



HUMANITARIAN SITUATION IN SOMALIA Monthly Analysis June 2006

This report was written in cooperation with the UN Agencies in Somalia

HIGHLIGHTS

In early June, the Islamic Courts Union (ICU) effectively took control of most parts of Mogadishu after various rounds of heavy sporadic fighting with the Alliance for the Restoration of Peace and Counter-Terrorism (ARPCT) since February of this year. Since then, the Courts have sought to secure Mogadishu; freelance militia check points have been removed and freedom of movement is now reportedly improved. The population, exhausted by fifteen years of protracted conflict, is strongly in support of any efforts intended to provide security and the delivery of basic social services. This new 'calm' in the capital provides an opportunity to enhance already existing and on-going humanitarian activities, in particular in favour of around a quarter of a million IDPs residing in the capital who have been receiving very limited assistance over the years.

A UN security mission to Mogadishu on 3 July was followed by a humanitarian team on 9 July to initiate preliminary dialogue with the local *de facto* authorities and civic actors on humanitarian engagement and principles. Indeed, any enhanced activity in the capital will be progressive and cautious and only follow guarantees and assurances of security and access by authorities on the ground. While the Courts have assured the aid community that an investigation is underway, the deplorable incident involving the killing of the Swedish journalist on 23 June is an indication of how uncertain the situation in Mogadishu still is.

Meanwhile, with a view to increasing the operational presence in southern Somalia, and following an inter-agency mission, various UN agencies are considering the opening of a joint-UN office in Merka, Lower Shabelle.

Twelve out of Somalia's nineteen regions are now infected by the polio virus with 211 confirmed cases country-wide, 26 of which were identified in 2006. After being eradicated from Somalia, polio reappeared in Mogadishu in June of last year and now poses a threat to neighbouring countries such as polio-free Kenya. The polio programme is still in dire need of US\$ 7.7 million if it is to succeed in halting further transmission.

The 2006 post-*Gu* survey lead by FAO/FSAU and FEWSNET, in cooperation with various partners, has started in the different zones in Somalia. Continuing throughout July, the survey will determine levels of severity in the humanitarian situation which is still feeling the effects of the recent drought that hit Horn of Africa at the turn of year. The executive findings of the assessment are expected in early August 2006, however, according to preliminary forecasts southern Somalia will remain in a state of Humanitarian Emergency until the end of the year. The findings of the survey will feed into the Consolidated Appeals Process (CAP) for 2007 due to start in July.

The *Gu* rains brought some relief but now food insecurity and malnutrition have replaced water shortage as the most compelling issues. As the harvest season has started, and in order to prevent a food influx that could negatively impact on local food production and market prices, general food distribution is planned to stop. Given the alarming malnutrition rates in areas of southern Somalia, food aid will continue through targeted assistance.

Meanwhile, around 47% of the 2006 Somalia CAP is now covered with around US\$ 151 million received out of US\$ 323,819,942 appealed for. An added US\$ 5.5 million has been pledged. Food continues to best funded sector. During a meeting between the Somalia Inter-agency Standing Committee and donors, this funding bias was once again brought to the attention of donors who were urged to provide the necessary resources for key sectors such as protection, health and agriculture to implement the needed programmes. Donors were also requested to provide as flexible funding to aid partners, particularly to local and international NGOs, in such a way to strengthen their operational capacity.

ACCESS and SECURITY

The Islamic Courts Union (ICU) effectively took control of most parts of Mogadishu early in June after heavy sporadic fighting with the Alliance for the Restoration of Peace and Counter-Terrorism (ARPCT) since February of this year. Since then, the Courts have sought to secure Mogadishu and take over areas previously controlled by members of the ARPCT. At the time of writing, these attempts were still going on as some militiamen allied to the ARPCT remain armed and dangerous. Because of the fighting in Mogadishu, measles and polio vaccination campaigns had been interrupted but the restored calm allowed the immunization of 99% of the capital's children under-five population against polio. In a round of vaccinations between 11 and 13 June, some 286,000 children were immunized.

