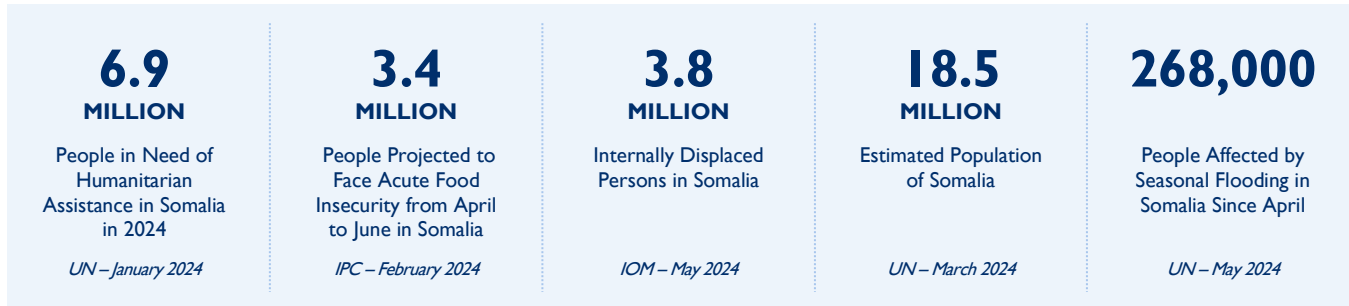


Somalia – Complex Emergency

JUNE 10, 2024

SITUATION AT A GLANCE



- Heavy rains and resultant flooding across Somalia between April and late May resulted in at least ten deaths, displaced 81,000 people, and adversely affected approximately 268,000 individuals, the UN reports. In response, USG partners and other relief actors continue to provide multi-sector assistance.
- Health actors had recorded 114 cholera-related deaths and more than 12,300 suspected cases across Somalia in 2024 as of May 19, according to the FGS MoH. Ongoing flooding and subsequent damage to WASH infrastructure will likely exacerbate the spread of the disease, according to relief actors.
- Private landowners evicted approximately 2,250 people from two IDP sites in Banadir and Lower Juba regions in April and May, resulting in increased humanitarian need for at-risk populations, the Protection Cluster reports.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the Somalia Response in FY 2024

USAID/BHA¹

\$258,434,143

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

Total \$258,434,143

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

KEY DEVELOPMENTS

Seasonal Rains and Subsequent Flooding Result in At Least Ten Deaths and Displace 81,000 People

Heavy rain and subsequent flash floods across Somalia during the country's April-to-June *gu* rainy season had resulted in the deaths of at least ten people, displaced 81,000 people, and adversely affected approximately 268,000 people as of May 30, according to the UN. Populations in Hirshabelle, Jubaland, and South West states were among the most flood-affected. Flooding displaced approximately 42,000 people in Hiran Region's Beledweyne District, located in the Shabelle valley riverine in Hirshabelle, after the banks of the Shabelle River burst during the week of May 20 due to the heavy rains. While no flood-related deaths were recorded in the area, the destruction of farmland, houses, and public infrastructure, as well as the closure of many hospitals and schools, severely restricted access to vital services for populations in need, according to international media. However, drier conditions between May 21 and 27 allowed flood-displaced households to begin to return to their places of origin, according to the UN. At least 9,000 flood-displaced people in Beledweyne had returned to their areas of origin as of May 30, and another 30,000 people were expected to return by mid-June. An estimated 24,000 people who were displaced by floods in Lower Juba Region had also returned to their places of origin as of the same date.

Flood-related damage to crops, infrastructure, and small businesses; the death and dispersion of livestock; and resultant diminished income-earning opportunities, have exacerbated humanitarian needs in flood-affected areas. Notably, flooding had inundated approximately 14,600 acres of agricultural land countrywide as of May 19, increasing the risk of crop loss and subsequent decreases in food security, according to the UN. Priority needs among affected communities include food, health, shelter, and water, sanitation, and hygiene (WASH) assistance, the Food Security Cluster reports.²

