

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 7 to 13 September 2011. The next report will be issued on 20 September 2011.

I. HIGHLIGHTS/KEY PRIORITIES

- With the recent addition of a sixth area in famine, the number of people facing famine conditions and the risk of death in Somalia has increased from 350,000 to 750,000 people.
- Disease outbreaks continue to be a challenge in south central Somalia. Despite interventions, there will likely be an increase in malnutrition and mortality statistics in the next two months in part due to the increased risk of disease that will come with the onset of the Dehr rains.
- Nearly one million Somalis now live as refugees in the four neighbouring countries and one third of Somalis are currently displaced.
- The current famine in Somalia continues to attract huge regional and international interests prompting the delivery of bilateral humanitarian assistance by donor governments outside of the established coordination system. Efforts are underway to capture the full extent of assistance being provided on the ground.

II. Situation Overview

According to the latest report by the Food Security and Nutrition Analysis Unit (FSNAU), 4 million people are currently in crisis nationwide, of whom 3 million are in the south of Somalia. Of these, 750,000 people risk death in the next four months if efforts to respond to the famine are not scaled up. To date, six areas in Somalia are in famine, namely Bakool, Bay, Lower Shabelle, Middle Shabelle, the Afgooye corridor IDP settlement, and the Mogadishu IDP community, all of which are in the south. FSNAU warns that the food security situation could deteriorate further in the absence of a massive scale-up in interventions.

Coupled with famine are massive displacements both within Somalia and to neighbouring countries. Partners report that, over the past weeks, more than 1,200 people are crossing into Kenya daily. Many also use alternate routes through Diif and Degelema on the Somali side and Dhadag Bulla in Kenya. Significant numbers of IDPs in both locations on the Somali side of the border are in need of assistance. Estimates are that more than 917,000 Somalis now live as refugees in the four neighbouring countries: Kenya, Ethiopia, Djibouti and Yemen. Approximately one in every three was forced to flee this year. Altogether, more than 1.4 million Somalis are displaced within the country, which means that a third of Somalia's estimated 7.5 million people are displaced.



Not only is Somalia in need of greater access to food, but also safe water, sanitation, shelter and healthcare. Somalia is facing outbreaks of cholera and acute watery diarrhoea (AWD), malaria, measles and pneumonia, mostly in the south. Waterborne diseases are expected to increase with the onset of rains coupled with congested living conditions. Prevailing high levels of severe acute malnutrition (SAM) and under-5 mortality magnify the risk among the most vulnerable population.

The situation requires a massive, multi-sectoral response to prevent additional deaths and the total collapse of livelihoods. Improved access to food to address health/nutrition issues, complemented by access to water and sanitation together with measures to preserve productive assets are among the interventions needed most urgently. Humanitarian partners need to step up efforts to arrest further deterioration in a fragile situation that is expected to persist into 2012. The humanitarian community acknowledges the need to scale up its response and has made some headway, since the declaration of famine in July, in meeting needs by expanding the provision of assistance, particularly in the border areas with Kenya. However, security remains challenging, and incidents like the death of about 100 people in Ceel Waaq, Gedo region following heavy fighting between the Transitional Federal Government (TFG) and Al Shabaab forces on 11 September are a clear example of the volatile environment in which humanitarian organisations continue to operate.

Beyond immediate food relief, partners are also working with governments and other agencies to strengthen the resiliency of communities in drought-prone areas by supporting smallholder farmers and those most vulnerable to changing weather patterns through livelihoods programmes.

III. Humanitarian Needs and Response in Southern Somalia



FOOD ASSISTANCE

Needs: According to the Somalia post-*Gu* assessment by FSNAU, 4 million people throughout the country are food insecure, out of which 3 million are in the south. The Food Assistance Cluster is targeting the entire population in need by December.

Response: By 9 September 2011, 690,000 people throughout Somalia had benefitted from cluster interventions since the beginning of the month. This represents, in just over a week, 53 per cent of the 1.3 million people reached throughout the month of August. The number of beneficiaries covered in August was itself a significant scale-up and almost double the 770,000 people covered in July. Activities included general food distribution (GFD), blanket supplementary feeding, enhanced supplementary feeding and targeted household rations. Of the beneficiaries reached in August, 471,344 beneficiaries were in Banadir (Mogadishu), 348,142 were in the southern areas of Bakool, Bay, Gedo, Lower Juba and Lower Shabelle, 380,672 were in the central areas of Galgaduud, Hiraan and Mudug. The remaining 99,842 were in Puntland and Somaliland.

