



## HUMANITARIAN SITUATION IN SOMALIA Monthly Analysis December 2006/January 2007

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

### HIGHLIGHTS

Due to a combination of flooding and conflict, the humanitarian situation in south/central Somalia suffered an immediate deterioration in the last three months. At the same time, access to populations in need became increasingly difficult due to logistical and security constraints. At the peak of the fighting between the Transitional Federal Government (TFG), backed by Ethiopian forces, and the Islamic Courts Union (ICU), the TFG's closure of Somalia's border on 24 December effectively brought the flood response, and other life-saving activities, to a halt. An exemption for humanitarian flights was made on 29 December, but access was once again obstructed in early January 2007 by the Government of Kenya's decision to close its border.

Access, particularly to the Jubas, thus remained limited throughout January 2007, compounded by ongoing military air operations by the TFG/Ethiopian forces (and two US air strikes). Insecurity caused by militia and inter-clan conflict, and harassment and arbitrary detention of aid workers by Ethiopian forces have also deterred the resumption of activities. On 7 February provincial and district officials at the border received instructions from the Kenyan central government to allow humanitarian cross-border movement. Immediately trucks started to load, and on 9 February some supplies started to cross. It is hoped that the directive will break the impasse over the Kenyan border issue. Meanwhile, Galkayo (Mudug region), which for the past eleven months has been closed to UN international staff due to insecurity is now open. In Mogadishu, several humanitarian missions took place in January and logistical preparations are underway to support scaled-up engagement and presence by the UN.

According to the findings of the FAO/FSAU-lead 2006/7 post-*Deyr* survey, around 1 million Somalis are now in need of assistance and protection in the next six months (including 400,000 IDPs), as compared to the 1.8 million identified in August 2006. The situation has improved in all regions except riverine areas of the Juba and the Shabelle rivers (riverine areas of Lower and Middle Juba, Gedo and Hiran) which are in a state of Humanitarian Emergency. Agro-pastoral and pastoral areas of Hiran, Bay and Bakool (except for some pockets) are now out of Acute Food and Livelihood Crisis, as is the north of Somalia.

Despite the overall improvement, Somalia remains chronically food insecure, with Gedo and most of the Juba regions, as well as IDPs extremely vulnerable. The nutrition situation also remains of concern. The post-drought nutrition crisis persists and the impact of the recent floods is just emerging, with increased admissions in feeding programmes in riverine areas. Critical levels of malnutrition persist in Gedo, Middle and Lower Juba, and parts of Bay, Bakool, and Hiran regions.

The current humanitarian situation calls for robust re-engagement to reach populations in need, despite the formidable security challenges. It is generally recognized that it is now essential to provide an enabling environment for the delivery of basic social services through the establishment of some degree of governance, law and order. This opportunity, however, will be short-lived. The defeat of the ICU has created a power vacuum in South/Central Somalia, which could lead to renewed chaos and return to intra- inter-clan conflict. The re-emergence of warlords also raises serious concerns about the need to ensure principled humanitarian action and a "do no harm" approach. The humanitarian community in Somalia is now developing a set of 'Joint Operating Principles' that aim to promote behaviours in line with basic humanitarian principles to avoid fuelling the re-establishment of the system of coercion and violence perpetrated in the past by 'gatekeepers'.

Recognizing the need for a timely and prioritized approach to humanitarian and early recovery needs, the UN, in consultation with its partners has also developed a plan to support stabilization in Somalia, including provision of basic social services, assistance to the IDPs and livelihood recovery activities. This plan is based on and complementary to the activities and priorities envisaged in the Somalia CAP 2007, given that the strategic objectives of the CAP remain relevant. In view of the recent developments, the 2007 Somalia CAP is now being revised. The overall strategic objectives and the geographical focus of the CAP will not change. However, in view of the marked improvements in overall food security, it is anticipated that a few specific sectors will undergo a review of response plans and activities. The revision of the CAP will also reflect the new access opportunities that have emerged in the country, particularly in Galkayo and Mogadishu.