In response to flood-related needs, U.S. Government (USG) partners and other relief actors continue to deliver multi-sector assistance, including food, health, multipurpose cash, nutrition, mental health and psychosocial support, and WASH assistance to flood-affected populations across the country. In coordination with the Somalia Disaster Management Agency, USAID/BHA partner the UN World Food Program (WFP) activated a flood anticipatory action program prior to the onset of the heavy rains, delivering early warning messages and guidance on flood preparation and safe evacuation through radio channels that reached more than 500,000 people. U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) partner the Office of the UN High Commissioner for Refugees (UNHCR) registered nearly 1,100 flood-affected households in Beledweyne and Middle Shabelle Region's Jowhar District to receive multipurpose cash assistance (MPCA) and relief commodities during April. UNHCR also conducted awareness-raising campaigns to inform internally displaced persons (IDPs) of the risks associated with flooding and essential safety measures at the onset of the rainy season. Other relief organizations are providing emergency health services through fixed and mobile health facilities to flood-affected individuals and deploying community health workers to deliver health messages on hygiene promotion and offer referral services to people in need.

Cholera Results in at Least 114 Deaths in 2024, With Heavy Rains Expected to Exacerbate the Outbreak

Health actors recorded 114 cholera-related deaths and more than 12,300 suspected cases of cholera across 44 districts in Somalia between January 1 and May 19, marking a nearly 55 percent increase in cumulative suspected cases compared to the same period in 2023, according to the Federal Government

² The Food Security Cluster is the coordinating body for humanitarian food security activities, comprising UN agencies, nongovernmental organizations (NGOs), and other stakeholders.

of Somalia's (FGS) Ministry of Health (MoH). Health actors in Lower Shabelle Region's Afgooye District reported the highest cumulative number of suspected cases, approximately 1,700 cases—or nearly 14 percent—of the total cases in Somalia, followed by Lower Juba's Kismayo District, where health actors reported 1,400 cases. Case fatality ratios (CFR) were far exceeding the countrywide CFR of 0.9 percent and the UN World Health Organization's (WHO) emergency threshold of 1 percent in Lower Shabelle's Kununwarey District, Bari Region's Qardho District, and Hiran's Bullo Burte Districts, where health officials reported CFRs of 5.7 percent, 3.8 percent, and 3.6 percent, respectively, as of May 19. Five other districts were also experiencing CFRs above the WHO emergency threshold as of the same date.

Health actors also reported cholera cases in Kismayo's Eljale, Istanbul, New Luglow, and New Qamqam IDP sites, with more than 160 suspected cases recorded across the four sites between January and early May, according to the Jubaland MoH. During an assessment conducted at the four sites in early May, ACTED and Jubaland's Ministry of Energy and Water Resources identified the presence of fecal matter, which can drive the spread of the disease, in several samples collected from the water systems at New Luglow and surrounding sites. Moreover, the cholera treatment center at Istanbul IDP site—the only facility where the populations of New Luglow and surrounding sites can access cholera treatment—are facing shortages of cholera treatment kits, health workers, and hygiene items, further challenging health actors' ability to combat cholera spread in the IDP sites.

Gu rains are also expected to trigger outbreaks in areas where cholera has not been detected in several years, as populations in affected areas continue to experience insufficient access to safe water and poor sanitation conditions amid the flooding, according to the FGS MoH. Relief actors had reported suspected cases of cholera across 28 drought- and flood-affected districts as of May 19, and the spread is expected to escalate in high-risk districts along the Juba and Shabelle river basins as the heavy rains cause further damage. The rains and resulting flash floods had destroyed 5,000 latrines and nearly 30 water points as of May 13, the UN reports.

On May 27, the UN announced the allocation of \$2 million from the UN Central Emergency Response Fund—a pooled humanitarian fund established and managed by the UN to support sudden-onset and underfunded emergencies—to provide life-saving assistance to 60,000 people in cholera-affected areas through health and WASH support. Additionally, USAID/BHA partner the UN Children's Fund (UNICEF) distributed 1.4 million cholera vaccines—including approximately 700,000 vaccines within Puntland State—from the global stockpile to Somalia at the end of March and delivered 40 complementary cholera kits containing medical equipment and refilling supplies to treat 40,000 patients in affected areas. UNICEF is also coordinating and facilitating the delivery of chlorine and hygiene supplies to five regional supply hubs and expanding chlorination activities in affected areas including Hiran's Beledweyne, Bullo Burte, and Jalalaqsi districts.

