

This report is produced by OCHA Somalia in collaboration with humanitarian partners. It was issued by OCHA in New York. It covers the period from 15 to 20 September 2011. The next report will be issued on 27 September 2011.

I. HIGHLIGHTS/KEY PRIORITIES

- Partners are scaling up response activities in order to reach the worst-affected population to avert further unnecessary deaths. Food assistance partners have reached 1.39 million people in crisis so far in the first two weeks of September, compared to 1.3 million throughout the month of August.
- An estimated 585,000 urban dwellers in Somalia are projected to be in crisis by December if interventions are not scaled up, a quarter more than the first half of the year.
- According to UNICEF, children constitute 80 per cent of the worst-affected population in the current famine.

II. Situation Overview

Somalia's humanitarian situation remains acute, characterised by famine, conflict and health challenges which are largely concentrated in the south. Four million people remain in crisis nationwide, three million of whom are in the south, according to the latest survey by the Food Security and Nutrition Analysis Unit (FSNAU). Of these, 750,000 people risk death in the next four months. Famine has been declared in Bakool, Bay, Lower Shabelle, Middle Shabelle, the Afgooye corridor IDP settlement, and the Mogadishu IDP community, all in the south. The FSNAU has warned that the situation could deteriorate further without a major scale-up in interventions.

In urban areas, sky-rocketing food prices and significantly eroded purchasing power are the main contributing factors to the current food security crisis. According to FSNAU, an estimated 585,000 people in urban areas in the south are projected to be food insecure in the period from July to December 2011. This is a 23 per cent increase compared to the 475,000 reported from January to June. The situation among the urban population in south and central Somalia is further exacerbated by sustained conflict which has caused constant displacement, affecting economic activities and hampering humanitarian access.

Internal displacements continue, both within Somalia and to neighbouring countries, as people flee both hunger and insecurity. Nearly 1.5 million Somalis are internally displaced within the country, which means 19 per cent of Somalia's estimated 7.5 million population are displaced. According to UNHCR, as many as 390 Somalis travel daily to Dadaab, Kenya, while an average 300 Somalis cross daily into Dollo Ado, Ethiopia, in search of assistance. Currently, more than 917,000 Somalis are living as refugees in the neighbouring countries of Kenya, Ethiopia, Djibouti and Yemen. This means that 30 per cent of Somalis have been displaced from or within their home country this year.

Diseases continue to take their toll on a population already weakened by famine and conflict, with outbreaks of cholera and acute watery diarrhoea (AWD), malaria, measles and pneumonia afflicting the country, particularly in the south. High levels of acute malnutrition persist in urban areas across all regions of south



and central Somalia, where the nutrition situation is estimated as likely very critical. These high levels of severe acute malnutrition and mortality rates in children under five magnify the risk among the most vulnerable population. According to UNICEF, children constitute 80 per cent of the worst-affected population in the current famine. Although exact figures are not yet available, field reports indicate that a high number of elderly people are also falling into the malnutrition category, particularly among agro-pastoralists and pastoralists in Bay and Bakool regions. It is essential that partners ensure that the humanitarian response covers all vulnerable groups.

Partners are scaling up response activities in order to reach the worst-affected population to avert further unnecessary deaths. This is evidenced by the increasing number of people reached by partners in key clusters such as food assistance, nutrition, health and water and sanitation.

However, challenges remain. Threats of violence and a lack of security continue to impair the movement of humanitarian groups to those areas where people are the most desperate. For instance, Transitional Federal Government (TFG) forces at a checkpoint in Mogadishu on 15 September prevented six Turkish NGO staff and their 10 Somali counterparts from delivering aid in Al Shabaab-controlled areas in the Lower Shabelle region. Although the humanitarian workers were turned back ostensibly for their safety, this prevented aid from reaching those in need. These restrictions on aid agencies impact the scale-up of humanitarian operations. Humanitarian partners will continue to deliver aid to affected populations in line with the humanitarian principles of humanity, neutrality, impartiality and operational independence.

III. Humanitarian Needs and Response in Southern Somalia



FOOD ASSISTANCE

Needs: The Food Assistance Cluster (FAC) is targeting 4 million people throughout the country, the entire food-insecure population according to FSNAU. Of these, 3 million are in the south. The cluster is targeting people in Famine and Humanitarian Emergency as well as Acute Food and Livelihood Crisis to ensure that the latter do not fall into famine.