A UN mission traveled into Mogadishu on 3 July to assess the security situation in the capital and a second humanitarian mission followed on 9 July to initiate preliminary dialogue with the local *de facto* authorities and civic actors on humanitarian engagement and principles. Any enhanced activity in the capital will be progressive and cautious and only follow guarantees and assurances of security and access by the duty-bearers on the ground. On 23 June, a Swedish journalist was shot and killed while covering a demonstration against foreign peacekeepers coming to Somalia. The incident was denounced by the Humanitarian Coordinator for Somalia and raised with the Chairman of the Courts, Sheikh Sharif Sheikh Ahmed, who has assured that an investigation into the matter is underway. On security related matters, the Courts have also communicated that from now on any international mission – UN or not - traveling into areas under their control needs to provide notification so that the appropriate security of the mission can be ensured. The application and modalities of the instruction still need to be clarified.

While humanitarian partners seek to respond to the needs in Mogadishu, attention should not be detracted from the rest of southern Somalia where the continued effects of the drought remain vast. In this regard, and with a view to expanding the UN's limited humanitarian operational presence in southern Somalia, following a recent inter-agency mission to Merka, Lower Shabelle (see protection section), various UN agencies are now considering the opening of an office in Merka. Before such decision is made guarantees of security and access by the local authorities will be sought.

In the course of June and early July, various security incidents occurred in locations throughout southern Somalia which continued to impact on humanitarian operational space and access. Middle Shabelle experienced an upsurge in violence between the ARPCT and the Islamic Courts which resulted in the capture of Balad and Jowhar by the latter. International staff was evacuated from Jowhar before the fighting and missions to Jowhar are still suspended due to the reported presence of landmines along the airstrip. The matter is being looked into to enable the re-opening of Jowhar as soon as possible.

In Baidoa, several serious incidents between the Presidential Puntland forces and the local Leysan militia occurred in early June. The most serious of these was a major shoot-out near the WHO compound which resulted in President Yusuf imposing a curfew. Movements of UN international staff in town and environs are generally restricted although plans remain to ultimately strengthen the UN's presence in Baidoa. It is hoped that the recent appointment of the region's Governor will contribute to security and stability in Baidoa as well as in the wider Bay region.

On 5 July, armed militias attacked a convoy transporting WFP food aid in Dhobley, Afmadow district in Lower Juba near the Kenyan border, sparking a clash with men guarding the trucks in which at least three people died and four were wounded. None of the food was looted and the convoy of eight trucks with 267 metric tons of food was diverted to three nearby villages. The incident did not involve any WFP staff members.

In Gedo some achievements were reached in various reconciliation processes that could positively affect access in the region. On 25 June, a four-day reconciliation meeting was held in Garbaharey chaired by Chairman of the Juba Valley Alliance/ TFG Minister of Reconstruction and Resettlement, Barre Adan Shire, to address pressing clan issues between the Rer-Siyad and Rer-Hassan sub-clans. A reconciliation meeting was also held on 20 June in El Wak, Gedo, between the Marehan and Gare clans at which an agreement was reached to postpone the establishment of an El Wak district administration and instead set up a committee of 15 members to manage the affairs of the district.

PROTECTION

Information centralized by UNHCR on population tracking in June indicated that the majority of displacement during the month was caused by conflict in Mogadishu as well as general inter-clan conflict. From Mogadishu, movement was reported to Afgoye, Wanleweyn, Jilib, Jamame, Kismayo, Bardera, Baidoa and Garbaharey. Due to clashes in Balad with the takeover by the Islamic Courts, displacement was reported to Wanleweyn and Jowhar. However, with relative calm restored in Mogadishu, returns to the capital were also recorded. Similar movements were also noted within Mogadishu as people started to return to their original settlements in Karan, Hodan, Yaqshid and Abdi Aziz districts. In most cases people returned to destroyed homesteads.

In terms of cross border movement, some 620 people were reported to have crossed into Kenya from the Liboi Somalia/Kenya border area and 115 from Amuma area in Lower Juba region, the majority coming from Mogadishu. UNHCR Kenya further confirmed that 271 people arrived into IFO camp in Dadaab from Mogadishu during the first half of June. Movement into Ethiopia around Kebribeyeh from Hargeisa as a result of the Mogadishu conflict was also reported. The claims of these asylum seekers are still being verified.

