

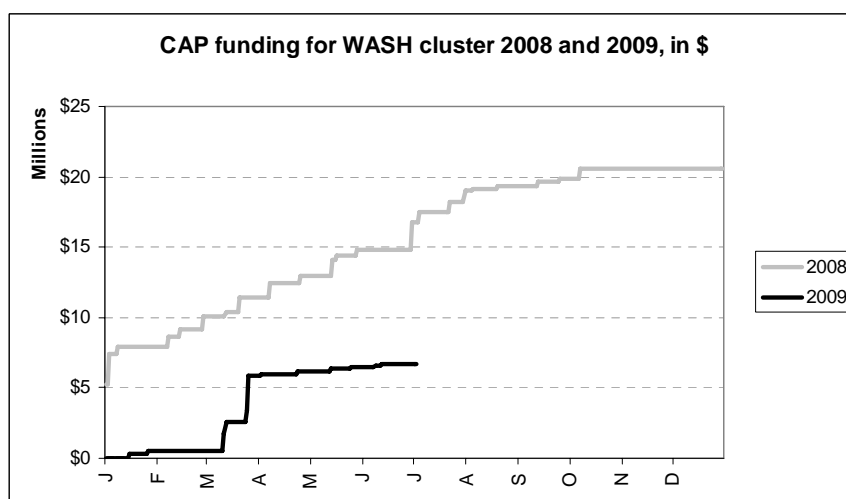
WASH Cluster: Somalia Needs and Funding Gaps July 2009

Immediate Emergency Response Requirements: 11 million USD

In Somalia, 3.2 million people are in need of emergency life saving assistance, one in 6 persons are displaced from their homes, and 1 in 6 children are acutely malnourished. In the face of such statistics, the problems and needs may seem insurmountable, especially when coupled with high levels of insecurity and difficult working conditions. In many respects, it is understandable that humanitarian assistance is often directed toward other crises where results might be more easily achieved. However, despite security risks (16 humanitarian workers are currently being held in Somalia) and lack of funding, more than 30 humanitarian organisations in the water, sanitation and hygiene (WASH) cluster continue to work tirelessly to improve the health and wellbeing of Somali families who have no say or influence over the groups who hold their lives in the balance.

Funding

With only US\$ 6.7 million out of requirements of \$36.9 million for 2009, the members of the WASH cluster have been able to construct 51 shallow wells, 11 high-yield boreholes and 52 piped water networks and urban water supply systems. The cluster has also rehabilitated a further 18 boreholes, 101 shallow wells, 56 berkhads, 17 subsurface dams, 7 water pans, and is chlorinating 205 wells in 2009. The cluster has managed to support approximately half of the 1.3



million displaced people to avoid any major outbreaks of diarrhoeal disease. However, current funding levels at 18% are able to offer only minimal short-term improvements in the WASH sector. Compared to the same period last year the cluster has received \$8 million less, and yet the needs this year are significantly higher

due to renewed fighting and displacement. Under-funding for WASH action ultimately increases the need for increased expenditure in the health, nutrition, and livelihoods sectors, and there is immense concern that improvements over the last two years will unravel in the second half of 2009. Over 30 international and local NGOs, as well as UNICEF, are concerned about how to mobilize the \$11 million urgently needed for life-saving activities for 2009 and what the implications for 3.2 million Somalis would be if the money could not be raised.

Internal Displacement

Fighting in Mogadishu has led to the displacement of more than 625,000¹ people in the Afgooye Corridor. The WASH cluster is currently only able to supply an average of 8 litres of water per day, although in some areas of the Corridor, displaced people have as little as 2 litres of water per day. At such low quantities, most water is used for drinking and cooking, and hygiene standards, important in preventing the spread of communicable diseases in overcrowded conditions, invariably suffer².

¹ IDP numbers are based on recent assessments from partners working in Afgooye. They are based on the population and volume of water Oxfam Novib, Oxfam GB, INTERSOS, and UNICEF are providing on a daily basis.

² One outbreak of cholera has already been confirmed in May 2009

Between 7.5 and 15 litres is considered the minimum needed for survival, which equates to less than one flush of an average toilet. An estimated \$3 million would be required to double the provision of water in the Afgooye Corridor bringing it in line with WASH standards enforced in other emergency settings.



In addition to water shortages, ensuring that existing water systems continue to provide displaced people with free access to water is a concern. While the cost can be as little as \$2 per person per year, the overall financial commitment is nonetheless substantial, and at this stage humanitarian agencies will require at least \$600,000 USD for 2009.