Response: Between 1 and 16 September, 1.39 million people throughout Somalia benefitted from cluster interventions. This is a significant increase from August, during which 1.3 million people were reached. The increase in coverage reflects a rapid scale-up since the declaration of famine in July, when cluster members were reaching an average 770,000 people per month, who are also included in the current caseload. Most beneficiaries of food aid were in the south. Of the 1.3 million assisted throughout August, 471,000 were in Banadir (Mogadishu), 348,000 in the rest of the south (where assistance was provided in all districts except Middle Juba and Middle Shabelle), 380,000 in the central, and 139,000 in the north of Somalia. Activities included general food distribution, blanket supplementary feeding, enhanced supplementary feeding, and targeted household rations. Preparations are underway for a further scale-up in south and central Somalia.

Gaps & Constraints: In addition to security and access constraints, logistical constraints continue to hamper the efficient delivery of food, most notably the clearance times in Mombasa port.



NUTRITION

Needs: Approximately one third of Somali children are malnourished (450,000 out of 1.5 million), including 190,000 who suffer from severe acute malnutrition (SAM). About 336,000 children, representing 75 per cent of all malnourished children, are in the south. The Nutrition Cluster is aiming to admit an average of 45,000 new children per month for treatment of Moderate Acute Malnutrition (MAM) and SAM. Interventions are also targeting acutely malnourished pregnant and lactating women. Based on the FSNAU nutrition and mortality surveys carried out in July and August across south Somalia, the average GAM prevalence was 36.4 per cent and the average SAM prevalence was 15.8 per cent. Bay region has the highest malnutrition level, with a strikingly high GAM prevalence of 58.3 per cent and SAM level of 22.1 per cent of children under 5.

Response: Between January and June, the cluster reached 117,608 children (monthly average: 7,500 SAM, 11,500 MAM, 19,000 in total), while 47,696 children have been treated for SAM and MAM from July to date, with 30,000 children reached in August alone. 83 per cent of children reached so far were from the south. Altogether, 8,453 children were treated last week, with 4,407 severely malnourished children reached through outpatient therapeutic programmes (OTP) and stabilization centres (SC) in all the southern regions (compared to 4,333 the previous week). In addition, 4,046 children in Bakool, Banadir, Bay, Gedo and Lower Shabelle, all in the south, were admitted for Targeted Supplementary Feeding Programmes (TSFP) which are conducted once a month. In addition, 3,463 households received wet feeding in Dhobley, Dollow and Luuq, all in the south, during the week, bringing the total recipients of wet feeding to 22,800 households to

date since the beginning of the programme in August in direct response to the famine declaration. Further, 32,727 households (196,000 people) have been reached with Blanket Supplementary Feeding (BSF) to date since August, an increase from the 70,000 people reached in August.

Gaps & Constraints: Partner capacity for a rapid scale-up remains a challenge. Further, security concerns continue to hamper free access to some areas. For instance, filling the gap in Afgooye is taking longer due to negotiations with the local authority.



HEALTH

Needs: The Health Cluster aims to assist 2.6 million people with access to primary and/or basic secondary health care services. In addition, an emergency measles vaccination campaign (including polio and measles vaccines, de-worming tablets and vitamin A supplements) is targeting 2.3 million children aged between six months and 15 years in the accessible regions of south and central Somalia.

Health Cluster partners continue to report outbreaks of measles, acute watery diarrhea (AWD)/cholera, pneumonia and malaria in parts of Somalia and IDP camps, resulting in increased deaths. Since January, over 43,000 cases of AWD/cholera and over 710 related deaths have been reported throughout south and central Somalia. The worst affected regions are Banadir, Lower Shabelle and Lower Juba, which account for over 25,000 (57 per cent) of the reported cases and over 76 per cent of related deaths. Banadir alone, home to thousands of internally displaced persons, accounted for over 35 per cent of all reported cases and 40 per cent of deaths. The high incidence of the disease is attributable to poor access to safe drinking water and poor sanitation in the settlements. Of the cases reported, 14,100 (32 per cent) occurred from July to date. In addition, over 7,500 suspected measles cases and over 170 related deaths have been reported, of which over 90 per cent were in Banadir and Lower Shabelle regions. The high incidence of the disease is attributable to low vaccination coverage and underlying malnutrition resulting in compromised immunity. Nearly half of these cases have occurred since July. Further, over 19,500 cases of malaria and 57 related deaths have been reported. Banadir, Lower Juba and Lower Shabelle were the worst affected regions, with over 13,580 cases (70 per cent) reported. In the week ending 9 September, health facilities in Lower Shabelle region reported 1,169 acute respiratory infection consultations, of which 604 (52 per cent) were children under the age of five.

