



HUMANITARIAN SITUATION IN SOMALIA

Monthly Analysis

August 2006

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

HIGHLIGHTS

The post-*Gu* assessment by Food Security Assessment Unit (FSAU) in June revealed that around 1.8 people – including 400,000 IDPs - are in need of critical assistance until the end of the year. In the month of August, WFP and FAO, among other organizations, held a working session to discuss response options with regard to food security and livelihoods interventions in Somalia. The consultations are part of a structured approach by FAO/WFP to the Consolidated Appeal Process (CAP) 2007 for Somalia. WFP Somalia has presented a tentative relief food programming strategy that will target people in geographical areas with almost complete crop failure who are in Acute Food and Livelihood Crisis or Humanitarian Emergency.

Several efforts were made by the Islamic Courts Union (ICU) during the month to improve security in Mogadishu. Sixteen police stations were reactivated which had been under the control of warlord militia. Armed vehicles and militia were dispatched to all police stations for better management of the Benadir security structure. A ban on carrying guns in the streets of Mogadishu was also issued. The humanitarian community hopes that these initiatives will translate to better access to those in need.

The polio outbreak in Somalia has spread, with 14 of 19 regions affected despite a reduction in total cases from 185 last year to 30 so far in 2006. The current outbreak is a consequence of an importation of the virus from Yemen, which threatens to spread to Ethiopia and may infect polio-free Kenya and other neighboring countries. Every effort is being made to ensure that immunization campaigns are completed to halt the circulation of the virus. Rumors of cases of measles associated with diarrhea and malnutrition were reported in El Wak District of Gedo Region. A team from Gedo Health Consortium visited the area and found that those affected were mainly nomadic pastoralists who were not in the area during the measles catch-up campaign. The main challenge in the area is to improve the weak basic health care as the number of health facilities is limited and these are key to delivering essential care such as Expanded Programme of Immunizations (EPI) and other Mother and Child Health (MCH) services.

Heavy rains in the Ethiopian highlands during the month of August caused localized flooding in Jowhar. UN agencies comprising OCHA, UNICEF and WFP deployed staff in Jowhar to conduct a joint assessment on the flood situation. It is estimated that 30,000 people and 14,000 hectares of farm land were affected in 12 villages around Jowhar.

Field consultations for the 2007 CAP took place during the month of August in Hargeisa, Garowe and Baidoa, while bilateral consultations were held in Mogadishu, in order to ensure grassroots involvement of local partners in identifying the most pressing humanitarian needs and concerns and in elaborating strategic priorities for 2007. The culmination of the field consultations took place at the CAP workshop in Nairobi on 30-31 August, which resulted in the identification of four strategic priorities which will be used to guide planning and implementation of humanitarian assistance in Somalia.

ACCESS and SECURITY

In the month of August, the ICU made efforts to improve security and restore law and order in Mogadishu. On 4 August, 16 police stations were reactivated, 39 vehicles and 600 armed militia were deployed to the stations. The ICU banned all unauthorized political gatherings, and advised foreigners to provide two weeks notice before visiting Mogadishu. On 8 August, the ICU issued a ban on carrying guns in the streets of Mogadishu unless registered with the courts.

In Baidoa, despite the presence of a large number of TFG militia, the security situation remained fragile and unpredictable. A World Vision International (WVI) national officer was killed on 4 August by a gunman at a road block between Baidoa and Bur-Hakaba town. On the same day, a member of Bur-hakaba district council was shot dead by gunmen in revenge for the killing of the officer. This led to the closure of Bur-hakaba district to all UN staff by UNDSS, disrupting access to various parts of the region. On 21 August, Baidoa prison security guards and local militia clashed at Baidoa prison, resulting in 3 hours of rioting and severely restricted movement in Baidoa town. UN missions were temporarily suspended. Reports indicate that the violence started when a group of militia attempted to release one of the 10 suspects arrested for the July assassination of a TFG minister. The rioting ended through intervention by elders and the TFG.

On 4 September, nine people were killed and a number wounded when fighting broke out between militia allied to the TFG and local militia at the airport in Baidoa, seat of the TFG. The fighting was reportedly sparked by TFG demands that local militia relinquish control of the airport. The government-allied militia eventually took command of the airport and expelled the local militia. Discussions are reported to be taking place between the TFG and clan elders over future control of the airport.

