

SOMALILAND



UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS SOMALIA

OVERVIEW OF HUMANITARIAN ENVIRONMENT IN SOMALILAND

Over the past ten years, the degree of peace and stability obtained in Somaliland and the presence of viable government counterparts allowed a large number of UN agencies, INGOs and local partners to work in a coordinated manner on both humanitarian and development programmes, as the region moves ever closer to political, economic and social recovery and reconstruction.

Somaliland has an estimated population of 2 – 3 million and broke away from Somalia in 1991 declaring 'independence' which has not been recognized to date by the international community. Somaliland did not participate in the recent peace process (2003/4) initiated in neighboring Kenya and has continued to reiterate its sovereignty. Meanwhile, a nascent democratic system has been put in place as ongoing political development and economic recovery materialize. Legislative elections were held on 29 September 2005 (following council elections in 2002 and presidential elections in 2003) which according to international observers present, were carried out in a peaceful, free and fair manner. Of the 1.2 million refugees that fled Somalia's conflict in 1991, 700,000 have returned back to Somaliland, attracted by the dynamic urban areas and relative stability of the region.

Livestock export forms the backbone of the Somaliland economy but this sector has been exposed to several shocks in recent years, including the livestock ban of 2000 (by Gulf States due to outbreak of Rift Valley Fever) and the lack of national capacity to establish necessary regulations and infrastructures to facilitate certification of animals for export. Also, some areas have experienced several years of drought which had also severely impacted on the Somaliland pastoral livelihood (60-65% of the population rely on livestock for their livelihood) causing enormous hardship as livestock losses amounted to 60-80% of herds; destitution (creating rural – urban migration); and severe environmental degradation. However, UN agencies, INGOs and local NGOs responded to the situation, particularly in the most affected areas of Togdheer, Sanaag and Sool. Good Gu rains were received in 2005 (following on from a satisfactory Deyr rain season in 2004) but it will take a considerable amount of recovery time to restore livelihood assets, particularly livestock, to what are considered 'normal' levels.

There remains an unresolved dispute with Puntland over the eastern regions of Sool and Sanaag that resulted in clashes, displacements and restricted humanitarian access during 2004/5. In 2003/4 four expatriate humanitarian workers were also killed in Somaliland, these incidents were attributed to extremists, eight of whom were put on trial in Hargeisa during August and sentenced in November 2005. In an effort to enhance security and safety of humanitarian workers, the UN in collaboration with the local authorities established a Special Protection Unit (SPU) to provide protection for humanitarian workers of the UN and International NGOs. Since then no further incidents have been reported.

KEY HUMANITARIAN ISSUES

The most pressing humanitarian concerns in Somaliland focus on the continued disruption to livelihoods following several years of drought; issues relating to IDPs, returnees and urban destitute; concern over increased risk of extremist activities reducing humanitarian access; inadequate protection particularly for IDPs and other vulnerable groups and the low human development indicators (especially in education and health).

Disruption to Livelihoods Following Several Years of Drought

According to the 2005/06 Post Deyr Analysis (February 2006) the northern regions of Somalia are recovering from a three year drought and humanitarian emergency - and some areas continue to be in a state of Acute Food and Livelihood Crisis due to the lag time in livelihood recovery given the cumulative livestock deaths, reduced herd sized and continuing indebtedness. ***An estimated 40,000 people are in state of Acute Food and Livelihood Crisis in Togdheer, 50,000 in Sool, 55,000 in Sanaag and require immediate livelihood support.*** This includes the worst affected households who lost most of their assets who are now concentrated in pockets of urban areas and small towns throughout the region.

Despite ongoing pastoral recovery following above normal Deyr 2005 rains, charcoal production is continuing and increasing in many areas. Humanitarian responses need now to focus on supporting the continued recovery of livelihoods and basic development needs that address root causes of widespread poverty such as severe environmental degradation. Also, early warning systems and preparedness plans still need to be further developed to address the responses to recurrent drought/natural disasters.

A large number of the population rely on remittances (money sent from extended family working overseas) in the Somali Diaspora. Remittances make up an estimated 25% of household income. After livestock, agriculture is the most viable livelihood but is vulnerable to low production due to erratic rainfall, mono-cropping, poor soil fertility, endemic pests and diseases, lack of pesticides/sprayers and labour shortages. Somaliland has a coastline of about 850 kilometers but currently the fishing industry is only small scale. The population relies heavily on imported food but regular price increases (due to devaluation of currency) affect the ability of an average household to rely solely on market purchase and in many households, it is common for the limited resources to be spent on consumption of the leaf narcotic (Khat), leaving little household money for essential household needs such as education and health.

