The Somalia Humanitarian Narrative
21 February 2014

The humanitarian situation

Somalia’s humanitarian crisis remains one of the largest and most complex in the world. A total of 2.9 million1 people will need immediate life-saving and livelihood support in the next six months. A shortcoming in explaining Somalia’s humanitarian narrative has been that comparisons have been to Somalia’s previous years of crises, and not with other equally challenging global emergencies or what should be ‘normal.’ Comparison of changes from season-to-season or year-to-year in terms of increase or decrease in the number of people in need has been emphasized without comparative analyses with global and regional contexts.

For example, while today Somalia is not high on the agenda of crisis states, it has a higher caseload of people in need than Central African Republic (CAR) and nearly the same as those targeted with humanitarian assistance in South Sudan. There are also more internally displaced Persons (IDPs) in Somalia than in South Sudan, which dominates the news headlines today. The percentages of child malnutrition and mortality rate2 in Somalia are both among the highest in the world.3 Malnutrition levels among IDPs in Somalia4 are well above emergency levels and very close to emergency levels among many rural communities. One out of every ten Somali children dies before seeing their first birthday. One out of every 12 women dies due to pregnancy related causes.5 Safe access to water at just 30 per cent remains lower than that of both South Sudan and CAR (49 percent and 54 percent respectively), while open defecation is the seventh highest in the world.6 Yet, levels which are considered alarming and unacceptable in other countries tend to be regarded as acceptable in Somalia.

With 2.9 million people, humanitarian needs in Somalia remain huge. One in seven children under the age of five, or 203,000 children, is estimated to be acutely malnourished. More than 50,000 of these children are severely malnourished and are at risk of death. Without sustained assistance, this number could double in six months’ time. Poor basic social services continue to undermine the resilience and coping mechanisms of the vulnerable people. About 1.1 million IDPs in camps and scattered settlements need support to meet basic minimum standards including education, health, shelter and water, sanitation and hygiene (WASH) services. Millions of Somalis remain vulnerable to disease outbreaks due to the absence or weak state of health and WASH services. In some areas one in three children suffer from diarrheal diseases. Furthermore, 2012 saw more than 22,000 cases of cholera and 2013, the re-emergence of polio. There is no protective environment for vulnerable people particularly women, girls and boys. As a result, gender-based violence (GBV) and violations against children are common and the level of response provided to victims is very low.

In spite of these realities, attention on the humanitarian emergency in Somalia is waning. The situation is similar to 2010 in terms of level of attention and interest in the humanitarian situation. Numbers have

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1 Food security and nutrition figures and analysis in this document are provided by the Food Security and Nutrition Analysis Unit (FSNAU) of FAO Somalia, unless stated otherwise.
2 Under 5 mortality rate: Sierra Leone (185), Somalia (180). (Source: UNICEF global data).
3 Percentage of prevalence of child Malnutrition (Top five countries in the world): Timor-Leste 45.3; India 43.5; Niger 39.9, Eritrea 34.5 and Somalia 32.8. (Source: WHO global data).
4 GAM rates among the 1.1 million internally displaced persons (IDPs) are as high as 15.8 per cent, slightly above emergency levels of 15 per cent. Among rural communities, the GAM rate is 13.2 per cent, which is close to emergency thresholds; while in urban areas, at 10.1 per cent, it is still unacceptably high.
5 With 14.22 death/1,000 population, Somalia continues to be one of the countries with the highest mortality rate. Infant and maternal mortality rates are very high at 109 deaths/1,000 live births and 1,200 deaths/100,000 live births respectively. (Source: Unicef, Somalia.)
7 Demographic, Sodal and Health Indicators for Countries of the Eastern Mediterranean, World Health Organization 2013.
slightly improved but resources are dwindling and access continues to be a major challenge. An atmosphere of complacency seems to be setting in. This is a concern because not only are the needs significant, the gains made are fragile and reversals are common in Somalia, given stretched coping mechanisms and vulnerable people’s low capacity to absorb shocks. Much of the incremental food security improvements observed in the last few months were due to a combination of good rains and focused early response to early warnings of poor harvest in traditionally food basket areas of southern Somalia issued at the end of 2013. These improvements could be easily reversed if humanitarian agencies do not continue to strengthen the resilience of vulnerable Somalis or if the next rainy season (April to June 2014) is poor. Some areas that received poor Deyr rains are already facing severe water shortages.

**Likely impact of SNAF/AMISOM military offensive against Al Shabaab (AS)**

The anticipated Somali National Armed Forces (SNAF), supported by the Africa Union Mission in Somalia (AMISOM), offensive against Al Shabaab (AS) in food basket regions of Somalia, such as the Shabelles and Jubas, is likely to further hamper humanitarian activities. It coincides with the planting season and could disrupt land preparation and planting of crops, worsening the food security situation. It could also lead to reduced access to markets and restrict livestock movements to areas with better pasture and water, which will in turn exacerbate the nutrition situation.

Furthermore, the operation could result in civilian casualties and displace people from their home areas. Displacement of civilians is already taking place in areas where military movements have been reported, such as El Berde and Hudur\(^8\) in Bakool and Guriel, Dhusamareeb and El Buur in Galgaduud region. Approximately 270 people\(^9\) displaced from Hudur are confirmed to have already arrived in Baidoa town. These people stated that they moved for fear of reprisals as AS has ordered people to leave the town. In Galgaduud region, AS has ordered residents of Elbuur town in Galgaduud to vacate the town ahead of the SNAF/AMISOM offensive. People have started moving towards nearby villages such as Bidcul-tuur, Candayo, Daafeet, Ceel-siin, Ceel Af-garat, Ceel Qoqole and Ceel Dabdeher.