Sanitation in the Afgooye Corridor, as in other IDP camps within Somalia, is wholly insufficient. From a public health and protection perspective, this can be seen as a major failure by the international community. Currently there is 1 latrine for every 212 displaced people in the Corridor. But this is an average figure; many people in fact do not have access to a latrine, and either try to find some privacy at night or use plastic bags. The case for a right to life with dignity is seldom so clearly illustrated as in Somali IDP camps. However, for women and children, using a plastic bag is often a safer option than trying to find some privacy at night in such a highly insecure environment.

Although SPHERE standards prescribe a ration of 1 latrine for 20 persons, the Somalia WASH cluster twice has had to reduce its standard to 1:30 and now to 1:50 to obtain some achievable targets within available funding. At a ratio of 1:20, more than 26,000 latrines would need to be constructed; at 1:30, 15,000 latrines. More than 7,500 latrines are needed to bring sanitation to a barely acceptable level of 1:50, at a cost of \$1.5 million.



UNICEF requires \$3.3 million before the end of July to maintain life-saving operations for more than 1 million conflict-affected people, while current emergency funding allocated for NGOs is likely to be exhausted within the next 2 months.

Drought

Failure of the Gu rains continues to exact a heavy toll on communities in Puntland, Somaliland and areas of south-central Somalia. More than 80%³ of the population in Puntland and 40% in Somaliland are currently in need of supplementary water assistance. Over 227,000⁴ people in this area are currently subsisting on 2 litres per day or less. Where emergency services cannot be provided entire communities move to areas where they can find water. This places an additional strain on existing water infrastructure. Almost 40% of CAP funding so far has been used to provide safe water through emergency water trucking. More than \$2.1 million is required to provide the drought-affected population with an additional 5 litres per person per day until the Deyr rainy season starts.

³ Drought Coordination Meeting, HADMA (Humanitarian Assistance and Disaster Management Agency in Puntland) Office, Garowe-Puntland, 28 May 2009

⁴ 127,000 in Puntland and as estimated 100,000 in Somaliland

Acute Watery Diarrhoea (AWD) and Cholera

In rural areas of Somalia, 87% of the population do not use or have access to a latrine, and just 11% have access to improved sources of water⁵. As a result, cholera and Acute Watery Diarrhoea (AWD) are endemic and frequent outbreaks used to occur every year. Coordinated efforts between the WASH and Health clusters have contributed to a 60-70% decrease in AWD cases, and a 300% decrease in Case Fatality Rates within the last two years, with no major outbreaks since June 2007. The achievements made, in responding to and preventing AWD/cholera are substantial, but need continued support if they are to be built upon and improved. Operation and maintenance of water systems, which include life-saving chlorination activities, require an estimated \$500,000, particularly in the south-central regions and IDP camps where cholera is most prevalent.



WASH Long-term Needs

In the long-term, \$41 million are be required for the construction of 10,250 shallow wells to ensure universal access to safe water for Somalia's rural population of 4.1 million. The smaller urban population would require \$66 million for the construction of 347 boreholes. Urban sanitation requires \$22 million, while rural sanitation would cost a further \$10 million⁶. In addition to water and sanitation infrastructure, extensive improvements in hygiene training and community training to ensure water and sanitation facilities are maintained in the longer-term are required.

More than 1,000 water facilities and 15,000 latrines are still waiting to be funded as part of the CAP for 2009 alone.

To address these extremely urgent concerns, the cluster would like to request donors for their urgent support as outlined below:

- **Donors should ensure adequate resources are made available to address basic emergency needs of water and sanitation for the Somali people throughout the country.** Water is a life saving activity and would require continued support to maintain the services to the people currently being assisted with water. As the displacement is increasing the continued support is necessary to sustain assistance to those already displaced and others that continue to be displaced particularly in the Afgooye corridor.
- **The decreasing assistance for WASH activities is directly proportional to the significant increase in the health and nutritional concerns.** The 18% funding levels are far below the required support needed in Somalia. Funds should be directed to reducing the gap that is emerging as a consequence of lack of adequate donor support.
- **Donor contribution towards WASH infrastructure improvement including rehabilitation/construction of water systems (boreholes, shallow wells, pipes, water pans etc.) could contribute significantly towards enhancing the coping mechanisms of the population.** With access shrinking and conflict increasing, the need to improve WASH facilities in Somalia are urgently required and should be seen as a priority to sustain the population through difficult times and conflict situations in Somalia as access becomes difficult for aid agencies.
- **The lack of WASH facilities exposes vulnerable groups particularly women to 'situations of risk' in trying to meet their basic needs.** Protection of the displaced population should be enhanced through improving the access of the displaced population to services. Continued delivery of water and sanitation facilities is a necessary prerequisite to improving better protection for the people in need.

⁵ MICS 2006

⁶ These figures are for construction costs only and do not include operational costs.