IDPs

The number of IDPs in Somaliland is currently estimated at approximately 40,000. **IDPs and returnees are living in very poor conditions – often in urban areas with inadequate water and sanitation and lacking income opportunities and access to basic social services.** Many also lack protection (usually provided by their clan) while there remains no policy on the internally displaced. The resources for IDP programmes continue to be limited and affect a comprehensive response. While the authorities continue to make progress towards respecting human rights, violations still occur and need to be addressed, particularly with regard to IDPs but also minorities – and in terms of poor prison conditions, arbitrary detentions and inadequate judicial processes.

Security/Access

The establishment of relative stability in Somaliland has facilitated access by the humanitarian community to the most vulnerable populations in most parts of the region except for the contested areas of Eastern Sanaag and Sool. **The last round of fighting broke out around Las Anood in October 2004. According to the Somaliland authorities the fighting displaced a total of 1,500 households.** The UN negotiated and secured a written agreement with both authorities (Somaliland and Puntland) in late 2003 to facilitate unimpeded humanitarian access for the needy population. However on several occasions the authorities verbally revoked those commitments. As long as the issue of Eastern Sanaag and Sool is unresolved, the security situation in these areas will remain fragile. Poor road infrastructure in remote areas also affects the delivery of humanitarian relief for example in Awdal and Sanaag. The threat of extremist terrorism with expatriate humanitarian staff a potential target remains a cause for concern.

HIV/AIDS

In September 2005 the Somaliland authorities launched their own AIDS Commission. The overall average prevalence of HIV/AIDS in Somaliland is estimated at 1.4%. In June 2005, the first anti-retroviral therapy (ART) project (implemented by the Ministry of Health) for 50 patients in Hargeisa began which was supported by UN agencies, INGOs and DFID. Long term drug supply to patients will be provided through The Global Fund and WHO. Inter-agency discussions have begun on programming a comprehensive HIV/AIDS package within IDP settlements in Somaliland. (November 2005).

Human Development Indicators In Somaliland

Human development indicators are extremely poor; for example the primary school enrolment rates is estimated at 35% (of which a third of this number are girls). The dropout rate from school is particularly high for girls. There is a lack of qualified teachers only an estimated 21% have received appropriate training. **As for health, it is estimated that only 59% of the population have access to health facilities. Child mortality is amongst the highest in the world an estimated 132 per 100,000 live births.** Infant mortality is linked to poor nutrition and poor maternal health. **High maternal mortality rates are related to FGM and anemia.** TB remains a major killer disease. There are two specialized TB hospitals and five TB wards at regional hospitals throughout the region. **Health facilities for the disabled are almost non-existent.** There is a chronic lack of health personnel in addition to drug shortages. One third of the population has access to piped water in urban areas compared to less than 5% in rural areas. Water shortages became critical during the drought in the north and led to water trucking. There is an absence of proper management of water systems. There are no systems in place for surface drainage, uncollected garbage, and uncontrolled use of plastic bags, hospital and chemical waste. In Somaliland it is estimated that less than 50% of households have access to latrines.

Humanitarian Partners Working in Somaliland and Coordination Mechanisms

Operational UN agencies: UNDP, OCHA, HABITAT, UNDSS, UNICEF, WFP, WHO, UNESCO, UNHCR, UNOPS/IFAD, FAO (FSAU and EXCELEX), ILO, ICAO, UNAIDS, UNIFEM. Except for UNIFEM all have a permanent field presence. There are around 35 INGO operating including DRC, NRC, CARE, OXFAM, SF Alliance, PENHA, HANDICAP, ICD, NPA and VETAID. NRC is the focal point. *Interagency emergency coordination groups are formed as per need.* National NGOs are more than 90; among most active are NAGAAD, HAVOYOCO, COSONGO and CANDLELIGHT. *NAGAAD and COSONGO are two national umbrella organizations that convene periodic coordination forums for their respective member organizations.*

Existing Coordination Mechanisms include Sectoral Coordination Meetings held by the respective line ministries; functional groups include health, education, agriculture/food security and water. In addition the Ministry of Pastoral Development and Environment convenes a periodic Pastoral Forum. The Natural Environment Research and Disaster Management Agency (NERAD) has established a Disaster Management Committee.

The Heads of UN Offices in Hargeisa convene coordination meetings. An Operations/Administrative Officers Group operates under the leadership of the UN Heads of Offices Group. The UN heads of Offices also convene a Local Security Management Team (SMT). A National Aids Commission (NAC) is coordinating HIV/AIDS related interventions.

Planned coordination mechanisms include a National Gender Forum by NAGAAD and COSONGO umbrella organizations in collaboration with the Ministry of Social Development and Family Affairs.

OCHA manages the Inter-agency IDP taskforce. OCHA also convenes the Inter-agency Humanitarian forum with membership from UN agencies, line ministries and NGOs.

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