The population tracking analysis noted that in Hiran region, inter-clan fighting between the Badi'ado and Hawadle sub-clans resulted in significant displacement to nearby villages or districts within the region. However, there were no significant returns from Hiran back to Mogadishu by the displaced due to the conflict in the capital. This was mostly attributed to the relative calm bought by the Islamic Courts to Hiran.

Drought induced movement continued in the region of Lower Shabelle as people moved to Merka and Wanle Wayne to seek assistance. With the onset of rains in the Gedo region, returns were reported as people originally displaced due to drought between Jan – April started to return to their homes.

Generally, as a coping mechanism people have continued to move to areas where they had existing social/clan support structures. Movement was in the form of groups and the majority of those displaced consisted of women and children. Some reports also indicated that children were being engaged in begging as a coping mechanism.

Progress continues to be made in developing a common protection monitoring system for Somalia to provide timely and accurate information on human rights violations in order to improve protection responses at all levels and provide a stronger basis for advocacy. Under a pilot project, ten child protection local partner organizations identified and trained by UNICEF and Oxfam/Novib are monitoring human rights violations using a common monitoring tool. More than sixteen additional partners also have been introduced to, and begun using the tool. Based on the partners' feedback and findings to date, the monitoring tool is currently being revised. To help ensure that monitoring efforts extend to IDPs and address their particular protection concerns, local NGOs using the form have been trained on the rights of IDPs. To assist them, the Guiding Principles on Internal Displacement are being translated into the Somali language and will soon be published for wide dissemination and use in Somalia.



Inside a shelter structure in Ayuub IDP site, Merka. Source: OCHA

An inter-agency mission – involving OCHA, WFP, UNICEF, FAO, UNHCR, WHO and NGOs on the ground – traveled to Merka, Lower Shabelle, between 22 and 27 June to conduct a rapid humanitarian assessment of IDPs and other vulnerable groups, identify potential Quick Impact Projects, and negotiate with local authorities on basic principles of engagement in the area. Visiting four IDP sites (Ayuub, Dujuma, Warta Oyaaye and Keyf) and four rural settlements/villages (El Jalle, Bufow, El Werigo and Sagarole). The team reported problems related to food scarcity and lack of diet variety; shelter; water and sanitation (two of the four settlements lacked a single latrine and had problems of access to potable water); sexual violence and child labour; and education (lack of access to existing schools due to inability to pay the school fees). As such the

mission recommended the provision of food assistance, emergency shelter, distribution of non-food items, establishment of sanitation facilities, rehabilitation of the

existing shallow wells and initiation of income-generating activities. Aid partners are looking into mobilizing a response and, as mentioned above, considering the opening of a joint UN-office in Merka.

United Nations High Commissioner for Refugees, Mr. António Guterres, was in Nairobi on 17 June during his stopover in Kenya while visiting several UNHCR operations in Africa. The High Commissioner had meetings, including with media, to discuss different issues that are affecting refugees, IDPs and returnees in the East and Horn of Africa. In a press conference the High Commissioner appealed to the international community, both in Somalia and elsewhere, to do their best to create conditions for a peaceful settlement to problems in Somalia and to find an adequate political solution.

The month of June witnessed the continued transiting of Ethiopians from Puntland to Yemen, albeit in reduced numbers. In the first five months of the year, a total of 5,801 Somalis and 5,880 Ethiopians arrived in Yemen but with the arrival of the monsoon season (which has doubled the travel time from Bossaso to Yemen) the number of people undertaking the dangerous journey to Yemen is decreasing. In a recent incident, on 26 June, it was reported that a boat arrived 60 kms from Mukallah, Yemen with 34 passengers. To avoid detection by the Yemeni Coastguards, the

smugglers forced the passengers off the boat far from shore which resulted in the drowning of two passengers. Further information on the incident is still awaited from Yemen.