During the month of August, several threats from Luuq and Garbaharey were received by UN offices in the field. The messages included threats to shoot down UNCAS planes and kidnap UN staff. On 21 August there was shooting at Garbaharey airstrip during the drought-response Real Time Evaluation (RTE) that took place during the month. The reason for the shooting is unknown. UNDSS has closed Garbaharey and Luuq airstrips to all international and national staff until further notice. Dollow airstrip was opened as an alternative for UN flights.

Following calm in the Mogadishu area in August, the measles catch-up campaign was successfully completed in six districts, including Waberi, Hamar Jajab, Hamarweyne, Yaqshid and Huriwaa. According to preliminary results, over 95% of the targeted children were reached during the exercise – the best coverage reached in Mogadishu during the last 15 years.

The ICU sanitation committee successfully carried out a clean-up campaign in Mogadishu and its environs. Other cleaning activities carried out by ILO, in partnership with SAACID, are also ongoing in Mogadishu in collaboration with district commissioners and neighborhood communities.

Recurrent inter-clan fighting over water resources, roadblocks and localized floods affected access in parts of Lower Juba. Fighting within Gadsan/Biyamal subclan on 20 August affected access in west Kismayo. On 24 August, floods cut off Kismayo – Kamsuma road at Mogambo village. In Afmadow, the road connecting Afmadow to Dhobley and Kismayo was improved using HornRelief /AFREC cash for work project.

In response to the localized flooding in Jowhar caused by the heavy rains in the Ethiopian highlands, UN agencies comprising OCHA, UNICEF and WFP deployed staff in Jowhar on 23 August to conduct a joint assessment on the flood situation. It is estimated that 30,000 people and 14,000 hectares of farm land were affected in 12 villages around Jowhar. Meanwhile the new administration of ICU in Jowhar, with assistance from UNICEF, distributed 10,000 sand bags to the flood-affected population.

In Upper and Lower Juba, the floods cut off an estimated 600 hectares of recession farms planted with off-season crops, the main livelihood of these communities. OCHA met with other agencies, to establish the number of sandbags needed for Juba and is coordinating regular updates of the flood situation. UNICEF indicated that it has 30,000 empty sand bags in Jowhar, of which 20,000 could be immediately dispatched to Juba. UNICEF also distributed treated mosquito nets to 776 families in 8 villages around the China Canal. WFP indicated that they are ready to implement food-for-work or, during the harvest period.



A marooned village in the outskirts of Jowhar. Source: UNICEF

In Middle Shabelle and Juba, it is anticipated that river levels will increase within the next three weeks due to the onset of Deyr rains. Localized flooding has also been reported in four villages (Towfiq, Mustaqbal, Dacaraha and Muruqmal) in Kurtunwarey district/ Lower Shabelle region with 70 hectares of farmland flooded. No data on the number of people affected is available.

PROTECTION

UNHCR Somalia continued to monitor population movements. The month of August witnessed movements within Mudug and Nugal regions (including Galkayo) as a result of growing tension between the ICU and Puntland authorities. There have also been reports of population movement from Ethiopia Region 5 towards various IDP settlements in Galkayo due to clan conflicts and lack of livelihood opportunities.

Throughout 2005/2006, OCHA Somalia has received funding from:
Australia, ECHO, Ireland, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom
UN OCHA SOMALIA
7th Floor, Kalson Towers, Crescent Street, off Parklands Road, P.O. Box 28832, 00200 Nairobi, Kenya
Tel No: (254-20) 3754150-5; Fax No: (254-20) 3754156

Cross-border movement into Kenya continues to be high. UNHCR Kenya confirmed 2,995 people (up from 2,677 in July) crossed the border during the month of August. SEDHURO, a local Non Governmental Organisation (LNGO) reported that 797 people crossed into Kenya from Liboi between 1-15 August. Most were young boys and girls coming from Mogadishu. The people used mini buses to reach the border through the Mogadishu – Jilib – Liboi route to Dadaab Refugee Camp. The cumulative number of new arrivals reporting to refugee camps in Dadaab for the period 1st January 2006 to 01 September 2006 is 10,082 families, comprising 21,303 individuals.