Response: As part of the ongoing emergency measles vaccination campaign which began in July in south and central Somalia, the cluster reached about 110,000 children under the age of 15 between 7 and 10 September in four accessible districts in the regions of Bakool and Gedo. This is in addition to the recently completed campaign in Banadir which reached 656,266 children, or 88 per cent of the 750,000 children targeted in that region.

In response to malaria, Health Cluster partners are currently distributing 4,286 insecticide treated bed nets to 40 major hospitals in central, south and north Somalia. During the reporting week, partners also distributed additional medical supplies to health facilities and partners in Banadir region, including a diarrhoeal disease kit, two trauma kits and interagency emergency health kits (IEHK). The diarrhoeal kits treat up to 500 cases of AWD/cholera, while the IEHKs treat up to 30,000 people per month or 10,000 in three months, covering a range of diseases, including pneumonia.

Gaps & Constraints: The lack of access to conduct vaccination activities, particularly in Lower Shabelle region, continues to impact negatively on the health of children. Limited funding outside the UN agencies and major international NGOs also remains a hurdle. The current increase in new health facilities in Mogadishu has amplified the need for better coordination among health partners.



WATER SANITATION HYGIENE

Needs: The WASH Cluster aims to reach 3.3 million people with sustained access to safe water, and 1.3 million people with emergency sanitation by the end of 2011.

Response: Since the beginning of the year, the cluster has supported 1,067,296 people with sustainable water access, representing 32 per cent of the 3.3 million target¹. Some 570,415, or 53 per cent of the beneficiaries reached to date, are from south Somalia. 217,000 beneficiaries have been reached since July. In addition, the cluster has reached 1,761,083 beneficiaries with temporary provision of safe water, of which 1,519,071 (86 per cent) are in the south. Further, 473,641 beneficiaries are newly accessing sanitation

¹ There has been an adjustment in the number of beneficiaries - in last week's report 60,000 water trucking beneficiaries were counted as part of sustained activities, rather than temporary activities. This has now been corrected.

facilities such as latrines, and 1,167,518 people are benefitting from hygiene promotion and non-food item (NFI) hygiene packages. Following the development of a new Emergency Hygiene Promotion Package that combines messages covering Health, Nutrition and WASH, including AWD/cholera, a training of trainers on use of the package for agencies working in south Somalia took place in Hargeisa, Somaliland, last week and participants are expected to train other partners in south central Somalia. The WASH Cluster is scaling up preparedness measures to prevent cholera/AWD, and improve response in the face of upcoming rains in October and November, which could result in large scale AWD/cholera outbreaks. This scale-up includes the implementation of early-warning systems for AWD outbreaks, improved coordination at district level, and pre-positioning of chlorine and soap.

Gaps & Constraints: A limited number of WASH agencies have access and experience in the south, where most of the needs are.



AGRICULTURE & LIVELIHOODS

Needs: Agriculture and Livelihoods Cluster members aim to assist 2,406,600 people through various interventions by the end of 2011.

Response: Following the famine declaration, the cluster adopted a three-pronged approach to increase access to food and stabilize nutrition, restore crop production capacity of farmers and protect critical livelihoods assets. In light of this, Agriculture and Livelihoods Cluster interventions comprise distribution of food vouchers, cash for work and cash relief programmes. Since July, 123,336 people have benefitting from completed food voucher programmes in Bay, Banadir and Gedo. In addition, the cluster continues to serve 436,981 beneficiaries through ongoing interventions. Currently, food voucher programmes are on-going in Gedo, Lower Shabelle, Bay, Bakool, Banadir, Gedo, Lower and Middle Juba, benefitting 170,100 people. In addition, since August 17,736 people are benefitting from ongoing cash relief programmes that are covering Gedo and Lower Juba, while 96,337 people are benefitting from cash for work programmes currently in progress in Bakool, Gedo, Lower and Middle Shabelle and Lower and Middle Juba since January. Beneficiaries of cash relief programmes receive US\$80 per household per month, while those of cash for work programmes receive US\$72 per household per month.