Private Landlords Forcefully Evict 2,250 People From IDP Settlements During April and May

Private landowners forcefully evicted an estimated 2,250 people from IDP sites between April and May, exacerbating humanitarian needs for the at-risk populations, an NGO and the Protection Cluster report. Landowners evicted 1,860 people from Mowlid Laqaay IDP settlement in Lower Juba's Dhobley District on May 7 and approximately 390 people from the Garasbalay IDP site in Banadir Region's Daynile District during the month of April. At the Mowlid Laqaay IDP settlement, approximately 80 percent of the evicted households were conflict-, drought-, and flood-affected populations, according to an NGO. The remaining 20 percent of evicted households were newly displaced from Bay Region's Diinsoor, Gedo Region's Baardheere, Lower Juba's Afmadow, and Middle Juba Region's Sakow districts due to

flooding and insecurity, as well as other populations from nearby rural communities who joined the settlement after livestock losses. The eviction adversely impacted at-risk populations—including children, older people, persons with disabilities, and those previously displaced—and heightened protection risks, as many households were forced to settle in open areas and had not received any government or humanitarian support as of May 7. An additional 77 households—approximately 462 people—in the settlement face imminent eviction threats. At the Garasbalay IDP site, the eviction also displaced vulnerable populations and resulted in the damage or destruction of humanitarian infrastructure, including adversely affecting nearly 100 shelters.

KEY FIGURES



1.6 Million

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



42,000

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



37,800

Children younger than five years of age reached with severe acute malnutrition treatment by UNICEF in March

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

To address acute food insecurity in Somalia, the USG supports seven partners, including WFP, to provide emergency food assistance—including U.S.-sourced High Energy Biscuits, sorghum, and vegetable oil—to populations in need. USG partners also provide cash transfers to food-insecure households, enabling them to purchase food from local markets where available. Notably, WFP reached approximately 1.6 million people with food assistance, including cash transfers for food and provided approximately 2,300 metric tons of in-kind food aid, in April.

HEALTH

The 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 with services often integrated with nutrition and WASH programming. 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 seven NGOs and four UN agencies, the 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 with food security, health, livelihood, and WASH interventions to prevent excess mortality and improve resilience among households affected by persistent climate shocks.



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USAID/BHA partners providing protection support to vulnerable populations

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 gender-based violence (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. Partners are mainstreaming protection programming by integrating protection concerns into all USG-supported activities.



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USG partners providing WASH support to at-risk populations

WASH

The USG supports WASH programming across Somalia to prevent and respond to communicable disease outbreaks and to avert acute malnutrition in children and PLW. The USG supports 11 NGO partners and four 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 protracted 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.
- The 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 and 2024 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-amplified heavy rainfall and associated flooding in late 2023 and the first half of 2024 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 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 2024^{1,2}

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
UN Food and Agriculture Organization (FAO)	Agriculture; Food Assistance—Cash Transfers for Food; Humanitarian Coordination, Information Management, and Assessments (HCIMA); Natural Hazards and Technological Risks	Countrywide	\$21,000,000
IOM	HCIMA, MPCA, Shelter and Settlements, WASH	Countrywide	\$16,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIMA	Countrywide	\$1,000,000
WFP	Food Assistance—Cash Transfers for Food, Food Vouchers, Local, Regional, and International Procurement; Logistics; Nutrition	Countrywide	\$72,150,000
	Food Assistance—U.S. In-Kind Food Aid	Countrywide	\$87,523,053
Implementing Partners	Agriculture, Disaster Risk Reduction Policy and Practice, Economic Recovery and Market Systems, Food Assistance—Cash Transfers for Food, HCIMA, Health, MPCA, Nutrition, Protection, Shelter and Settlements, WASH	Countrywide	\$60,540,000
	Program Support		\$221,090
TOTAL USAID/BHA FUNDING			\$258,434,143
TOTAL USG FUNDING FOR THE SOMALIA RESPONSE IN FY 2024			\$258,434,143

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of June 10, 2024.

² Estimated value of food assistance and transportation costs at time of procurement; subject to change.

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](https://www.usaid.gov/humanitarian-assistance/where-we-work)