The high level of continuing rain in catchment areas of the Shabelle River are early warning indicators that there will be further flooding in Lower Shabelle Region, affecting the communities of Danyerey and Darsalam in Awdghele District. During the month, flooding in the South of Jowhar District due to the bursting of the Shabelle River banks caused the displacement of 1,900 people. The villages most affected were Garashka, Tuugarey, Beeyxaaw, Raqeyle, Mangay and Bardhere. Over 6,000 hectares of farmland were destroyed. This has had a significant impact on the livelihood of people. In Garashka village, huts were also damaged. Further, there were reports of flooding in Lower Juba due to the Juba River overflowing. Displacements were reported of populations moving to areas surrounding Jamame and Kiamsuma villages. Most of those affected were from the minority Bantu community residing in the area.

In the month of July and August, 40 families (92 individuals) were voluntarily repatriated from Yemen to Bossaso. The majority of the new returnees (64) were females. UNHCR, together with WFP and DRC, assisted these new returnees upon their arrival to Somalia with transport and food rations.

The development of a protection monitoring system in Somalia is a cornerstone of the UNHCR/IASC protection response plan and a key tool of the UN joint strategic plan to address the needs of IDPs. Identification of partners for inclusion in the Protection Monitoring Network was completed for Somaliland and it is expected that the identification process will be completed for Puntland and South/Central during the month of September.

A workshop on IDP Profiling, organized by the Protection Cluster under the auspices of the IASC Somalia, took place in Nairobi on 8 September. The workshop followed the full-desk review of existing data on IDPs conducted by UNCT/IASC in June-August 2006 in an effort to develop an inter-agency framework for collection and analysis of IDP-related data. This review took stock of existing information and reviewed gaps in order to arrive at a comprehensive understanding of IDP assistance and protection needs. Working group sessions for Puntland, Somaliland, Mogadishu and South/Central took place at the workshop, presenting their recommendations on regional IDP priority needs and priority locations for the next profiling exercise. Final recommendations from the profiling exercise will be submitted to the IASC for review and approval, and IDP Profiling pilot initiatives in Somalia will begin in October 2006.

UNHCR Somalia together with UNDP has initiated a Legal Clinic for IDPs in Somaliland. This initiative will focus on advocacy and will provide legal support to internally displaced persons and refugees through the Legal Clinic at the University of Hargeisa Faculty of Law. UNHCR with the support of Danish Refugee Consortium (DRC) has launched a Small Grant Fund for partners to support a population tracking initiative. In addition, UNHCR has finalized the arrangements for the launch of three projects related to income generation, health and crop production in South/Central and one income generation project in Puntland. These interventions commenced on 1 September and aim to facilitate the reintegration of returnees; they will also benefit local communities.

On 16 August a fire broke-out at Bulo Mingis IDP settlement in Bossaso causing loss of property and shelter for 312 families. Agencies based in Bossaso (UNDP, UNICEF, UNHCR, WFP, UN-Habitat, DRC and a LNGO SWRU) were quick to respond but the cause of the fire was not immediately identified. Those affected were given wooden building materials to begin reconstructing their homes but on the same day masked gangs stole some of those materials from the IDPs.



A section of Bulo Mingis IDP site burning. Source: DRC

The situation was further complicated by reluctance on the part of local authorities to allow UN agencies and NGOs to meet freely with IDP elders and the authorities' initial refusal to the above agencies to visit areas affected by the fire. These issues were raised during recent meetings between UN representatives and Bossaso authorities and will be followed up at high level. In Somaliland, a similar fire erupted in State House IDP camp on 17 August, burning three houses to the ground and partially burning six others.

LIVELIHOODS and FOOD SECURITY

Following the release of the FSAU post-Gu assessment – which revealed that around 1.8 people (including 400,000 IDPs) are in need of critical assistance until the end of the year – WFP and FAO held a working session to discuss response options with regard to food security and livelihoods interventions in Somalia. The consultation is part of a structured approach by FAO/WFP to the CAP 2007 for Somalia. WFP Somalia presented a draft relief food programming strategy that will target people in geographical areas with almost complete crop failure who are in Acute Food and Livelihood Crisis or Humanitarian Emergency.