Gaps & Constraints: In addition to security and access constraints, cluster members report logistical constraints that are impacting on food delivery times, most notably the clearance times in Mombasa port.



NUTRITION

Needs: According to FSNAU, there are currently 450,000 malnourished children in Somalia, 190,000 of whom suffer from severe acute malnutrition (SAM). An estimated 336,000 children, representing 75 per cent of all malnourished children, are in the south. The Nutrition Cluster is targeting all malnourished children and aiming at an average of 45,000 admissions per month. Interventions are also targeting acutely malnourished pregnant and lactating women. Nutrition and mortality surveys conducted by FSNAU among local and internally displaced populations across Somalia in July and August 2011 indicated that the average Global Acute Malnutrition (GAM) prevalence was 36.4 per cent and the average SAM prevalence was 15.8 per cent. The highest recorded level of acute malnutrition is in Bay region, where the GAM prevalence is 58.3 per cent of children under 5 years of age.

Response: From January to 8 September, the Nutrition Cluster reached 156,988 people with treatment for Moderate Acute Malnutrition (MAM) and SAM, with 30,000 people reached in August alone. Of these 66,910 were treated for SAM and 90,078 for MAM. In the week of 8 September alone, 4,333 children were reached through outpatient therapeutic programmes (OTP) and stabilization centres (SC) in Banadir (Mogadishu), Afgooye and Bakool in the south, and Galgaduud and Mudug in central Somalia. In addition, 70,000 people, including pregnant and lactating women, were reached through Blanket Supplementary Feeding (BSF) in August. BSF is provided to families with a child under five who is malnourished.

Gaps & Constraints: The conflict in Somalia continues to present a challenge to cluster interventions. According to reports, armed militia in Lower Shabelle on Thursday last week shut down several desperately needed feeding centres in Bulo-marer and Kurtunwaarey of Lower Shabelle region and Ceel Waaq in Gedo region.



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, it is targeting 2.3 million children aged between six months and 15 years, including 745,000 children in Mogadishu, through an emergency measles vaccination campaign (including polio and measles vaccines, de-worming tablets and vitamin A supplements) 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, which are exacerbated by poor sanitation conditions, poor access to water and sanitation facilities overcrowding and high malnutrition rates, resulting in increased deaths. The prevailing malnutrition and environmental factors such as crowded IDP camps contribute to the high burden of pneumonia cases. During August, over 1,903 suspected measles cases, including 1,530 among children under the age of five, and 65 related deaths were reported in south and central Somalia. The number of measles cases is up from 1,000 in July. Over the same period, 7,109 cases of acute watery diarrhea (AWD), including 133 related deaths, were reported for the south central zone. Data for the north of Somalia is not available. The highest number of cases continues to be reported in Banadir region with 3,092 cases in the same period, though cases are also concentrated in the surrounding regions of Bay, Lower Juba and Lower and Middle Shabelle. The same areas also reported over 9,500 cases of pneumonia or acute respiratory infections over the same period, although the number of deaths is unknown.

Response: The measles vaccination campaign began in July and is a phased vaccination campaign starting with Banadir. The campaign has been completed in Banadir with 656,266 children having been, which constitutes coverage of 88 per cent of the 745,000 children targeted in that region. In response to AWD/cholera, WHO sent at the end of August two diarrheal disease kits (treatment for 500 cases, including 100 severe adult cases) and 15 cholera beds to Kismayo hospital in Lower Juba to complement the initial response supplies. Health partners are organizing case detection and management trainings for health workers in the affected areas, and support cholera treatment units in Banadir, Habeeb, Xarardheere and Baidoa Hospitals. Over the past week, the cluster provided an inter-agency health kit (IAHK) to Mudug Regional Hospital in response to the fighting reported in the past week in Gaalkacyo. One kit treats about 10,000 people for a period of three months and covers a range of diseases, including pneumonia. Partners continue to operate health centres and mobile clinics in the regions of Lower Shabelle/Afgooye Corridor and Banadir. In the reporting week, an NGO partner conducted a three-day training for health workers on AWD outbreak response and management. Health partners are implementing a malaria emergency preparedness plan that involves early detection and response to potential malaria outbreaks in light of the upcoming rainy season.

