**Facts & Figures**

Five million people in Somalia are in need of humanitarian assistance

1.1 million internally displaced persons

Over 900 000 Somali refugees in the region

Over 30 000 returnees and refugees in Somalia due to conflict in Yemen

Over 300 000 children under age 5 (1 in 8) suffer from acute malnutrition

1 in 11 Somali children dies before their first birthday

1 in 18 women die in childbirth – among the highest maternal mortality rates in the world

Sources: UNHCR, the Food Security and Nutrition Analysis Unit (FSNAU), UNOCHA

**European Commission humanitarian funding in 2016:**

€46.5 (€29 million + €17.5 million for the El Niño response)

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**Key messages**

- Somalia is ranked first in the 2016 fragile states index. According to the UN, out of 12 million inhabitants, five million are food insecure and in need of humanitarian assistance. 300 000 children are acutely undernourished and 1.1 million Somalis are internally displaced, under constant threat of insecurity and armed conflict.

- Basic public services such as health care and education are practically non-existent. Poor access to health services, water and sanitation constitutes a public health threat. Only 45% of children attend primary school.

- El Niño weather has exacerbated drought in the north of Somalia and intensified floods in the south. The likely occurrence of La Niña is expected to prolong dry weather conditions, worsening an already dire situation for both humans and their livestock.

- Aid organisations continue to provide humanitarian assistance to address the immense needs. They do so in an extremely dangerous and challenging environment.

- The European Union (Member States and Commission) has so far in 2016 provided 44% of all humanitarian support to populations in Somalia worth over USD 403 million. However, the UN humanitarian response plan’s requirement stands at USD 885 million in addition to USD 127 million for the El Niño and drought response.
Humanitarian situation and needs

Background

The humanitarian situation remains precarious with a large section of the population – five million out of 12.3 million – highly vulnerable and facing food insecurity. Successive crop failure, livestock depletion and food price inflation heavily affect the location population, with El Niño exacerbating the severe drought in the north and erratic rainfall and floods in the south.

In a fragile context such as Somalia, even small-scale disasters can have a devastating effect on populations who already suffer from the ongoing and lasting effects of armed conflict, displacement and the 2011 famine.

There are 1.1 million internally displaced people (IDPs), often living in precarious and appalling conditions in crowded settlements. As increasing numbers of refugees from Dadaab in Kenya return to Somalia, 24 000 so far this year, durable solutions are needed to reduce the impact on extremely vulnerable households.

Daily violations of human rights and International Humanitarian Law* make Somalia one of the most complex environments in which to deliver aid. Sexual violence against women is a daily occurrence, as are violations against children such as abductions and forced recruitment.

Major needs and related problems

Five million people are in need of humanitarian and livelihood assistance. In settlements, many IDPs are experiencing food shortages. Emergency levels of under-nutrition persist as a result of poor hygiene and nutrition practices, lack of clean water and disease outbreaks. Child and maternal mortality rates are among the highest in the world. Somalia is regularly affected by epidemics such as measles, cholera and polio; a recent outbreak of cholera was contained thanks to a robust and timely response by aid organisations. Access to health care remains extremely poor.

Most of the 1.1 million displaced people in Somalia rely on humanitarian aid to meet their basic needs of shelter, food, health, water, sanitation and protection. A "durable solutions initiative" was launched in 2016. It intends to support the return of the displaced to their areas of origin, the resettlement process and local integration. In the first six months of 2016, 60 000 people were forcibly evicted from their homes. Most evictions occur in Mogadishu, Galkayo and Kismayo. From January 2015 to May 2016, over 40 000 people were internally displaced from the Lower Shabelle region due to clan conflict and insecurity. In the first quarter of 2016, 472 children are reported to have been forcibly recruited, the highest number since 2014.

In May 2016, Kenya announced its intention to close the refugee camps in Dadaab before the end of 2017. The camps host over 283 000 refugees, mainly from Somalia. However, any mass return is expected to have a destabilising effect not only in Somalia but also in the region. The EU continues to highlight the necessity for a principled and voluntary repatriation process, in a realistic timeframe, as well as the need for conducive conditions for return in Somalia. So far this year, 24 000 refugees returned from Dadaab to Somalia, mainly to Jubaland. Struggling with the influx, authorities in Jubaland temporarily suspended the voluntary repatriation at the end of August. They stress a lack of absorption capacity for the returnees as there are already many IDPs living in camps, as well as high insecurity with large parts of Jubaland controlled by armed opposition forces.

