

Somalia – Complex Emergency

APRIL 1, 2024

SITUATION AT A GLANCE



- Approximately 3.4 million people in Somalia are likely to face Crisis—IPC 3—or worse levels of food insecurity between April and June despite improved food security outcomes. Additionally, 1.7 million children ages 6–59 months will likely experience acute malnutrition during 2024, IPC reports.
- The 2024 HNRP requests \$1.6 billion to reach 5.2 million people across Somalia with humanitarian assistance, as populations recover from drought and flooding and experience the effects of ongoing conflict.
- Clashes between FGS and al-Shabaab in Mudug Region February 11–17 displaced more than 18,000 people to nearby communities, where they require urgent multi-sector assistance, according to UNHCR.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the Somalia Response in FY 2024

USAID/BHA¹

\$116,317,575

For complete funding breakdown with partners, see detailed chart on page 6

Total \$116,317,575

¹ USAID's Bureau for Humanitarian Assistance (USAID/BHA)

KEY DEVELOPMENTS

Food Security Outcomes Projected to Improve Between April and June, But Needs Persist Among Vulnerable Households

Sustained humanitarian assistance and improved rainfall during the past two rainy seasons have contributed to improved food security conditions in early 2024, and above-average April-to-June *gu* rains are likely to further improve food security outcomes for vulnerable households due to increased pasture and water availability for livestock and agricultural activities, according to the Integrated Food Security Phase Classification (IPC).² Approximately 3.4 million people across Somalia are projected to face Crisis—IPC 3—or worse levels of acute food insecurity between April and June, including 802,000 people facing Emergency—IPC 4—conditions, according to a February IPC report. This represents a 15 percent decrease from the estimated 4 million people who likely faced Crisis or worse conditions January–March 2024 and a 46 percent decrease from 6.3 million people who faced acute food insecurity during the same period in 2023. Despite these improvements, acute food insecurity April–June 2024 is above the five-year average of 3.2 million people; high levels of food insecurity are expected to persist in 2024 due to the lingering effects of drought in pastoral areas, persistent insecurity, and limited household access to food due to high prices and lack of livelihood opportunities. Notably, most internally displaced persons (IDPs) are projected to continue facing Crisis outcomes due to limited income-earning opportunities, and potential flooding in IDP sites located along Somalia’s Juba and Shabelle rivers during the *gu* rains. In addition, poor households with large amounts of debt due to harmful coping mechanisms undertaken during the 2020–2023 drought will continue to experience food consumption gaps due to the need to sell much of their harvest to repay debts, IPC reports.

Additionally, an estimated 1.7 million children ages 6–59 months will likely experience acute malnutrition and require life-saving treatment through December, representing a five percent decrease from approximately 1.8 million children facing these conditions in 2023, according to the IPC analysis.³ This includes 430,000 children likely to experience severe acute malnutrition (SAM). Relief actors attribute the high levels of acute malnutrition to food insecurity, high rates of childhood illnesses, poor child feeding practices, and poor health and water, sanitation, and hygiene (WASH) conditions, including the consumption of unsafe drinking water and low coverage of health and nutrition services. With USAID/BHA support, the UN World Food Program (WFP) reached 1.4 million people with emergency food assistance and 363,000 people with nutrition support in January.

2024 Somalia HNRP Requests \$1.6 Billion to Support 5.2 Million People

The UN released the 2024 Humanitarian Needs and Response Plan (HNRP) for Somalia on January 30, requesting \$1.6 billion in funding to reach 5.2 million people in need of humanitarian assistance due to the ongoing effects of the 2020–2023 drought and severe flooding in late 2023, as well as insecurity and conflict. The 2024 HNRP request is a nearly 40 percent decrease from the \$2.5 billion requested in the 2023 Humanitarian Response Plan due to projected improvements in food security and other humanitarian needs, as well as concerted effort by relief actors to support a more targeted response strictly focused on providing life-saving assistance to those most in need. The HNRP’s priority sectors include food security and livelihoods, health, nutrition, protection, and WASH. Notably, the HNRP

² The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as “Catastrophe” when classifying a household and “Famine” when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.

³ The IPC Acute Malnutrition (IPC AMN) scale, which is comparable across select countries and time, ranges from Acceptable—IPC AMN 1—to Extremely Critical—IPC AMN 5—for acute malnutrition.

requests approximately \$560 million to reach 2.7 million people with food and livelihoods assistance, followed by approximately \$165 million to reach 3 million people with nutrition assistance.