On 29 June, IOM completed its Assisted Voluntary Return Project of Ethiopians stranded in Bossaso. Of a total 777 returned Ethiopians, the majority were single young males, although the end of the project saw an increasing number of single mothers with children in need of assistance. On 19 June, on the occasion of World Refugee Day, UNHCR's Somalia Representative traveled to Puntland to inaugurate the Refugee Status Determination (RSD) system together with the Puntland authorities. The establishment of the RSD system and deployment of an additional UNHCR protection officer will enhance the Office's adjudication capacity. UNHCR RSD will be an important protection tool for hundreds of Ethiopians, asylum seekers and other illegal immigrants who are currently hosted in Puntland. As there is no legal reference in Puntland, which defines refugees, their rights and obligations, the establishment of RSD procedures for determination of refugee status is a significant step toward creating a protective environment in Somalia. RSD will also lead to a formal legal framework defining the respective roles of UNHCR and the authorities, thus increasing the effectiveness of different protection tools.

LIVELIHOODS and FOOD SECURITY

As referred to in last month's report, according to FAO/FSAU and FEWSNET, Southern Somalia will remain in a state of Humanitarian Emergency until December 2006, while areas of central and northern Somalia will remain in an Acute Food and Livelihood Crisis. The *Gu* rains brought some relief but it will take a considerable amount of time – and optimum conditions - for any significant recovery to occur, particularly among pastoralist communities who have suffered severe asset depletion. For the immediate future, food insecurity and malnutrition now replace water shortages as the most compelling need.

The number of people planned for assistance across southern and central Somalia remains 1.5 million, yet as the harvest period commences (July/August), and so as to prevent a food influx that will negatively impact on local food production and market prices, WFP plans to halt general relief food distributions (which will be resumed at a likely reduced level in September). That said, given the alarming malnutrition rates in areas of southern Somalia, WFP's position is provisional and contingent on the findings of the *Gu* survey (see next paragraph). Further, WFP will continue to provide food support towards selective feeding projects, emergency school feeding and Food for Work/Food for Assets/ Food for Training initiatives. CARE plans to continue general relief food distributions during the harvest period albeit at a reduced level, while ICRC plans to stop general relief food distribution by mid-July 2006. WFP will assume responsibility to provide relief food to the beneficiaries previously assisted by ICRC

FAO/FSAU and FEWSNET, in cooperation with various aid partners, have commenced the post-*Gu* seasonal food and livelihood security assessment which will last throughout July in order to determine levels of severity in the humanitarian situation and generate estimated numbers of people in crisis. The executive findings of the assessment are expected in early August 2006 and will feed into the Consolidated Appeals Process for 2007.

An interagency evaluation mission on the response to the 2006 drought in the Horn of Africa is scheduled to take place during July and August 2006. The mission was initiated by UNICEF at HQ and was presented by a joint team (UNICEF, WFP and OCHA) to the Somalia IASC on 13 June. The proposed evaluation in the Horn will be a very quick assessment of the timeliness and appropriateness of the drought response during the first six months of 2006, with a special emphasis on early warning systems, CERF resource mobilization and cluster approach. Lessons learned will feed into the Consolidated Appeals Process for 2007.

HEALTH

Since November 2005, the first measles mass-vaccination immunization campaign in 13 years has been carried out in Somalia for children aged 9 months to 12 years. Up to May 2006, over 1,142,822 children have been vaccinated: 531,284 in five drought affected regions of Bay, Bakool, Gedo, Lower and Middle Juba in Center/South Zone; 468,967 in North West Zone; and 142,571 in North East Zone. Additionally, over 509,796 children under five received Vitamin A supplements: 229,488 in the above mentioned regions of Center/South Zone; 212,819 in North West Zone; and 67,489 in North East Zone. The next steps include ensuring finalization of measles vaccination activities in 4 districts (two in Bay and Gedo region respectively) out of the total 26 districts in Bakool, Bay, Gedo, Middle and Lower Juba. Interrupted due to the fighting, the measles campaign for north Mogadishu is still pending until an agreement is reached with the Courts and security permits. The challenge remains in maintaining coverage for under one year olds in routine Expanded Programme of Immunizations as the proportion of 1 year-olds immunized against measles is one of the indicators for monitoring progress against the Millennium Development Goals, specifically to reduce under-5 child mortality by two-thirds by 2015.