Following the conflict in Yemen, over 30 000 people arrived in Somalia since March 2015, 90% of them are returning Somalis. This puts an additional strain on the country which has an extremely low

*For all latest ECHO Factsheets: bit.ly/echo-fs
capacity to absorb refugees and returnees. Over 900 000 Somalis remain refugees in the region, most of them in Kenya and Ethiopia but also Yemen.

The European Union’s Response

Funding

The European Commission has provided humanitarian assistance to Somalia since early 1994. In 2016, it is supporting humanitarian aid operations in Somalia with €46.5 million. Nearly two million of the most vulnerable people are direct beneficiaries. The support covers emergency preparedness and response, and the areas of food security*, health, nutrition*, shelter, water, sanitation and hygiene*, protection, education in emergencies, as well as resilience building and aid coordination. Aid operations focus mainly on the most affected regions in south and central Somalia where needs remain vast. They also address the most vulnerable directly affected by the severe drought in Puntland and Somaliland.

In recent years, support has been provided to displaced families who wish to return to their original homes or settle permanently in a new location. This has been done with the cooperation of local authorities and communities in order to facilitate integration.

The impact of the Commission’s aid depends on the operational capacity of partners on the ground, their level of access to populations and their ability to operate in insecure circumstances at any given time. Longer-term development is needed to solidify gains and prevent people from sliding back into crisis. Only sustained assistance can help the most vulnerable recover from drought and displacement and build their resilience to future crises.

Many challenges remain in delivering principled humanitarian assistance and safe-guarding humanitarian space in Somalia. Attacks and threats against aid workers have increased. The European Commission is committed to preserving the humanitarian space by striving to reach all people in need wherever they may be, but also by safeguarding the independence of humanitarian aid.

Examples of humanitarian projects in Somalia

Life-saving healthcare

SOS Children’s Village runs a clinic in Badbadho camp, which hosts thousands of displaced people, and a hospital in Mogadishu's Heliwa district. The latter treats over 200 000 patients every year. The facilities provide life-saving, quality health care including specialised care such as surgery, emergency obstetrics and nutrition care. Skilled birth attendants perform an average of 450 deliveries per month. Special care is provided for survivors of sexual violence. Despite many years of conflict in Mogadishu, the hospital has continued to treat its patients without interruption, including when fighting forced it to relocate temporarily.

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Solutions to displacement

Many displaced Somalis have sought refuge in more stable cities such as Hargeisa in Somaliland. However, many families were living in unsanitary and undignified conditions in makeshift settlements. The Norwegian Refugee Council (NRC) and Danish Refugee Council (DRC) relocated over 800 families to a newly-established site, providing safe and clean shelter and sanitation facilities. The authorities assisted by assigning land. Though the displaced do not enjoy the same rights and opportunities as residents, especially with regard to jobs and livelihoods, the site has begun to resemble a new suburb, with private bus services and power connections. Families have started to build a new life for themselves.

Undernutrition

Humanitarian access in the Hiraan region is constantly hampered, and the area has been plagued with critical levels of malnutrition for many years. With EU support, thousands of children under-five, as well as pregnant and breastfeeding women, received treatment and care for malnutrition. Initially, more than 10 000 children suffered from severe acute malnutrition and more than half of them would most likely have died without treatment. Save the Children also responded to worsening food insecurity in the districts of Beletweyne and Mataban. Cash transfers for food and other basic needs during the extended hunger gap benefited 4 000 families, which prevented more children from becoming undernourished.

Responding to conflict

In Awdhegele district, Lower Shabelle, hundreds of people were caught up in inter-clan fighting and were forced to flee their villages. Concern Worldwide was able to respond rapidly to the needs of 300 families who sought refuge in a nearby village. The families were provided with cash to meet their immediate needs, while the local community helped with food and allowed them to shelter in a local school. Those families that did not have a mobile phone received a free solar-rechargeable handset to access mobile cash transfers.