EDUCATION

Needs: According to the Education Cluster, about 1.8 million out of the estimated 2.3 million children between five and 17 years of age in south and central Somalia are out of school because of internal displacement and insecurity. The cluster is aiming to assist 443,202 beneficiaries, including 435,847 students and 7,355 teachers, through school-based interventions.

Initial reports from the field indicate that most schools in central and southern Somalia have successfully reopened for the new academic year, which began on 3 September. Some 80 to 90 per cent of the schools in Bakool, Bay, Lower and Middle Juba and Lower Shabelle are reported to have re-opened. However, the relatively positive picture of schools that have reopened masks alarming rates of attrition among both students and teachers. More than 20 per cent of children who were enrolled in primary schools in Bay and Bakool in 2010 to 2011 have not returned for the new school year. Drop-out rates are even higher in Lower and Middle Juba, approaching 35 per cent of students and teachers in parts of Lower Juba where there has been widespread displacement. In Mogadishu and Lower Shabelle, high population influxes have caused a slight increase in school enrolment. Estimates are that 40 per cent of the people who have moved to Mogadishu from parts of Somalia are children of school age. This is in line with the findings of a rapid needs assessment conducted by the cluster from 30 July to 3 August, which warned that as many as 200,000 children could drop out as a result of the crisis, while many schools could fail to open at all.

Response:

Since schools reopened in September, 121,501 children are reported to have benefitting from various educational activities such as the distribution of learning materials. The increase from last week's 51,732 children reached is due to reporting by a greater number of cluster partners. In light of the fact that not all partners, the cluster estimates that partners are probably reaching 320,668 of the 443,202 students in south and central Somalia. In addition, 112 Child Friendly Spaces (CFS) that will benefit 5,600 children in the regions of Banadir, Lower and Middle Shabelle are currently registering children and will start operating this week. A shipment of 43 emergency tents that will provide additional classroom space in overcrowded schools arrived in Mogadishu on 13 September. The tents are currently being installed by education partners in Mogadishu and Lower Shabelle. The same shipment includes recreation kits that will benefit 27,360 children at 304 CFSs.

Gaps & Constraints: Partners are yet to establish the total number of schools that are currently operating as well as students enrolled and teachers that have reported for work.



EMERGENCY SHELTER & NFI

Needs: The Emergency Shelter and NFI Cluster aims to provide 1,293,168 people with emergency assistance packages (EAP). The number in need has increased by 5,678 following receipt of more accurate IDP figures from Nugaal region, central Somalia. The number of people in need will continue to shift as new reliable data becomes available. The cluster also aims to provide 60,000 people with temporary/transitional shelter across Somalia this year.

Response: Between January and June, 233,676 people received EAPs, while 281,202 people have been assisted since the declaration of famine in July, representing a significant scaling up in response. All beneficiaries are from the south, except for 18,786 who were from central Somalia and 900 from Somaliland. The number of beneficiaries assisted with temporary shelter remains 33,138 as reported over the last two weeks. No additional shelter distributions have taken place because of the difficulty to secure adequate funding for both EAPs and transitional shelter, which has led the cluster to prioritise the former.

Gaps & Constraints: Local partners are still not receiving sufficient funding and are relying on contributions in-kind from major UN agencies and international NGOs.



PROTECTION

Needs: The Somalia Protection Cluster is targeting 2,406,600 people for assistance in 2011, namely 1,443,960 women and girls, and 962,640 men and boys. This figure comprises IDPs, survivors of human rights violations and vulnerable communities.

Response: Since July, 32,900 children have benefitted from 141 Child Friendly Spaces, and more than 50,000 children have benefitted from three recreational spaces at transit points. In addition, 5,000 survivors of gender-based violence, mostly women, have received psychosocial support. Furthermore, 950 ex-combatant children have benefitted from release and reintegration services. The cluster continues to monitor and report human rights violations.

Gaps & Constraints: A significant challenge is accessing information on human rights violations, and collecting protection-related information and reliable and updated IDP population figures to plan against.