## ACCESS and SECURITY

The access situation in South/Central Somalia deteriorated in December and January, due to a variety of factors related to flooding and conflict. Flooding that began in earnest in September 2006 continued through to December. Many primary roads remained impassable and numerous villages, especially in the Jubas, were completely cut off. During the third week of December, just as the rains tapered off, heavy fighting erupted between forces of the Transitional Federal Government (TFG) – supported by Ethiopian forces - and the Islamic Courts Union (ICU). With a drastically changed operational environment, humanitarian actors are assessing the unfolding situation with regard to humanitarian re-engagement on an increased level.

In November, due to access and logistical challenges posed by the rains, the UN had launched a special flood-response operation involving helicopters and boats to deliver relief supplies to affected areas. As flooding conditions gradually worsened along the lower reaches of the Juba river, the two WFP helicopters initially stationed in Wajid (Bakool) were on 12 December moved to Kismayo to enhance the response in the Jubas where presence of humanitarian agencies was very limited. Dropping river levels of the Shabelle, meanwhile, slowly resulted in improved road conditions which facilitated road transportation of relief supplies to riverine areas. Along the Juba, the air logistical support provided by the helicopters proved highly valuable. On 24 and 25 December, WFP carried out airdrops into Lower Juba, dropping a total of 28 metric tonnes (MT) of food.

Just as the situation began to stabilize - with flood waters receding and flood emergency response moving into the Jubas - widespread conflict broke out in critical locations throughout southern Somalia. Intermittent and localized fighting between the two parties had been building up in different locations since early December at a time when the UN Security Council voted to modify the arms embargo and authorize the establishment of a stabilization mission to Somalia. Fighting gradually escalated and spread from around Baidoa (Bay) to central Galkayo, Hiran and Middle Shabelle, with ICU forces retreating from their previously controlled areas.

On 24 December, a four-front counter-offensive was launched by the TFG, with openly declared support from the Ethiopians, against the ICU, including air strikes over the urban centers of Beletweyne and Mogadishu. The impact on humanitarian activities was direct. For security reasons, the TFG on 24 December announced that Somalia's borders were closed (mainly with regard to port and air access) directly affecting humanitarian flights into Somalia. The UN and most international NGOs relocated their international staff to Nairobi, and helicopters for the flood-relief operation were moved to Kenya on 26 December. While national staff continued activities where they could, the momentum behind the flood response and other life-saving activities virtually ground to a halt. Following negotiations with the TFG and Kenya, an exemption was made for humanitarian flights on 29 December, and flights resumed, albeit on a very limited basis.

In January, however, access to the Jubas and Gedo was again curtailed by the Government of Kenya's decision on 2 January to seal its border (also on account of security concerns), preventing cross-border movement of humanitarian relief. Continued military air operations by the TFG/Ethiopian forces (and two US air strikes) also negatively impacted on access and activities, as did the presence of militia, inter-clan conflict and the lack of local authority interlocutors/counterparts (to fill the power vacuum left by the ICU). Further, harassment and arbitrary detention of aid workers by Ethiopian forces deterred some organizations from resuming presence. The use of Kismayo airport in Lower Juba by Ethiopian military left the airstrip off-limits to UN flights, preventing, among other things, a much-needed medical mission to Kismayo to monitor the presence of Rift Valley Fever, confirmed in neighbouring Kenya.