A WFP Somalia chartered vessel (MV Redline) carrying 3,300mt of assorted food aid commodities docked at Mogadishu International Seaport on 3 September. WFP was using the seasonal beach port of El Maan to deliver food aid to South and Central Somalia. The use of Mogadishu seaport will significantly reduce the cost and duration of delivering food aid to the region. The port was reopened to shipping in August 2006 after over 11 years of closure due to political instability. Following findings of an inter-agency assessment of the effects of the flooding of the Shabelle River around the town of Jowhar (north of Mogadishu), WFP will provide one month relief food ration to 23,000 people – a total of 478 mt. WFP transporters are waiting for the opening up of the flooded main road between Mogadishu and Jowhar, while also exploring alternative modes of transport such as tractors and small boats.

WFP Somalia is taking advantage of the current dry season to pre-position relief food commodities in strategic locations in Somalia, particularly in South/Central. As of 4 September, a total of 27,700mt of assorted relief commodities were pre-positioned across Somalia. This strategic pre-positioning will facilitate a quick and effective food aid delivery to distribution points when general food distributions resume in October 2006.

On 26 August WFP Somalia began a Post Distribution Monitoring (PDM) survey in South Somalia. The survey carried out by WFP Field Monitors is being undertaken in 45 food distribution sites in South Somalia where relief food has been distributed in response to the drought emergency. The PDM result will be used to determine the household food security situation and will assist in the programming of future emergency operations. The PDM survey will run through 20 September 2006.

HEALTH

Despite the number of polio cases dropping from 185 last year to 30 thus far in 2006, the polio outbreak in Somalia has spread across the country, affecting 14 of 19 regions. The current outbreak, a consequence of an importation from Yemen, threatens to spread to Ethiopia and to infect polio-free Kenya and other countries. Every effort is being made to ensure that immunization campaigns are completed to halt the circulation of the virus. In response to the outbreak the polio Technical Advisory Group (TAG) for the Horn of Africa (HOA) convened for the first time from 14–16 August in Ethiopia. It was agreed that intensified synchronized immunization campaigns be conducted for the HOA countries.

As a result, synchronized National Immunization Days (NIDs) will be conducted from 10-12 September, 3–5 November and 1–3 December in Somalia and in parts of Kenya, Ethiopia, Sudan and Djibouti. Additionally, Acute Flaccid Paralysis (AFP) surveillance is being maintained in 434 sites in all regions of Somalia. Following a communications workshop facilitated by UNICEF in Nairobi for the HOA countries, from 21–25 August, representatives from Somalia, Ethiopia, Sudan, Djibouti and Yemen met to review and improve on country polio eradication communication plans; develop competencies for Expanded Program on Immunization (EPI) communication; promote inter-country collaboration; and define modalities for inter-country, regional and global support. In order to conduct the planned immunization activities

Throughout 2005/2006, OCHA Somalia has received funding from:

Australia, ECHO, Ireland, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom

UN OCHA SOMALIA

7th Floor, Kalson Towers, Crescent Street, off Parklands Road, P.O. Box 28832, 00200 Nairobi, Kenya

Tel No: (254-20) 3754150-5; Fax No: (254-20) 3754156

this year, Somalia is still in need of US\$ 5.1million. In addition, political commitment from the local authorities, as well as from donors, is high on the agenda.

During the first week of August, rumors of cases of measles associated with diarrhea and malnutrition were reported in El Wak district of Gedo Region. A team from GHC visited the area and their investigation revealed that those affected were mainly nomadic pastoralists who were not in the area during the measles catch-up campaign. The GHC team treated a total of 45 children suspected of measles and identified 35 moderately malnourished and 9 malnourished children. The main challenge in the area is to improve the weak basic health care as the now limited numbers of health facilities are key to delivering essential care such as EPI and Mother and Child (MCH) services.

The measles catch-up campaign in Central and South Zone is in progress. Below is an updated summary of the status of measles immunization and vitamin A supplementation from districts which have compiled data. Phase 2 measles vaccination activities began during the latter half of August in Mogadishu to cover the second group of districts which include Bondere, Shibis, Shingani and North/South Wardhigley. The target population in these districts is an estimated 170,190 children between the ages of 9 months and 15 years.

