priority States. Incidents such as the looting of trucks transporting emergency relief food, attacks by improvised explosive devices, and armed conflict, including attacks against civilians continue to challenge timely humanitarian assistance.

IN FOCUS: MORE ASSISTANCE REACHING IDPS IN GAALKACYO, BUT SIGNIFICANT GAPS REMAIN

On 15 December, the Humanitarian Coordinator (HC) for Somalia, Adam Abdelmoula, and the OCHA Head of Office, Justin Brady, conducted a one-day mission to north and south Gaalkacyo. They visited IDP sites and held meetings with IDP community representatives, the authorities and humanitarian partners representing Galmudug and Puntland States. The mission assessed the integrated response for displaced and marginalized people and minorities, the majority of whom were displaced due to the drought and conflict, some since the drought crisis in 2017.

Over 184,000 IDPs are hosted in 117 sites in north and south Gaalkacyo, according to the latest Camp Coordination and Camp Management (CCCM) site verification exercise. GAM levels are reportedly high, at 20.6 per cent and severe acute malnutrition (SAM) is 3.4 per cent, which indicates a critical nutrition situation among the IDPs, compared to post-Deyr 2021, when GAM and SAM prevalence was 14 per cent and 2.7 per cent, respectively, according to the Food Security and Nutrition Analysis Unit.

The mission observed that despite scaled-up assistance, major gaps exist across all sectors. Partners report that about 5,800 people (966 families) displaced by the drought have arrived in 21 sites in north Gaalkacyo in the last three months; 33 per cent are from minority communities.



HC Adam Abdelmoula interacts with children at Deegan IDP site in south Gaalkacyo. OCHA/T. Anjichi

Living conditions are particularly challenging for newly arrived families such as Muse Suleiman, 75, who fled an ongoing offensive against Al-Shabaab in Belet Weyne with his extended family of 26. "We have not received any assistance for two weeks since we arrived here," said Suleiman as he watched his sick child writhing in pain on her mother's lap.

"My priority is to find food for my six children rather than send them to school," said Mohammed Hassan, a 60-year-old, who had just arrived from Bulo Burto with his family of eight. Only 35 out of 135 children of school-going age in Deegan attend classes at the school as families contemplate their options while at the camp.

Humanitarian needs are just as high in nearby Bari Mudug site. Established in February, the crowded site hosts about 2,400 people (400 families) but has little lighting, one water tap and one latrine, which requires de-sludging, according to partners. Women walk long distances to find firewood or use a toilet. In recent months, three cases of gender-based violence have been reported but the perpetrators were not apprehended due to a lack of proper reporting mechanisms and cultural biases.

According to Helawa Saleh, a camp leader, priority needs at the camp include food, shelter, health, water, and sanitation assistance.

"I am facing a life-threatening health risk and I do not know what to do because there is no doctor here," said Farhiya, a mother of five children, displaced due to drought from a village 50 kms from south Gaalkacyo. Farhiya lives in Deegan, with her family. She has a tumour on her neck but there are no medical specialists in the site.

Established in 2020, Degaan hosts about 650 families (3,900 people) displaced from nearby regions, according to the CCCM. About 32 families displaced by conflict, (mainly minorities) arrived at the site from Belet Weyne, Hiraan Region (Hirshabelle) in November/December 2022.

Sanitation conditions are limited increasing the risk of exposure to disease outbreaks. Out of 11 latrines at the site, only six are functional. The latrines are reportedly very shallow, and partners called for a reconsideration of the Emergency standards for latrines to allow for deeper pits that are able to serve the community for longer. Only five water taps are available, and the community pays \$70-\$100 monthly to use, while the water is sourced from a saline borehole and is not fit for consumption.

Humanitarian Response

Humanitarian partners in central Somalia have stepped up assistance for people displaced by severe drought and conflict to Gaalkacyo district, reaching nearly 70 per cent of the people targeted (292,100 people out of 417,800) as of October, but significant gaps remain.

Displaced people at Deegan site in south Gaalkacyo said they are getting assistance, but more is needed. Alongside UN agencies like the World Food Programme, the main responders include Mercy Corps, which is providing hygiene kits, cash assistance and non-food items such as blankets, Somali Vision Development Group who is delivering therapeutic foods for children and pregnant/lactating women, and Skills Active Forward (SAF)-UK International that is offering mobile health services.

A partner is building 19 latrines to address the sanitation and protection challenges in the camp where open defecation is practiced. Other Partners recently delivered monthly cash support to 420 people and relief assistance to 480 people. In November, SAF-UK screened 161 children in Deegan and nearby Bari Mudug sites and referred 29 children with severe acute malnutrition to the hospital.

Need for long-term solutions

While humanitarians focus on saving lives and averting famine, there is a critical need to invest in livelihoods, resilience, infrastructure development and climate adaptation among other durable solutions for those affected. Despite the hardship of losing livelihoods and homes, displaced people are eager to get back on their feet.

Abdi Abdille, 60, fenced off a small area behind his shelter and planted maize three months ago, using wastes from the site for manure. The crop has done well, and Abdille is looking forward to his harvest. "It is possible to grow crops in a camp," he said. "I can plant more maize, if supported with inputs and seeds."

A humanitarian worker said pioneers like Abdille could champion small-scale farming in IDP sites; an idea that partners want to pilot next year in the Cabudwaaq IDP site.