Following various demarches undertaken by the Humanitarian Coordinators of the Kenya and Somalia operations, a directive allowing cross border movement was issued by the Kenyan government on 7 February. Until then, relief supplies had remained stuck at the border. As of 5 February, over 9,000mt of food aid were waiting at El Wak and Mandera border points in Kenya, while 40 WFP trucks had been unable to re-enter Somalia for reloading of relief at El Wak. Aircraft fuel for humanitarian flights within Somalia and non-food relief supplies were also unable to cross. Agencies, where possible, employed alternative means to move cargo, with emergency fuel being flown in from Kenya at high cost, and food and non-food items being shipped from Mombasa port. The border closure also prevented Somalis seeking asylum from crossing into Kenya (see protection section). Following the issuance of the directive, on 9 February, two trucks carrying jetfuel crossed at Mandera destined for Wajid. On 13 February, 40 trucks loaded with WFP food crossed at the El Wak border point. It is hoped the directive will break the impasse over the Kenyan border issue.

Humanitarian passenger flights have now resumed to most of South/Central, with the exception of airstrips in Lower Juba and Merka (Lower Shabelle) and Johwar (Middle Shabelle). The opening of Galkayo (Mudug) represents a breakthrough in access and has facilitated the implementation of a multi-agency response now underway; for the past eleven months Galkayo had been closed to UN international staff due to insecurity. Various missions have also taken place to Mogadishu (although cleared on a case by case basis) where the UN is now making the necessary logistical preparations to support enhanced presence and engagement. Efforts are underway to ensure better access to Beletweyne, Jowhar, Kismayo and Merka.

Since early January, reports are increasingly coming in of a worsening security situation in the capital, with a rise in gun and mortar attacks (including on high-profile installations), rapes and checkpoints. In early February, the situation continued to escalate. A mortar attack on 5 February targeted the capital's seaport, and vessels reportedly moved further out to sea for safety. Ship owners have indicated that they would be hesitant to return to Mogadishu port without a guarantee of safe berthing from the TFG. In other locations of southern Somalia, reports are coming in of an increasing return to inter-clan fighting. The return of warlords also raises serious concerns. That said, the precarious humanitarian situation calls for urgent re-engagement and assistance to populations in need. If any degree of stabilization is to be achieved, the necessary support must be provided to bring about some degree of law and order and delivery of basic social services.

## PROTECTION

The beginning of December 2006 saw some continued displacement due to flooding, which had already provoked the movement of thousands in November. In early December 2006, projected estimates of displacement stood at 454,500 people. Following ground proofing during its just finalized post-*Deyr* survey (see Livelihoods and Food Security section), FAO's Food Security and Analysis Unit (FSAU) now puts the figure at around 255,000, 90% of which are estimated to have returned to their areas of origin.

During the months of December 2006 and January 2007, the main cause of displacement was the conflict between the TFG/Ethiopian forces and the ICU. Although information was hard to obtain and corroborate, according to the best estimates compiled by the Population Movement Tracking initiative, at the peak of the fighting in December between 65,000-70,000 people were displaced, some of these having already been displaced by the flooding. Most moved to the regions of Bay, Lower Shabelle, Lower Juba, and Mudug. The majority of the displacement was short-term, localized and took place within Somalia. Again, many have since returned to their places of origin although numbers remain hard to confirm due to restricted access.

Alongside the displacement, protection concerns also emerged during the conflict, including the harassment and arbitrary detention of aid workers by Ethiopian/TFG forces. Acts of retaliation against individuals considered to have sympathized with the ICU, and against specific groups, including the Oromos, were also reported. A series of calls have been made to the TFG and Ethiopians to ensure that to the necessary instructions are issued to avoid incidents against civilians, or that could prevent humanitarian aid workers from having access to populations in need of assistance and protection.