More Than 25,000 People Displaced Following Military Offensive Against al-Shabaab and Military Withdrawals in Mudug Region

The Federal Government of Somalia (FGS) and its allies launched a military offensive against al-Shabaab in Mudug Region's Xarardheere District between February 11 and 17, resulting in two civilian deaths, an unconfirmed number of injuries, and the displacement of more than 18,000 people, according to the Office of the UN High Commissioner for Refugees (UNHCR) and its implementing partners. Displaced individuals fled primarily to Somali Region's Degehmadow *woreda*, or district; Mudug's Baraag Maxamed Daa'uud, Karadhi, and Sirgo towns; and Sool Region's Laascaanood District where they lack access to food, along with health, protection, and WASH services, UNHCR reports. Moreover, displaced women and children remain vulnerable to protection risks, such as exploitation and gender-based violence (GBV), as they lack access to safe spaces and are sheltering in precarious conditions, such as in the open air, as of March 3. In addition, the clashes left explosive remnants of war in Camara and other surrounding villages in Mudug, which may hinder humanitarian response operations and deter potential return movements.

Additionally, more than 7,000 individuals fled from Mudug's Bacadweyn and Hinlabi districts to nearby areas between March 10 and 13, following the withdrawal of Somalia's military forces after months of unsuccessful military operations aimed at recapturing several districts in Galmudug, according to UNHCR. The withdrawal created a security vacuum, prompting civilians to flee in fear of reprisals from al-Shabaab, who may perceive them to have collaborated with Somalia's military forces. IDPs displaced from Bacadweyn and Hinlabi required urgent food, shelter, and WASH assistance as of mid-March, according to the UN. Displaced individuals are sheltering in precarious living conditions, such as uncovered spaces, increasing women and girls' vulnerability to GBV. In addition, IDPs face challenges in accessing food, as their livelihoods have been disrupted.

Cholera Outbreak Reaches Nearly 5,000 Suspected Cases and 60 Associated Deaths in 2024

Cholera cases across Somalia continue to rise, with the FGS's Ministry of Health (MoH) recording 60 cholera-associated deaths and nearly 5,000 suspected cholera cases between January 1 and March 17. Approximately 60 percent of suspected cases in 2024 are children ages five years and younger, underscoring the heightened risk of cholera faced by children. Health actors attribute the ongoing outbreak to populations' limited access to health care services, safe drinking water, and sanitation facilities, as well as open defecation practices, especially among IDPs residing along the Shabelle River, one of Somalia's main waterways. Moreover, high levels of acute malnutrition among children younger than five years of age impairs their immune system, leaving them vulnerable to cholera infection, according to the UN. Hirshabelle and South West states have recorded nearly 70 percent of the total cholera cases, as of March 17, according to MoH. In addition, the outbreak has spread to districts that have not historically experienced cholera outbreaks, due to El Niño-induced severe flooding that contaminated water sources and destroyed WASH infrastructure during the above-average October-to-December *deyr* rains, USAID/BHA partner the UN World Health Organization (WHO) reports. Health actors project that cases will likely continue to increase during the above-average *gu* rains, when access to safe drinking water and sanitation facilities is expected to decrease further.

The ongoing cholera response is facing challenges meeting current needs, particularly in hard-to-reach areas due to insecurity such as Hiran Region's Bulo Burte and Jalalaqi districts and Middle Shabelle

Region's Mahaday District, according to the UN. Even in more accessible areas, gaps in health and WASH services remain due to funding shortages, low supplies of medical equipment, and poor infrastructure and staff with limited skills at treatment centers. In response, USAID/BHA partners the UN Children's Fund (UNICEF) and WHO are training staff and developing cholera treatment infrastructure in health facilities in areas where cholera is not endemic. In addition, WHO is working with the Health and WASH clusters to enhance disease surveillance and ensure the response can shift to new outbreak hotspots as needed.⁴ WHO and other Health and WASH Cluster partners are also distributing water treatment supplies and conducting awareness raising messages on the risks, prevention, and treatment of cholera to populations in areas affected by flooding.

KEY FIGURES



1.8 Million

People reached with food assistance through USAID/BHA partner WFP in February



41,000

People who received outpatient consultation services in February by USAID/BHA partner UNICEF



40,200

Children younger than five years of age reached with SAM treatment by UNICEF in February

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

To address acute food insecurity in Somalia, USG supports ten partners, including WFP, to provide emergency food assistance—including U.S.-sourced High Energy Biscuits, sorghum, and vegetable oil—to populations in greatest need. U.S. Government (USG) partners also provide cash transfers to food-insecure households, enabling them to purchase food from local markets where available. Notably, WFP reached approximately 1.8 million people with food assistance, including cash transfers for food and approximately 2,600 metric tons of in-kind food aid, in February.