EMERGENCY TELECOMMUNICATIONS

Although an Emergency Telecommunications Cluster has not been activated for Somalia, support is being received from Dubai. The cluster office in Dubai reports that an inter-agency satellite kit has arrived in Nairobi. The kit will be kept on standby for rapid deployment to Somalia when required. When deployed, this kit will provide immediate voice communications and internet connectivity for use by any requesting humanitarian agency. In addition, UNDSS Somalia has prepared a radio project to significantly broaden the coverage area on the roads in the Northern provinces. This project will ensure that humanitarian workers have access to the radio network, essential for security communications.



LOGISTICS

The cluster reports that, due to improved coordination, there is no congestion at the Mogadishu Airport and Mogadishu Port at present. As a result, relief cargo is being offloaded and dispatched on a regular basis.

IV. Coordination

Efforts to strengthen cluster operations in Mogadishu are underway. OCHA, cluster coordinators and Mogadishu cluster focal points met with the Transitional Federal Government (TFG) in Mogadishu on 15 September and discussed how best aid agencies and the Government could cooperate to improve the quality and efficiency of current programmes. The TFG and Organization of Islamic Conference (OIC) agreed on a rapid verification and survey of IDP settlements.

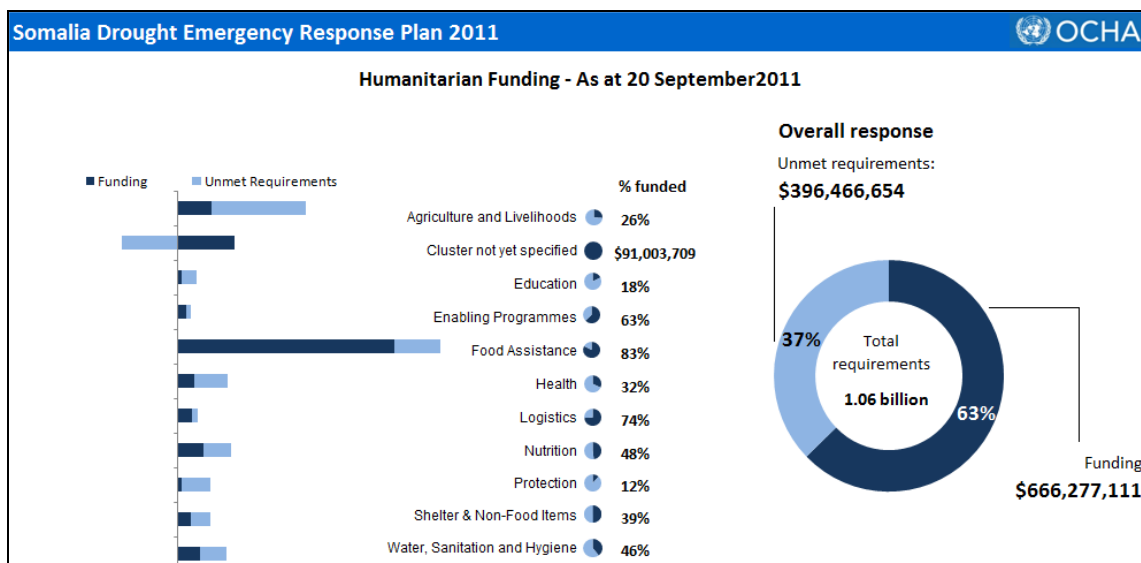
Progress on the 2012 Consolidated Appeal Process (CAP) continues. For more information see: <http://ochaonline.un.org/somalia/CAP2012>

V. Funding

- The revised Consolidated Appeal for Somalia is available on: http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_123.pdf
- Somalia's CAP of US\$1 billion is currently 63 per cent funded at US\$666 million. US\$396 million are still needed.
- Food interventions are 83 per cent funded, Logistics 74 per cent, Enabling Programmes 63 per cent, Nutrition 48 per cent, WASH 46 per cent, Shelter and NFI 39 per cent, Health 32 per cent, Agriculture and Livelihoods 26 per cent, Education 18 per cent and Protection 12 per cent.

1 Billion
requested (US\$)

63%
Funded



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org.

VI. Humanitarian Giving

To make a donation through the United Nations, please consider one of the following options:

- Support the Appeal for the Horn of Africa
- Give to the Central Emergency Response Fund (CERF)
- Give to the Pooled Funds in Somalia, Kenya and Ethiopia
- Give to OCHA's response to the Horn of Africa Crisis

For details on how to make a donation, please consult the "OCHA Guide to Humanitarian Giving" on the OCHA website: <http://www.unocha.org/crisis/horn-africa-crisis>

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