IDP shelter in Garsoor site, north of Galkayo, Mudug. Source: OCHA

Of those who moved to Mudug, an estimated 12,000 were reported to have fled to Galkayo at the height of the fighting (both north and south of the 'green line'), adding to an already existing IDP community (see box on next page). The new arrivals are said to have brought the IDP population in Galkayo to around 35,000. Due to security issues, the humanitarian community has had limited access to these highly vulnerable communities in recent years. Thanks to an improvement in access and good relations with the local authorities, an inter-agency mission traveled to Galkayo on 19-26 January 2007 to look not only at immediate emergency needs but also to develop a longer-term strategy in cooperation with the local authorities. With respect to the former, the distribution of emergency supplies (food and non-food items) to IDP sites in the north of the town started at the end of January, through a process based on registration lists that involves UNHCR, UNICEF, Islamic Relief and WFP. Registration and distribution in the southern part of Galkayo are planned for February. In line with

the Joint IDP strategy, partners in Galkayo will initiate a series of complementary activities over the next months that will seek to improve the situation of IDPs in their current locations, while in parallel work towards durable solutions

In January 2007, a small number of Somalis were reported to have crossed the border into Ethiopia, while as many as 7,000 attempted to cross into Kenya but were unable to do so owing to the closure of the Kenyan/Somali border by the Kenyan authorities. On 3 January, a group of over 400 asylum seekers, mostly women and children, who had already crossed the border into Kenya were deported back to Somalia by the Kenyan authorities. Prior to being deported, about half of them had already been screened and registered by the Kenyan authorities. While the deportation was made on security grounds, concern was raised that the rights of asylum seekers to refuge and assistance had been denied. Unable

### *Making ends meet in Galkayo*

It is scorching hot in Galkayo's Garsoor IIDP site. Hawa's three daughters are selling *jalato* (ice cools). The girls earn about SSh15,000 (SUS\$ 1) each on a good day, while their mother earns SSh30,000. Hawa's husband picks up casual labour. Together, the family makes just enough for food and other basic needs such as water; SSh2,000 for a 20 litre jerry can. Their small shack is made of sticks and rags. They have no toilet and use the open fields nearby, which is risky at night; there are stories of women and girls being raped.

Galkayo's IDPs come from all over South/Central Somalia. There are about 14,688 people in 13 settlements in north Galkayo, according to a recent registration conducted by Islamic Relief. Families live in privately owned plots and pay SSh40,000–60,000 per shelter. The shelters are vulnerable to flooding; fires and garbage heaps pose health hazards. Children are sometimes taken hostage by landlords when parents cannot pay rent. Hawa, like most parents in the settlements, cannot afford schooling for her children. The nearest school charges SSh30,000 per child per month. Most children, therefore, work as shoe-shiners or hawkers, or beg to supplement family income.

Hawa will soon deliver her ninth child. The birth will be overseen by a Traditional Birth Attendant, as Hawa cannot afford the nearest clinic. If she develops complications, her husband will hire a wheelbarrow to take her to the nearest hospital. As always in Somalia, there is a risk that Hawa will not survive. For every 100,000 live births, 1,600 women die in childbirth.

Recently, about 2,878 households – including Hawa's – in north Galkayo received distributions of food from WFP, and mosquito nets, blankets and kitchen utensils from UNHCR and UNICEF (the latter distributed by Islamic Relief). As part of the Somali-wide IDP profiling exercise, UNHCR and Danish Refugee Council (DRC) have trained a team to carry out IDP profiling in north and south Galkayo in order to move closer to long-term solutions.

months, once in Yemen, and given their immediate recognition as refugees, most of the Somalis proceeded to the reception centre for assistance. Relatively few Ethiopians did the same, opting to make their way into neighbouring towns.

Meanwhile, following an agreement and process that commenced in November 2006, the Puntland Ministry of Interior has been referring asylum seekers to UNHCR for Refugee Status Determination (RSD) services. In December, approximately 180 Ethiopians were moved from Bossaso to Garowe for RSD interviews with a recognition rate of about 40 %. Another 208 Ethiopian migrants were voluntarily repatriated to Ethiopia from Bossaso in December with the assistance of IOM.