CSZ Summary for Measles Vaccination Catch-up Campaign 2006 (for completed districts only)

Region (districts covered/ total districts/subdistricts)	Target Population	Immunized children 9 months – 15 years	Vitamin A suppl 9 – 59 months
Bakool (5/5 districts)	101,974	77,495	33,134
Bay (3/5 districts)	291,730	133,770	57,444
Gedo (6/6 districts)	127,800	92,071	45,973
Lower Juba (5/5 districts)	152,267	144,216	57,667
Middle Juba (4/4 districts)	109,166	101,724	42,419
Lower Shabelle (1/8 districts)	453,273	97,096	38,005
Middle Shabelle (3/7 districts)	210,056	57,160	17,078
Banadir (6/18 districts)	584,290	171,086	68,198
Hiran (1/5 districts)	127,397	53,208	28,242
Galgadud (2/11 districts)	156,082	39,125	14,914
Total	2,314,035	966,951	403,074

Source: Measles catch-up campaign data

Due to intense rain in Mogadishu the last week of August and heavy flooding in Jowhar District of Middle Shabelle Region, three deaths and four injuries were reported. Activities are underway in Mogadishu regarding water chlorination, social mobilization to reduce the impact of possible water-borne diseases and the convening of the Mogadishu Cholera Task Force. Heavy flooding cut off the main road from Jowhar to Mogadishu and led to hundreds of families in 16 villages being affected. Boats, food aid, shelter, Non-Food Items (NFIs) and potable water were all identified needs. Fear of diarrheal diseases and malaria due to stagnant water has led to the distribution of Insecticide – Treated Nets (ITNs). The Middle Shabelle ICU authority has formed an Emergency Committee which includes the UN and NGOs in the area. The Humanitarian Response Group in Mogadishu has also begun activities to support the evaluation of damage and needs.

From 21-23 August, the fourth CERF-funded training course – “Managing Drug Supply Workshop for Health Facilities in Drought Affected Regions of Center/South Zone Somalia” – was undertaken in Wajid. The 25 participants (pharmacists, storekeepers, qualified nurses & dispensers) came from Bakool, Lower Shabelle, Gedo, Bay, Middle Juba and Hiran. The main objective of the course was to increase the knowledge of participants regarding the proper storage, distribution and dispensing of medicines and other medical commodities.

NUTRITION

According to FSAU, the nutritional situation in South and Central Somalia is critical with many regions having estimated Global Acute Malnutrition (GAM) rates of 15% and above. The FSAU’s Post-Gu 2006 analysis has classified Gedo, Middle Juba, parts of Lower Juba and Bakool Regions to be in a humanitarian emergency while parts of Bay, Bakool, Hiran and Galgadud Regions are in acute food and livelihood crisis. Limited dietary diversity and high prevalence of diseases such as diarrhea and acute respiratory infections are some of the factors directly associated with the high level of acute malnutrition. Hiran Region is encountering multiple risk factors (limited dietary diversity, poor water quality and increased diarrhoeal incidences) which are likely to undermine the already worrying nutritional situation, (GAM rates of 10-14.9% in Buroburti and Jalaqsi and GAM rates of 15-19.9% in Belet weyne district). Most of the areas with critical malnutrition levels (GAM rates of over 15%) also experience frequent insecurity. Consequently there is limited presence of humanitarian agencies; insecurity is associated with absence of organizations with capacity to implement selective feeding programmes in Lower Juba and southern Gedo.

Throughout 2005/2006, OCHA Somalia has received funding from:
Australia, ECHO, Ireland, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom
UN OCHA SOMALIA
7th Floor, Kalson Towers, Crescent Street, off Parklands Road, P.O. Box 28832, 00200 Nairobi, Kenya
Tel No: (254-20) 3754150-5; Fax No: (254-20) 3754156

Currently there are 25 supplementary feeding programmes in Bay (3), Bakool (14) and Middle Juba (8) Regions. There are 7 therapeutic feeding centres/nutrition rehabilitation units in Gedo, Bay, Bakool and Middle Juba while the community-based therapeutic care programmes are being implemented in the same regions. The selective feeding programme coverage is about 19% of 58,000 malnourished children in the five most affected regions (including Lower Juba). However, regional disparities in coverage, as influenced by the security situation, are noticeable. Bakool Region's selective feeding programme coverage is over 70% while Gedo and Middle Juba coverage is less than 5% and there is zero coverage in Lower Juba. (Selective feeding programmes coverage in rural areas of over 50% is considered acceptable according to Sphere Guidelines). The rate of re-admission in Bakool Region is high, mainly due to underlying factors such as household food insecurity, poor sanitation, poor child feeding practices and poor maternal and child health care at the household level.