HEALTH

USG supports eight NGOs and four UN agencies, including the International Organization for Migration (IOM), UNHCR, UNICEF, and WHO, to improve access to health care services across Somalia. USG partners provide medical supplies, support mobile health units, and train community health workers to address urgent health needs, often integrated with nutrition and WASH programming. U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) partners also support essential health interventions for asylum-seekers, IDPs, refugees, and other conflict-affected populations in Somalia.

NUTRITION

USG partners are leading efforts to prevent and treat wasting—the deadliest form of malnutrition—across Somalia. Working with eight NGOs and four UN agencies, USG supports community-centered and evidence-based programs aimed at decreasing malnutrition-related illnesses and mortality by strengthening prevention efforts, as well as the identification and treatment of wasting, particularly among children and pregnant and lactating women (PLW). USG nutrition partners in Somalia implement life-saving nutrition services within the national health systems and integrate nutrition assistance

⁴ The Health and WASH Clusters are the coordinating body for humanitarian health and WASH activities, comprising UN agencies, nongovernmental organizations (NGOs), and other stakeholders.



7

USAID/BHA partners providing protection support to vulnerable populations

with food security, health, livelihood, and WASH interventions to prevent excess mortality and improve resilience among households affected by persistent climate shocks.

PROTECTION

USAID/BHA supports seven implementing partners responding to conflict- and extreme weather-generated protection needs and State/PRM supports implementing partners to provide protection services to IDPs and refugees in Somalia. Partners are undertaking GBV case management support, training social workers and community-based case workers, and providing dignity kits—containing items to address the specific needs of women and girls—to GBV survivors. Implementing partners are also providing mental health and psychosocial support services to conflict-affected communities in Somalia. Overall, partners integrate protection concerns into all USG-supported activities.



14

USG partners providing WASH support to vulnerable populations

WASH

USG supports WASH programming across Somalia to prevent and respond to communicable disease outbreaks and to avert acute malnutrition in children and PLW. USG supports 11 NGO partners and three UN agencies providing critical WASH assistance, including conducting hygiene awareness sessions, providing safe drinking water to people in need, and rehabilitating water systems destroyed by conflict or flooding. USAID/BHA partners also train local health workers to prevent and treat suspected cholera cases in their communities. In addition, State/PRM partners reach IDPs and refugees with critical WASH activities across Somalia.

CONTEXT IN BRIEF

- Populations across Somalia struggle with the confluence of persistent food insecurity, recurring climatic shocks, and reduced access to livelihoods. These ongoing challenges, exacerbated by persistent conflict and resultant displacement, contribute to sustained humanitarian needs and an ongoing complex emergency. USG humanitarian assistance is designed to remain flexible and respond to needs as they arise, providing support to crisis-affected populations across the country.
- USG continues to respond to humanitarian needs as populations recover from the most severe drought on record in the Horn of Africa in the last 70 years due to five consecutive below-average rainy seasons between 2020 and 2022. While rains in 2023 have alleviated drought conditions, populations across Somalia still face high levels of food insecurity and malnutrition, as well as health and WASH concerns. Moreover, El Niño-induced heavy rainfall and associated flooding in late 2023 have destroyed critical infrastructure, displaced households, heightened the risk of waterborne disease transmission, and led to the loss of livelihoods. USG partners are providing multi-sector assistance to meet the needs of flood-affected populations.
- Intercommunal conflicts in Somalia—related to al-Shabaab attacks and resultant military operations—continue to contribute to displacement and food insecurity, while restricting access to livelihoods.

Sustained life-saving assistance, coupled with interventions aimed at building resilience, is critical to help conflict-affected households meet their basic needs and rebuild assets.

- On October 30, 2023, U.S. Chargé d’Affaires, a.i. Shane L. Dixon renewed the declaration of humanitarian need for Somalia for FY 2024 in response to the ongoing complex emergency, including climatic shocks and protracted conflict.

USG HUMANITARIAN FUNDING FOR THE SOMALIA RESPONSE IN FY 2024¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
UN Food and Agriculture Organization (FAO)	Humanitarian Coordination, Information Management, and Assessments (HCIMA); Natural Hazards and Technological Risks	Countrywide	\$3,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIMA	Countrywide	\$1,000,000
WFP	Food Assistance—U.S. In-Kind Food Aid, Nutrition	Countrywide	\$87,523,053
Implementing Partners	Agriculture, Disaster Risk Reduction Policy and Practice, Economic Recovery and Market Systems, Food Assistance—Cash Transfers for Food, Health, Nutrition, Multipurpose Cash Assistance (MPCA), Protection, WASH	Countrywide	\$24,640,000
	Program Support		\$154,522
TOTAL USG FUNDING FOR THE SOMALIA RESPONSE IN FY 2024			\$116,317,575

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of April 1, 2024.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: cidi.org
 - Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work