Started in November 2006, the IDP profiling exercise in Bossaso was completed during the course of January 2007. Conducted by a local NGO, the profiling involved a survey of approximately 1,000 of 4,000 IDP households living in the 16 IDP settlements in Bossaso. Data collected is being processed and the findings should be available in several weeks. The experience from Bossaso has helped refine the profiling methodology, which is now being utilized to conduct similar profiling exercises in Mogadishu and Galkayo. The profiling exercise aims to improve the knowledge of the extent and pattern of displacement in Somalia, as well as the understanding of the different levels and situations of displacement. This will ultimately enable the identification of short- and long-term interventions to meet the basic needs of IDPs and address underlying protection related problems.

## **FLOODS, LIVELIHOODS and FOOD SECURITY**

According to the recently completed FAO/FSAU-lead post-Deyr 2006/07 assessment, many parts of Somalia – mainly in the north and central regions – are experiencing an improvement in livelihoods and food security in spite of the flooding and conflict experienced at the end of last year. Around 1 million people (including 400,000 IDPs) are now in Acute Food and Livelihood Crisis or Humanitarian Emergency at least until June 2007, down from the August 2006 overall figure of 1.8 million (which also included 400,000 IDPs).

to cross, most moved to Doble, Billis Qoqani and Hayo towns in Lower Juba, where eventually some food and non-food assistance reached them in mid-January.

Also in January, another 24,000 Somalis were displaced by conflict or fear of conflict, including roughly 12,000 who moved within Badhadhe, 2,000 to Kismayo town and 3,000 in Afmadow district (Lower Juba). With respect to the 12,000 in Badhadhe, the group is reportedly composed of 900 households displaced from coastal settlements who had tried to access Kenya and who have now settled in Kulbio; a similar group of 500 households stuck in Kulbio; and 600 households in Badhadhe town.

Despite efforts by the Puntland authorities to curb human smuggling, travel to Yemen across the Gulf of Aden continued throughout the December. Several boats left Bossaso (Puntland) carrying 1,976 Somalis and 443 Ethiopians. This brings the total number of people arriving in Yemen in 2006 from the Somali coast to 25,898 (14,151 Somalis and 11,727 Ethiopians). While the Somalis cited fear of conflict and flooding as their reasons for fleeing, most of the Ethiopians continue to be in search of better livelihood options.

Dozens of people tragically lost their lives attempting the perilous journey. Perhaps because of these recent tragedies, but more likely because of the presence of US naval vessels patrolling the Somali coast, there were only a few reported arrivals in Yemen in January 2007. As has been the trend in past

Of the 1 million, around 360,000 people are in Acute Food and Livelihood Crisis (down from 880,000 in August), while around 230,000 people are in Humanitarian Emergency (down from 425,000 in August), mostly in Gedo, Middle and Lower Juba. The situation has improved in all regions except for riverine areas of the Juba and the Shabelle rivers. Due to a combination of drought, flooding and displacement riverine areas of Middle and Lower Juba, Gedo and Hiran are in a state of Humanitarian Emergency. Agro-pastoral and pastoral areas of Hiran, Bay and Bakool (except for some pockets) are now out of Acute Food and Livelihood Crisis, as is the north of Somalia.

December is normally the last month of the *Deyr* season and with the exception of a few showers, rains subsided totally inside Somalia during the month, gradually alleviating flooding conditions. In early December, river levels in the upper reaches of both the Juba and Shabelle were below the flood level, while in the lower reaches, the levels remained high, creating moderate flood risk. This was especially so in the Juba River due to both downstream flow and rains. In general, river levels subsided to normal levels towards the end of December and remained stable.

The rains, although exacerbating floods, resulted in exceptionally good rain-fed sorghum production in some areas and a continuation of pastoral recovery due to widespread water and pasture availability. Similarly, the impact of conflict on livelihoods and food security was not as great as expected due to a number of mitigating factors, including the fact that when conflict started, agricultural planting had already been completed. Most of the livelihood disruption caused by the conflict was also experienced in urban centres and not rural areas, with the exception of the pastoral areas in Lower Juba where conflict extended into January.