An advocacy strategy is underway for an integrated approach (health services, water and sanitation in the selective feeding centres, health and nutrition education, livelihood promotion) to nutritional response to address both the immediate and underlying factors linked to malnutrition. Expansion plans for the proposed emergency nutrition activities and delivery of adequate emergency nutrition supply to warehouses in the affected areas continues. Capacity strengthening of national NGOs capable of accessing the insecure areas is already ongoing. Nutritional surveillance continues in the entire country, with special focus on drought-affected South and Central Somalia.

Feeding Centres: a haven for many in Somalia

The Therapeutic Feeding Centre in Wajid, run by Action Contra la Faim, is one of 3 supported by UNICEF. Children suffering from severe acute malnutrition stay with their parents at the centre for a period of about 28-31 days before returning home for three months of follow-up home care, including regular check-ups and supplemental feeding.



Women and children inside the TFC in Wajid. Source: OCHA

At the beginning of September, two of the centre's recipients are Noor and his two-year-old son Kafey, who has been here for only 30 minutes. Noor came on foot, carrying his son for five days. Kafey, who is lying still on a thin mattress in the isolation room (Kafey may have TB), is severely malnourished: he is below 70% of the median of normal weight / height ratio (any person at less than 70% is categorized as severely malnourished). He has already received his first meal of F-75 (therapeutic milk used to balance/treat metabolism disorder due to severe malnutrition) and has been seen by the World Vision TB centre for testing. Hassan – the supervisor of the TFC – says Kafey will definitely survive. When he is well enough to leave, the centre will arrange transport for him and his father back to Buur Hakaba, will supply them with a family ration of sorghum, beans and oil, and will ensure that he won't relapse. Noor and his wife have already lost one child to malnutrition. Noor says that

when they heard from neighbours in Buur Hakaba about the TFC, they knew it was Kafey's last chance. At the TFC, he sees the other children getting stronger, and he's very relieved to have arrived.

Habiba and her five-year-old daughter Muslimo arrived seven days ago. They were brought by TFC screeners in El Bon. Muslimo was not only severely malnourished but also suffered from Kala Azar. Now she's in Transition Phase along with other children who are showing the first signs of improvement. Habiba has two other children who are currently in the home treatment programme run by ACF. When she and Muslimo are discharged, Muslimo too will receive follow-up care at home. Habiba is very happy to be here. She says that when she gets home she is going to pass the message about the TFC's existence to others in the village. 'They will see my healthy child,' she says, 'and I will tell them I was here'.

Throughout 2005/2006, OCHA Somalia has received funding from:

Australia, ECHO, Ireland, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom

UN OCHA SOMALIA

7th Floor, Kalson Towers, Crescent Street, off Parklands Road, P.O. Box 28832, 00200 Nairobi, Kenya

Tel No: (254-20) 3754150-5; Fax No: (254-20) 3754156

WATER and SANITATION

In Bossaso IDP settlements, less than 30% of IDPs have access to environmental sanitation facilities such as toilets and latrines. Space within IDP camps and refusal of landlords to provide space for water and sanitation facilities pose major challenges. About 70% of Bossaso IDPs have access to water supply. Landlords have built storage tanks at the settlements and people are paying for the water. Two of the settlements are connected to the Bossaso town water supply system. An IASC mission was conducted to Garowe and Bossaso at the end of July and the need for improved access to water and environmental sanitation facilities were identified. Water, Sanitation and Hygiene (WASH) a sub-cluster of WATSAN has been set up for Puntland and several meetings were organized in Bossaso to develop a joint action plan for accelerating water and environmental sanitation response in the Bossaso settlements. Cluster partners agreed that DRC would construct 727 latrines in the next three months. UN-Habitat provided support by engaging local authorities and landlords to donate land for the hosting of water and environmental sanitation facilities. So far three landlords have donated land and UN-Habitat is working on demarcation and re-alignment of the existing shelters and marking locations for water and sanitation facilities. Cluster partners have agreed to develop a coordination mechanism for water and environmental sanitation activities and to provide support to the local authorities and Puntland State Agency for Water, Energy and Natural Resources (PSAWEN).