Similarly, the military action is likely to impact the spontaneous return of IDPs and refugees due to increased insecurity in return areas and on routes. On the other hand, there will likely be an increase in requests for support to return as new areas came under the control of FGS/AMISOM. For example, a total of 2,000 people originally from Hudur, who are willing to return to their place of origin, are currently in El Berde under the protection of AMISOM and require assistance to return. There is a risk of increased violations against civilians, such as gender-based violence and abuse, exploitation and forced recruitment of children for armed conflict. Displacement bears additional risks of transmission of diseases, including polio. Provision of basic services, such as health, education, and WASH services could also be disrupted.

While SNAF/AMISOM may gain more territories through military action, this does not immediately translate to increased humanitarian access. The ability to do vaccinations in hard-to-reach areas could increase as more urban centers open up. In the long run, if the offensive leads to the establishment of proper administrative structures in the newly controlled areas, it may provide an opportunity for humanitarian agencies to have a safe and predictable access to people in need in these areas. However, agencies are now facing significant funding gaps for 2014 and should new areas become accessible, do not have the required resources to immediately scale up and respond to the needs of people in these areas.

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\(^8\) On 16 February, SNAF/AMISOM troops entered Hudur, the capital of Bakool region which has been under the control of AS, from El Berde district in Bakool, but returned to El Berde on the same day.

\(^9\) Confirmed by OCHA on 17 February 2014.
The impact of positive political narrative on the humanitarian agenda

Since the establishment of a post-transition Federal Government of Somalia (FGS) in 2012 and related political gains, the political narrative about Somalia has been positive. Attention onto the political and development support to the FGS through the implementation of the “Somalia New Deal Compact” has inadvertently diluted the focus on the humanitarian situation. The effect of this has been waning donor attention and appetite to sustain the levels of humanitarian funding required to address the most critical humanitarian needs in Somalia. At the end of last year, only 50 per cent of 2013 needs were funded. This funding shortfall as well as the seasonal and unforeseen shocks – tropical storms in Puntland, floods in the south, and poor rains in parts of the country – has negatively affected the delivery of humanitarian assistance to people in need and undermined the humanitarian strategy which, in addition to saving lives, seeks to strengthen the resilience to shocks of the vulnerable populations.

Some donors have also started to exhibit the pre-2010 trends of extreme caution and risk tolerance appears to have waned. The need for accountability and risk mitigation cannot be understated in the operating environment and humanitarian organizations have taken several steps to ensure resources allocated to people in need in Somalia reach their target. The Risk Management Unit (RMU) enhanced due diligence measures which increased the ability of the humanitarian community to identify and redress misuse and diversion of assistance. However, donors need to take the exceptionally difficult operational context in Somalia into account and should continue to demonstrate some degree of flexibility. There seems to be more tolerance for the risks that humanitarian personnel have to take to operate in such an environment than the risks of delivery of aid in the same environment. A balanced trade-off between accountability and the humanitarian imperative which obligates the provision of assistance to people in need is also required.

Humanitarian Access

The security situation and operating environment in most parts of southern Somalia remains challenging. A large part of south and central Somalia is still under the control of AS. After losing major towns in southern and central Somalia, AS has partly fragmented into factions with no unified command and control structures, and has resorted to asymmetrical warfare. AS has also intensified threats, intimidation and attacks against humanitarian personnel. Most recently, AS threatened Somali staff working with UN and international organizations.

Even so, the prevailing volatile security situation and longstanding access challenges have not deterred humanitarians from striving to provide assistance to vulnerable people in Somalia, though many have not been reached. The ability to undertake a mass polio vaccination in some parts of southern Somalia is evidence of this effort. Increased presence of UN and international NGOs in key towns in southern and central Somalia following SNAF/AMISOM and other anti-AS forces take over, has contributed to modest improvements in access in these areas. However, it should be kept in mind that presence does not necessarily mean unfettered access to rural communities in need and hence even in areas which are not under the control of AS, including Mogadishu, access to beneficiaries remains constricted due to the volatile security situation. In rural areas and towns still controlled by AS, local partners have found ways of negotiating with AS through local clan elders although the risks they face have increased.

Recommendations

1. Humanitarians urgently need adequate and sustained funding to consolidate gains made on the humanitarian side in Somalia. Somalia’s political transition must not be conflated with humanitarian

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10 AS has partly fragmented and there appears to be some decentralization of decision-making by its different cells due to difficulty of communication between them. However, the main Godane faction remains cohesive and effective with a unified command.
recovery. While there have been incremental improvements, the humanitarian situation in Somalia remains very fragile. Many Somalis need continued humanitarian assistance; however, funding to support and strengthen resilience necessary to break the cycle of crises has been insufficient. As a priority, funding pipelines for food security, nutrition, Health, and WASH services must be maintained.

2. SNAF/AMISOM’s territorial gains through military action do not immediately translate to increased humanitarian access. The offensive may lead to destruction of lives and livelihoods if fighting occurs in towns and semi-urban centers. The Somalia Humanitarian Country Team (HCT) will continue to reiterate the need for upholding humanitarian principles and international humanitarian law with AMISOM leadership. OCHA has shared the HCT guidelines on civil-military coordination and will advocate for adherence to these guidelines.

3. Humanitarian agencies will provide assistance on the basis of assessed needs and will not be party to preconceived stabilization agenda of “winning hearts and minds”. If the offensive provides an opportunity for a safe and predictable access, humanitarian agencies will utilize the space to provide assistance without compromising on the principles of neutrality and impartiality.

4. The challenges humanitarian agencies face in delivering assistance in an environment with high security risks and restricted access for effective monitoring needs to be underscored. Consequently, an endeavor should be made to strike a balance between saving lives and implementing oversight mechanisms.