Overall cereal crop production is estimated at 113% of the *Deyr* Post-war average (PWA) (1995-2005), the fourth highest *Deyr* production since 1995. Crop production along riverine areas failed but was very good in rain-fed areas. Lower Juba, Gedo, and Lower and Middle Shabelle experienced poor crop production, while Bakool, Bay and Middle Juba experienced an exceptional crop production (in Bakool almost four times PWA). Livestock too has benefited from the heavy rains, owing to widespread pasture and water availability, which has in turn improved animal condition and terms of trade.

Despite the overall improvement, the humanitarian situation in Somalia remains critical and precarious. In areas classified as Chronically Food Insecure, interventions should be implemented that improve the resilience of livelihood systems to reduce risks and vulnerabilities to future shocks and address the chronic problems that underpin the situation. The nutrition situation also remains of concern (see nutrition section). Various risk factors could negatively impact on food security, including an unknown camel disease which has been reported in some regions; concern over Rift Valley Fever (still unconfirmed in Somalia); reduced market access; potential impacts of the Somalia/Kenya border closure; and increasingly insecurity, including localized conflict. The performance of the next rain season (*Gu*: mid-April-mid-June) will also have an effect. The Somali ecosystem is subject to a semi-arid climate, the principal feature of which is a low, highly unreliable and variable rainfall pattern with cycles of environmental shocks. The response strategy of agriculture and livelihoods partners to the ongoing livelihoods crisis will continue to focus on the provision of immediate relief support in the most vulnerable areas and on short to medium-term support to rural households to enable progressive return to a productive and sustainable livelihood.

With the water level in the Middle Juba region significantly receded, WFP's riverboat operation launched in December 2006 to deliver food aid to distribution points in and around Buale is coming to an end. Since the start of the boat operation, a total of 220 MT of food aid were delivered to the Jubas. WFP is now planning to undertake relief food distribution to flood-affected areas of Jilib (54,000 beneficiaries) and Jamame (26,000 beneficiaries). A total of 1,654 MT of mixed commodities will be distributed. Lack of access to the areas due to security concerns delayed the planned distributions until now. Since 1 January, WFP has distributed a total of 9,650 MT of assorted food aid commodities to 555,000 beneficiaries mainly in southern Somalia. General relief food distributions by food aid partners are likely to continue through August 2007 (the beginning of the *Gu* harvest) in regions with highest nutritional vulnerability, including Gedo, Middle and Lower Jubas, and parts of Bakool. Elsewhere, there will be a reduction in general food distribution and a focus on more food for work and supplementary feeding programmes.

## **WATER and SANITATION**

At the onset of the flood emergency, and based on projections at the time, partners active in the water and sanitation response spelled out as their objective the need to ensure provision of safe drinking water, sanitation and hygiene services to an initial projected estimate of roughly 455,000 people. In particular, partners prioritized hygiene promotion and provision of essential supplies like chlorine, flocculants, ALUM, and aquatabs for water treatment, jerry cans and sanitation tools. To identify the gaps and coordinate the ongoing response activities, frequent coordination meetings took place in the field under the leadership of the Somali Red Crescent Society (SRCS) in Hiran, CARE in Lower Shabelle and UNICEF in the Jubas and Middle Shabelle.

Despite some delays in mobilizing a response due to slow access to funding, thanks to coordinated efforts, the water and sanitation interventions were able to reach 58% of the targeted flood affected population (roughly 261,000 people) in Hiran and Juba regions. Challenges were faced in the distribution of supplies due to security, hence the planned provision of safe water at 10 liters per person was not achieved. Supplies are now en-route. Regarding hygiene promotion, only 25% of the targeted flood affected population has been reached.

Coordination in Hiran proved to be the most timely and effective, which enabled interventions to reach 76% of the targeted affected population (around 79,000 people). Factors contributing to the response included the full involvement of local leadership structures in the coordination and the presence of many local and international partners concentrated in one coordination hub.