On the basis of WHO population figures for the major towns in the drought affected areas, the WATSAN response for Bay District has covered up to 46% of the needs identified. Clear gaps in coverage of the drought affected areas are Gedo (11%) and Middle and Lower Juba (12%, 15% respectively). Activities to be undertaken in these areas include the deepening of shallow wells and rehabilitation of boreholes through provision of spare parts. As of the end of August, 20% of the population living in the major towns of Bakool has been provided with safe water through the deepening of shallow wells and rehabilitation of boreholes. Specific gaps in coverage have been identified in Tyee glow (Bakool), Bardera (Gedo) and in the major towns in Lower Juba.

In the WATSAN cluster meeting held in Wajid on 7 August, local NGOs reported on the acute water problems in Gedo District (Bura village, 20 km South of Garbahare) where the average time taken by women to fetch water is between 3 and 4 hours daily. Another village that requires immediate intervention is Dabley, 45 km from Garbahare, where the community relies on shallow well water that is too saline. The hygiene and environmental sanitation situation in many towns like Garbahare, Belet Hawa, Sakow and Qansadhere is characterized as extremely poor. Water sources are being shared by animals and human beings, waste such as plastics and empty cans are spread throughout the town and within households. Open defecation is a common practice and less than 50% of people are using latrines. The outbreak of diarrhoeal diseases (as happened in Belet Hawa in May) is a danger. UNICEF has started clean-up campaigns through cash-for-work, provision of sanitation tools and community hygiene awareness training in selected towns in drought affected areas such as Garbahare, Belet Hawa, Wajid, Sakow, Qansadhere and Hudur.

HIV/AIDS

Following the recent formation of the South/Central AIDS Commission and the present calm in Mogadishu, enhanced HIV/AIDS responses can now be initiated. During the reporting period, the UN Country Team visited Mogadishu with a view to identifying opportunities for an early HIV/AIDS response in the area. The following three priority areas were identified and form the core of a mid-term work plan for the next six months: engagement of religious leaders, prevention of mother-to-child transmission of HIV (PMTCT) and strengthening of the capacity of South/Central AIDS Commission to enhance coordination among local and international NGOs in the region.

UNICEF is championing a new intervention for PMTCT and a draft policy document was finalized in July 2006. The policy recommends introduction of core PMTCT interventions as a routine component of health care services at Mother and Child Health (MCH) clinics and maternity wards. These core interventions include: diagnosis of HIV infection, provision of prophylactic antiretroviral therapy, safe delivery, safe infant feeding practice and care, treatment and support. Routinely offering HIV testing to all pregnant women will provide HIV-positive women a chance to access appropriate treatment and encourage those testing negative to protect themselves against infection.

COORDINATION and CONSOLIDATED APPEALS PROCESS (CAP)

Field consultations for the 2007 CAP took place during the month of August in Hargeisa, Garowe and Baidoa, while bilateral consultation was held in Mogadishu, in order to ensure grassroots involvement of local partners in identifying the most pressing humanitarian needs and concerns and in elaborating strategic priorities for 2007. The culmination of the field consultations took place at the CAP workshop in Nairobi on 30-31 August, which resulted in the identification of four strategic priorities which will be used to guide planning and implementation of humanitarian assistance in Somalia.