An outbreak of watery diarrhea with associated deaths was reported in Afmadow district, Lower Juba region during the second week of June. Following the deployment of an inter-agency mission at the end of June, an initial report from the District Polio Officer of WHO confirms 25 cases of diarrhea in children under 5, with four deaths. A further

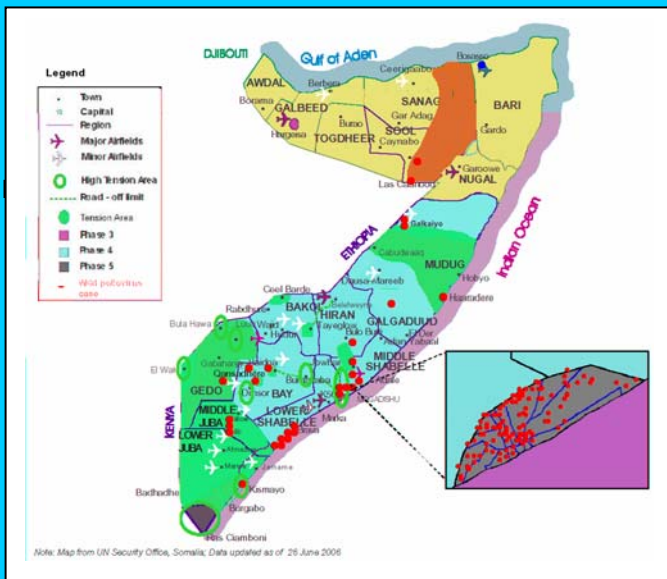
report from MSF-Holland informs that while there are some cases of diarrhea (not bloody), the situation may not be as severe as initially reported. WHO is preparing to send emergency medical supplies to the affected area, and social mobilization efforts are also under way in the affected district. Distribution of in-country New Emergency Health Kits (NEHK) and Diarrheal Disease kits continue in drought affected regions, as does that of cold chain equipment for immunization and laboratory supplies to support disease surveillance activities. From 15 June to 15 July 2006, WHO in conjunction with health partners is conducting a course in Merka, Lower Shabelle, on laboratory response in complex emergencies and communicable diseases. A total of 22 participants are attending from Bakool, Bay, Benadir, Galgadud, Gedo, Hiran, Middle Juba, Mudug and Lower Juba.

As of 20 June 2006, 228 confirmed cases (with 130 deaths) of Human Avian Influenza A/ H5N1 have been reported to WHO in 10 countries worldwide (Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Turkey and Vietnam). No cases of either Avian or Human Influenza have occurred or been detected in Somalia. However, intensive efforts are required to train and equip animal and human health response teams. Joint Activities continue between the UN Avian Influenza Working Group and the SACB Task Force on Avian Influenza. Between 29 and 30 June, a two-day Training Workshop on Sample Collection for Avian Influenza was held in Nairobi with participation from *Vétérinaires Sans Frontières-Suisse*, Somalia Animal Health Support Project, Merlin, SACB and WHO so as to prepare animal and human health staff in the correct and safe procedures for taking animal samples of suspicious dead birds inside Somalia and transporting them to Kenyan labs for analysis.

Polio in Somalia: A Far Cry from Over

More than US\$ 4 billion, immeasurable resources, and tremendous efforts will have gone to waste if the ongoing polio outbreaks in countries such as Somalia are not contained. Although there are currently only four endemic countries left globally – Nigeria, India, Pakistan and Afghanistan –, polio-free countries are importing the crippling disease from some of these countries at an overwhelmingly increasing rate.

In Somalia, the already low routine immunization rate, preconceived attitudes towards vaccines, insecurity, and thus inaccessibility, have played a large role in contributing to the spread of the outbreak that began in July 2005 in Mogadishu. At present, there are 211 confirmed wild poliovirus cases in the country, 185 of which were identified in 2005. Although the number of cases has plummeted significantly in Mogadishu, from 158 in 2005 to seven in 2006, the virus has circulated to new regions including Gedo, Mudug, Lower Juba, Bari, Hiran, Galgadud and Middle Juba. Twelve out of Somalia's nineteen regions are infected and pose a significant threat to neighbouring countries such as polio-free Kenya. The main priorities for organizations working to eradicate polio remain the containment of the ongoing outbreak; the maintenance of the high quality surveillance of acute flaccid paralysis (AFP) (an indicator of polio); and meet the funding requirements.