While more challenging, thanks to timely information on the unraveling gravity of the situation and projected estimates of affected populations (according to best and worse case scenarios), water and sanitation partners were able to effectively plan ahead the response in the lower reaches of the Juba. This was particularly the case in terms of prepositioning supplies. In Middle Juba, the response reached 92% of targeted beneficiaries (or 93,840 people), while in Lower Juba around 64,600 people were reached.

An important factor contributing to the performance of the water and sanitation flood response was the effort made to reach beneficiaries in the most insecure areas of the Juba regions. Over the last years, few partners have been active and present in these areas and with the relocation of international staff from southern Somalia during the conflict, great efforts were made to implement partnerships with local NGOs to maximise coverage. Efforts were made particularly in hygiene promotion, reaching out to most vulnerable rural communities.

As the flooding has now receded, a deteriorating health situation has been reported in Dhobley (Gedo), while increasing reports of diarrhea have been reported in Hiran region. In Middle Shabelle, 44 villages continue to experience a humanitarian emergency and there are concerns over malaria and diarrhea outbreaks. Current priorities of water and sanitation partners remain the provision of safe drinking water, hygiene and environmental sanitation services, especially in conflict and post-flood affected areas with the aim of reducing water-related diseases. A major focus will be strengthening the capacity of local partners to enhance coverage in hard to reach areas. Priority interventions will include addressing the water and environmental sanitation conditions for IDPs in Mogadishu and Galkayo, and in post-flood areas of Hiran, the Juba and Shabelle regions (the latter especially in view of the recent water diarrhea outbreak. See health section).

## NUTRITION

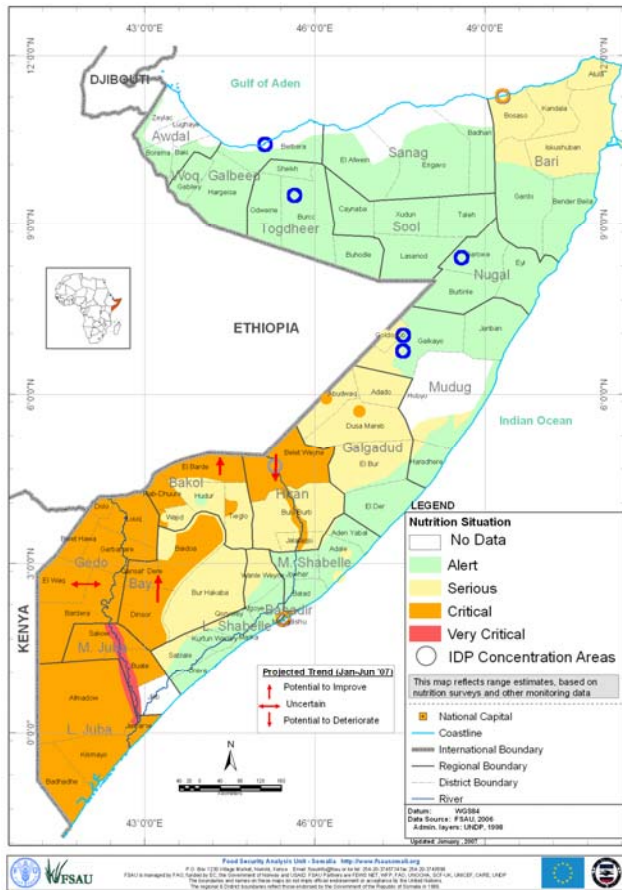
Despite the much welcome improvement in livelihoods and food security following the 2006/7 *Deyr* rains, the nutrition situation in Somalia, particularly in southern regions remains an ongoing concern which will require continued concerted humanitarian support (see Nutrition Situation map - January 2007).