Gaps & Constraints: The lack of access to conduct vaccination activities in the region continues to impact negatively on the health of children. Limited funding outside the UN agencies and major international NGOs is also a hurdle. In addition, non-state armed groups' refusal to permit mass public campaigns limits immunization to clinics.



WATER SANITATION HYGIENE

Needs: The WASH Cluster has revised its target to 3.3 million, up from 2.8 million people, in light of the changing needs in Somalia. The Cluster aims to reach this number of people with sustained access to safe water, and 1.3 million with emergency sanitation by the end of 2011.

Response: As of 8 September, the cluster has supported 1,123,319 people with sustainable water access in 17 regions and some IDP camps since January. Most of the beneficiaries are from south Somalia (626,438, or 55 per cent of the total). The cluster continues to reach 1,700,581 beneficiaries with temporary provision of safe water, of whom 1,456,569 are in the south. Areas covered by the intervention in the south include the regions of Bakool, Banadir, Bari, Bay, Gedo, Hiraan, Lower and Middle Juba, and Lower and Middle Shabelle. Further, this week 473,179 new beneficiaries accessed sanitation facilities (latrines), up from 467,229 reported in the previous week, while 1,167,418 people benefited from hygiene promotion and non-food item (NFI) hygiene packages, up from 1,144,665 the previous week. Following the development of a new Emergency Hygiene Promotion Package (EHPP) that combines messages covering Health, Nutrition and WASH, including AWD/cholera, a training of trainers on use of the package took place this week and participants are expected to train other partners in south central Somalia.

Gaps & Constraints: A limited number of experienced WASH agencies are operating in southern Somalia.



AGRICULTURE & LIVELIHOODS

Needs: The Agriculture and Livelihoods Cluster is targeting 2,406,600 people by the end of 2011.

Response: The Agriculture and Livelihoods Cluster continues to respond to the emergency through various interventions, including distribution of food vouchers, cash for work and cash relief programmes. Since January, 436,981 people have benefited from these interventions. Of these, 123,336 benefited from completed food voucher programmes in Bay, Banadir and Gedo since July. 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, 17,736 people are currently 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.



EDUCATION

Needs: The Education Cluster reports that, out of the estimated 2.3 million children between five and 17 years of age in south and central Somalia, about 1.8 million are out of school because of internal displacement and insecurity. The cluster is aiming to assist 443,202 children through school-based interventions, in addition to Community Education Committees (CECs) and teachers.

Schools in Somalia have reopened for the academic year. The rapid needs assessment conducted by the cluster from 30 July to 3 August warned that as many as 200,000 children could drop out as a result of the crisis, while many schools may fail to open at all. There is a growing concern that enrolment may be low due to drought and population movement of the students and teachers.

Response: During the week ending 9 September, a total of 51,732 people benefited from various educational activities. These included training of CECs and teachers, distribution of vouchers to teachers and students, text book handouts, take home handouts, as well as the construction and rehabilitation of latrines and class rooms. This brings the number of beneficiaries from such interventions to 92,732 since July. Areas covered include Bakool, Banadir, Bari, Gedo, Hiraan, Lower and Middle Shabelle, Mudug and Nugaal.

Gaps & Constraints: The reopening of schools has been erratic while access to information remains a challenge, hence partners are yet to establish the 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 1,287,490 people with emergency assistance packages (EAP) and 60,000 people with temporary/transitional shelter across Somalia this year.

Response: In the period from January to 9 September, the cluster distributed EAPs to 501,072 people. This raises the number of people assisted from the 473,760 reported last week and constitutes 38.9 per cent of the targeted population. The number of beneficiaries assisted with temporary shelter is still 33,138 as reported last week, representing 55 per cent of the targeted 60,000. In the week ending 9 September alone, 27,312 people received EAPs through distributions in Bari, Gedo and Lower Shabelle. In Bari, EAPs were provided to 6,912 IDPs recently relocated from Bossaso town to the surroundings of the Bossaso Bariga settlement, 5,400 IDPs in Gedo and 15,000 IDPs in Lower Shabelle.