Map of UN security and accessibility with distribution of confirmed polio cases, 2005-2006

Wild Poliovirus Cases, Somalia, 2005-2006			
Region	2005	2006	Total
Banadir	158	7	165
Lower Shabelle	21	5	26
Bay	2	1	3
Sool	2	0	2
Middle Shabelle	2	2	4
Gedo	0	1	1
Mudug	0	3	3
Lower Juba	0	1	1
Bari	0	1	1
Hiran	0	1	1
Galgadud	0	1	1
Middle Juba	0	3	3
Total	185	26	211

National immunization days (NIDs) have been conducted every four to six weeks, and will be continued until after the last polio case has been identified. Strategies such as door-to-door immunization, door-marking, finger-marking, as well as announcements made by religious peer are in use to improve the quality of campaigns.

Additionally, independent monitors from NGOs and medical institutes in Somalia conduct post-campaign evaluations. In an effort to reduce further proliferation within the Horn of Africa, a series of meetings between member countries have been held that will see synchronized immunization campaigns in Somalia, Ethiopia and northeast Kenya, amongst other initiatives.

Working under conditions that are anything but conducive, partners have been striving to maintain high quality AFP surveillance at 434 sites, as well as vaccinate every target child, using every 'window of opportunity' possible. In total, seven international staff members and 185 nationals have been deployed on a full-time basis to carry out the job.

In a strenuous effort to halt further transmission in Somalia, the polio programme is in dire need of US\$ 7.7 million. A donor meeting held in Nairobi in May 2006 updated a few of the major donor missions in Kenya, as well as the press, on the funding shortfall and the urgent need for resources to conduct the activities planned for the rest of 2006. So far, four NID rounds and one round of sub-national immunization days (SNIDs) have been implemented. On average, 1.5 million children have been vaccinated during each round this year. High-quality AFP surveillance is being maintained, and another four rounds of NIDs are yet to be conducted.

NUTRITION

The nutrition situation in Southern Somalia continues to be of concern with increased admissions in some feeding programmes. In Wajid, for example, maximum capacity reached in ACF's therapeutic feeding programme (TFP) has led to the community-based therapeutic care to cater for the excess malnourished cases in rural areas of the district. Communities are presently depending on either food aid or the market to meet their needs, yet cereal prices have consistently increased.

Given the magnitude of the nutritional crisis (about 58,000 children below the age of five are malnourished in five regions), the need for an emergency nutrition response is critical. The current selective feeding programmes are



Child under treatment in Wajiid TFC, April 2006

reaching about 16% of the malnourished children and efforts to increase coverage have heightened. Airlifting of nutritional supplies to feeding centres that are not easily accessible through overland transport is taking place. Of the planned 28 supplementary feeding centres in Bay, Bakool and Middle Juba regions, 20 are operational while the remaining eight will be opened in July 2006. Adequate blended food has been delivered and the screening process is underway to open these eight centres. Training on community based therapeutic care and therapeutic supply pre-positioning is also ongoing to address the severe acute malnutrition in the remote and inaccessible areas that are experiencing unacceptably high levels of severe acute malnutrition, particularly Middle Juba. In spite of efforts made so far, the nutrition intervention coverage is still low.

An attempt to engage more national NGOs to access the more insecure areas is underway. Capacity building for national NGOs is urgently needed and every effort towards their capacity improvement would significantly contribute to their ability to respond to the current emergency and future mitigation efforts. Similarly, advocacy efforts continue to expand the current nutrition response and for increased engagement by international organizations to fill response gaps (especially in southern Gedo, Lower Juba and rural areas of Bay region). Pre-positioning of supplementary and therapeutic supplies continues. Plans are underway to undertake a nutrition assessment in Dinsor and Wajiid.