- To save lives and increase access to basic humanitarian services for 1.4 million people identified as being in a state of Humanitarian Emergency and Livelihood Crisis and strengthen the resiliency of Somali livelihoods to better withstand natural or conflict related disasters;

Throughout 2005/2006, OCHA Somalia has received funding from:

Australia, ECHO, Ireland, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom

UN OCHA SOMALIA

7th Floor, Kalson Towers, Crescent Street, off Parklands Road, P.O. Box 28832, 00200 Nairobi, Kenya

Tel No: (254-20) 3754150-5; Fax No: (254-20) 3754156

- Alleviate the suffering and increase access to basic humanitarian services for the estimated 400,000 internally displaced living in public buildings or settlements and without clan-based protection, including the 250,000 residing in Mogadishu;
- Enhance the protection of and respect for the human rights and dignity of affected populations;
- Through local partners strengthen capacity for social service delivery and response to natural or conflict related disaster.

As a follow-up to the CAP, a donor consultation was held on 7 September at which outcomes of the Nairobi CAP workshop were presented and strategic priorities outlined. Further details of the agreed upon expansion of the CAP into two pillars (Complex Emergency Response and Early Recovery) were also discussed.

As part of the OCHA-led advocacy process, two roundtable discussions have been held in the field in the month of August, in Hargeisa on 23 August and in Bossaso on 28 August. The purpose of the meetings was to bring together UN agencies, INGOs and local NGOs to allow them to give feedback on draft advocacy objectives as well as to initiate field-driven stakeholder message-framing. Based on the outcomes of the roundtable discussions, message-framing is being further developed and will be shared both with the field and the Advocacy Advisory Board in Nairobi on 20 September.

The Interagency Real Time Evaluation (RTE) mission on the response to the 2006 drought in the Horn of Africa took place in Somalia from 17-28 August in several locations, including Baidoa, Wajid, Buale, Garbahare and Huddur. The mission, which was initiated by UNICEF, assessed the impact of humanitarian assistance to drought-affected populations in South/Central Somalia. The team reported that although the Early Warning System was fairly effective, the success of implementation of drought response assistance was mixed due to such issues as timeliness, impact, effectiveness, relevance and coordination. The full report will be available by the end of September.

From 26-31 August 2006, a Training of Trainers workshop was held in Garowe with the participation of 18 trainees from 4 UN agencies, 13 local NGOs and one INGO. The objective of the workshop was to give a basic understanding of Protection and Human Rights in a Somali context, based on experiences from the field. The participants discussed protection issues, experiences and understanding of Human Rights. The workshop was the first of two, arranged as a basic training and selection process for the final 'Training of Trainers on Protection in Somalia', to be held in early November 2006. The next workshop will be in Merka on September 16-21, 2006.

The Humanitarian Reform Support Unit (HRSU) from Geneva accompanied by OCHA Somalia staff, traveled to Hargeisa and Bossaso during the last week of August to present to UN staff and aid partners on the UN Humanitarian Reform Process and cluster approach. The team discussed ways of improving the established cluster coordination mechanisms in Bossaso and Somaliland and explained the mechanisms of the Humanitarian Reform Process.

JOINT NEEDS ASSESSMENT (JNA)

The JNA stakeholders' workshops were held in Garowe, Baidoa, Beletweyne and Hargeisa in July to review and discuss preliminary findings and present recommendations in the 6 draft JNA cluster reports. These workshops were attended by a wide spectrum of Somali society, including regional administration and parliamentarians, traditional and religious leaders, business community and professionals, women and youth groups. In addition, a plenary session was held in Nairobi at Somalia Aid Coordination Body office.

The JNA will produce a Reconstruction and Development Programme (RDP) document, which will comprise the Synthesis report (Volume I), three Geographic reports for South/Central, Puntland and Somaliland (Vol II-IV) and Vol V of Cluster reports. The document will cover context; assessment of priority needs; priority initiatives; the results-based matrix; implementation and monitoring; financing framework and needs; and the management and coordination framework. In the priority strategies section, the Reconstruction and Development Programme (RDP) will focus on a three-pronged strategy: 1) deepening security and establishing good governance; 2) investing in people - private and public investments to rebuild human capital (including protection and solutions for the displaced) and 3) establishing an enabling environment for private sector growth to expand employment and reduce poverty. It is expected that the RDP will be completed by the end of October 2006.

During the reporting period, the JNA team met with UNPOS, the Arab League, IGAD, the TFG Prime Minister and other TFG ministers, and the Coordination Support Group. As the JNA nears completion, the JNA team is encouraging key stakeholders to help drive the process forward so that the RDP is ready as soon as possible for implementation.