Gaps & Constraints: A significant challenge is obtaining reliable and updated IDP population figures to plan against. In addition, local partners are still not receiving sufficient funding and are relying on contributions in kind from major UN agencies and international NGOs. Moreover, insecurity continues to hinder the smooth delivery of programmes and EAP distributions that were scheduled for Gaalkacyo between 2 and 9 September did not take place because of insecurity.



PROTECTION

Needs: The Protection Cluster is targeting 1.6 million people, including IDPs, survivors of gender-based violence (GBV) and vulnerable communities.

Response: Between July and 9 September, 37,000 people benefited from various protection interventions such as psychosocial, legal and medical services for survivors of GBV, protection through livelihoods interventions, creation of child friendly spaces (CFS) and family tracing. Of these, 21,000 were reached in July, 14,000 in August and 2,000 in September to date.

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

IV. Other regions

Puntland: According to field reports, people are slowly starting to return to Gaalkacyo but checkpoints before Garowe prevent all young men from South and arrests are on-going.

Somaliland: The government of Somaliland has given a month's notice to all illegal migrants to leave. The government estimates that over 80,000 migrants, mainly from neighboring Ethiopia currently live in Somaliland. IDPs from South Central Somalia are reportedly not targeted. IOM and UNHCR raised concern that this will have negative impact on the peaceful coexistence of refugees, asylum seekers and other migrants and the host communities in Somaliland. The agencies have requested the government to involve all stakeholders in the screening process of the alleged illegal migrants before they are deported.

V. Coordination

The current famine in Somalia continues to attract huge regional and international interests prompting the delivery of bilateral humanitarian assistance by donor governments outside of the established coordination system. Efforts are being made by OCHA in Mogadishu to coordinate with those providing assistance while a guide to the provision of in-kind assistance has been developed by OCHA Somalia and the cluster leads.

The 2012 Consolidated Appeal Process (CAP) is in progress. For more information see: <http://ochaonline.un.org/somalia/CAP2012>

VI. Funding

- The emergency revision of the Somalia Consolidated Appeal has been completed and can be downloaded here: http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_123.pdf
- Somalia's CAP of \$1 billion is currently 62% funded at about \$644 million, a marginal increase from the 61 per cent funding reported last week.
- Food interventions are 81 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.
- The Organization of the Islamic Conference (OIC), in its recent meeting, pledged \$350 million for Somalia while donors from the Gulf and other Muslim countries have contributed a total of \$69.2 million since 1 July. Twenty two per cent of the money that has recently flowed into the Horn of Africa, particularly Somalia, has come from the UAE, Saudi Arabia, Kuwait and Qatar and other regional countries. In terms of bilateral donations, Saudi Arabia has given \$50 million for Somalia, Kuwait US\$41.4 million and the UAE Red Crescent Authority raised \$40 million.

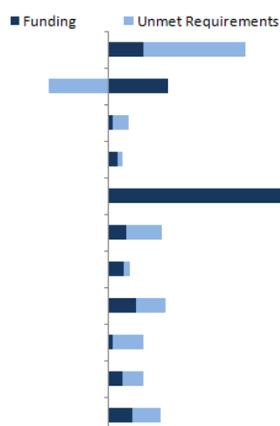
1 Billion
requested
(US\$)

62%
Funded

Somalia Drought Emergency Response Plan 2011



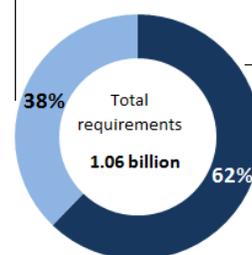
Humanitarian Funding - As at 13 September 2011



Sector	% funded
Agriculture and Livelihoods	26%
Cluster not yet specified	\$89,573,043
Education	18%
Enabling Programmes	63%
Food Assistance	81%
Health	32%
Logistics	74%
Nutrition	48%
Protection	12%
Shelter & Non-Food Items	39%
Water, Sanitation and Hygiene	46%

Overall response

Unmet requirements:
\$402,257,785



Funding:
\$644,451,713

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.

VII. Humanitarian Giving

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

1. Support the Appeal for the Horn of Africa
2. Give to the Central Emergency Response Fund (CERF)
3. Give to the Pooled Funds in Somalia, Kenya and Ethiopia
4. 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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