WATER and SANITATION

While the *Gu* rains were not evenly distributed, water shortage is no longer the prime humanitarian concern in southern Somalia. Due to the rains the water situation in drought affected regions has thus stabilized and partners are rather focusing support to rehabilitate boreholes and deepen shallow wells in order to strengthen water management infrastructure. Around 84% of the drought affected population has no access to safe water supply and safe means of excreta disposal.

To date, partners in the water and sanitation cluster have catered for 600,000 beneficiaries. The main areas of intervention are concentrated around Bay, Bakool and Middle Juba, and there is a recognized need to upscale in Gedo and Lower Juba. Hygiene and sanitation activities are being undertaken, but not to the extent as required. A training of partners in hygiene education for communities and school teachers has been organised and thirty partners present in Bay, Bakool and Gedo have been trained. These are currently being contracted to conduct community hygiene awareness promotion training in locations where water supply systems have been improved during the drought response activities.

During the above-mentioned diarrhea outbreak in Afmadow, chlorine was immediately distributed to partners in the area and community hygiene awareness promotion training is being organised. As part of the cholera prevention

activities in Mogadishu, ACF, ICRC and UNICEF are chlorinating 400 wells in the capital and surrounding areas. Currently agencies are in the stage of response planning and pre-positioning supplies.

HIV/AIDS

Following a call for proposals for the second year of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) HIV component in April 2006, a selection of the grantees was finalised in June 2006. A total of 148 applications were received from Somali organisations throughout all areas of Somalia for interventions in the following areas: development of a documentation of good practice on HIV programming in the Somali community; education and awareness raising; and strengthening of umbrella groups. All applications were reviewed by a team comprising the Principal Recipient of the GFATM (UNICEF), AIDS Commissions and UNAIDS. Of the 148 applicants, 38 met the basic selection criteria including technical knowledge and experience in intervention; experience in engaging beneficiary groups in the planning, implementation and monitoring/evaluation of interventions; and strong presence in the respective zone of operation. The top 20 of these organisations were recommended for grants. Starting this month, further assessment of the recommended grantees will be undertaken by UNICEF before the grants are awarded for the second year of GFATM.

The first year of the GFATM funding for Somali HIV/AIDS response came to an end in June. A number of achievements were recorded during this period and will continue to be strengthened in the second year. Year I of the GFATM was intended to strengthen coordination capacity by gathering additional data and strategic information to guide the response and development of a range of tools and training materials to support the response. AIDS Secretariats were established to support the work of the three AIDS Commissions in Somaliland, Puntland and South/Central Somalia with the aim of strengthening the response. Support was provided for 17 participants, including policy makers, legislators, civil society and the Secretariats to visit Uganda on an exposure to learn from good practice in coordination and partnership development. Advocacy training and resources have also been developed.

Seven sites were selected for strengthening through rehabilitation, provision of equipment and supplies, and human resource capacity-building in order to provide integrated HIV/AIDS treatment, care and support services. All the sites from year two will provide a package of services including voluntary counseling and testing (VCT), treatment of sexually transmitted infections, HIV opportunistic infections prevention and treatment and home-based care. Three of the sites, two in Puntland and one in Somaliland have been strengthened to provide antiretroviral treatment and monitoring.

In an effort to strengthen civil society capacity, 30 Somali mentors were trained. The trainees were placed on practical attachment in 30 Somali NGOs for six months to build capacity on organisational management and HIV programming. The organisations were provided with small grants to implement small projects to learn-by-doing. Twenty nine of the thirty participating organisations met the certification requirements.

In the prevention area, 1800 posters, stickers, ribbons and calendars were developed and distributed. A training for 30 trainers was conducted to build a base for specialists in information, communication and education (IEC) materials to support future communication strategies. 2,174 boys and girls were trained on youth peer education and leadership development. Tools to support interventions with specific groups were adapted through stakeholder forums. Ninety five participants were trained using the adapted tools as Behaviour Change Communication trainers. The behaviour change communication initiatives will continue in Year 2.

COORDINATION and CONSOLIDATED APPEALS PROCESS (CAP)

On 4 July, the OCHA Regional Support Office (RSO) held a review meeting of the 2006 Humanitarian Appeal for the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) launched in Nairobi at the beginning of April by the Emergency Relief Coordinator, Jan Egeland. Despite relief in some parts of the Horn of Africa as a result of the recent rainy season, the overall humanitarian situation in the region continues to be of concern. Populations in many areas remain under threat from livelihood depletion, malnutrition and disease, including measles, diarrhea, acute respiratory infections, meningitis, malaria and polio. Poor access to health care continues to reinforce this vulnerability. The 2006 Horn of Africa CAP requirement (including the 2006 CAP for Somalia), totals approximately US\$ 447.9 million, of which around 36% has been covered (Djibouti 26%, Eritrea 25%, Kenya 12% and Somalia 47%). The RSO will convene a meeting with donors in Nairobi to update them on the regional context, priorities and gaps.

OCHA Somalia is now preparing the calendar for the 2007 CAP, which foresees several in-country mini-workshops in the three zones in early August, followed by a final CAP workshop in Nairobi in late August/early September. Meanwhile, around 47% of the 2006 Somalia CAP is now covered with around US\$ 151 million received out of US\$ 323,819,942 appealed for. An added US\$ 5.5 million has been pledged. Food remains the most well funded sector (65%), with other key sectors such as agriculture (9%), health (12%), security (10%) and protection (14%) still underfunded. The water and sanitation sector is now 42% covered but this reflects a reduction of the sector's appeal - now that the worse case scenario has not materialized -, rather than an increase in actual donor funding. While food is

undoubtedly a high necessity, food alone will not help tackle the high malnutrition rates currently being experienced in Somalia. Adequate funding for health and water interventions should also be made available for any difference to be made. Similarly, in terms of rebuilding the livelihoods of Somalis and to make a sustainable difference, more funds must be made available for the agriculture sector.

In a meeting between the Somalia IASC and donors on 3 July, donors were briefed on the latest humanitarian developments, priorities for the remaining six months of the year, and obstacles faced by operational agencies responding to the crisis. The latter continues to include lack of sustained access, the volatile security situation, lack of partners, poor operational capacity, low and delayed funding as well as logistical constraints due to piracy and poor infrastructure. With regard to funding, the sectoral bias was highlighted and donors were once again urged to provide more flexible funding to strengthen the operational capacity of organizations, in particular that of international and national NGOs, which would then also provide more opportunities for partnerships.

JOINT NEEDS ASSESSMENT (JNA)

Following the completion of the research and assessment phase of the JNA, on 20 June, the draft cluster reports were handed in by the Cluster Leaders to the JNA Secretariat for circulation to all stakeholders, including the Coordination Support Group (CSG); Somali Donor Group; the Puntland and Somaliland Ministries of Planning and their respective Parliaments; the TFG Line Ministries and the Transitional Federal Parliament Committee Chairs; IGAD; SACB Technical Committees; and the UN Country Team. Stakeholders have been given until 19 July 2006 to provide comments and feedback on the reports (which can be found on the JNA website: www.somali-jna.org¹).

The quality assurance review process will focus on the relevance of the context, vision and theme presented; the substance and content of the report; the accuracy, consistency and linkages within and between clusters; the incorporation of cross-cutting theme strategies into the reports; the reliability of analysis; the balancing between regional and national dimensions; the screening of prioritized needs and their relation to the actions recommended for addressing them; and the relevance and reality of implementing the recommendations presented. Comments and observations from the review process will be directed to the respective Cluster Leaders and will be incorporated, where and if appropriate, into the final cluster reports. Any unresolved issues on what should be included/excluded from the reports will be left to the CSG for final decision.

In parallel to, and as part of this review process, stakeholder workshops will also be held in-country in July as follows: Hargeisa: 12-13 July; Garowe: 16-17 July; Baidoa: 19-20 July; Belet-weyne, 22-23 July; Garbaharey: 24-25 July; and Mogadishu: date to be confirmed.

¹ Once on the website, go to 'Clusters & Cross-Cutting Issues'. Guidelines on the quality review process can also be found on this page.