As southern regions experienced the flooding and conflict, humanitarian interventions were interrupted; disease incidences increased (particularly diarrhea), livelihoods and food stocks were destroyed along riverine areas and communities became displaced. All of the above predisposed the population to high acute malnutrition, particularly in the riverine population where a deterioration has been seen in the nutritional status between August and December 2006 (also reflected in increasing admissions in the feeding centers). Moreover, the Juba Valley and Gedo continue to present critical levels of malnutrition as a result of the cumulative impacts of the drought that hit Somalia in 2005 (nutrition partners are still responding to the effects of the drought), delayed asset recovery and the ongoing insecurity and access challenges for humanitarian actors.



Children share porridge in Ufurow feeding centre in Qansadhere, Bay region (IMC SFP project). Source: IMC

Also presenting high levels of acute malnutrition are the districts of Dinsor, Baidoa and Qansadhere (Bay region), and Rabdure and El Barde (Bakool), though the situation has shown some improvement and is expected to continue to improve in the coming months as a result of the positive food security indicators. Of more concern, however, are Beletweyne district and riverine areas of Jalalaqsi and Buloburti districts (Hiran) due to increasing trends of acute malnutrition possibly linked to the



increasing reports of diarrhoea and water-borne diseases following the flooding.

With the exception of the IDP population in Bossaso (Puntland), where chronic nutrition vulnerability is an ongoing issue, the nutrition situation in most of north Somalia has shown an improvement over the past three seasons. Though still on alert levels, the situation has improved from previous serious and critical levels linked to last year's drought and other shocks.

As with other responses, flooding and conflict rendered programme implementation difficult with agencies opting for low-profile operations, cautiously working through national staff to assist beneficiaries. That said, about 34 Supplementary Feeding Programmes (SFP), seven Therapeutic Feeding Programmes (TFP) and 43 community-based therapeutic feeding care programmes remained operational in the regions of Bay, Bakool, Gedo and Middle Juba through national staff who implemented interventions amidst access and technical capacity limitations. Other SFP activities were delayed to January 2007; e.g. SFP in Gedo operated by African Muslim Agency and COSV, and in Lower Juba by Somali Aid Foundation. About 40% of the malnourished children identified after the drought are in SFPs or have recovered and have been discharged. High energy biscuits and/or BP5 biscuits were distributed to complement other emergency efforts during the flood displacement, particularly in areas where bulky blended foods (unimix) could not be easily delivered due to road conditions.

Any detrimental impact of floods on the nutritional situation is usually manifest after one to two months. As noted above, deteriorated indicators are now appearing, thus the need for increased surveillance and expanded targeted interventions. The heavy *Deyr* rains have contributed to the improvement of some of the food security indicators in the rain-fed agro-pastoral and pastoral areas, and localised improved milk and cereal availability has been recorded. These positive factors might in the future contribute to the recovery of the currently nutritionally vulnerable agro-pastoral and pastoral populations. Until then, however, adequate resources are needed to continue supporting the ongoing emergency nutrition programmes and the expansion of these to reach the uncovered regions of Lower Juba, lower areas of Gedo and rural areas of Bay. This will need to include supporting the capacity of potential implementing agencies (local NGOs/CBOs) to enhance coverage in inaccessible (insecure) areas.

**HEALTH**

As part of the response to the floods, health partners were active in provision of health services, control of communicable diseases, procurement and distribution of drugs and medical supplies to functional health facilities and strengthening the surveillance systems.

Mobile outreach health clinics were also established to provide health care interventions to under-served populations affected by the floods where fixed health care facilities were unavailable. In some locations, the mobile clinics took some time before they were fully established and functional. Eventually, however, twelve mobile health teams became operational in: Gedo (Elwak), Bakool (Tieglow), Middle Shabelle (Jowhar and Balad), Lower Shabelle (Kurtun Warey, Qoryoley, and Merka), Middle Juba (Jilib), Lower Juba (Jamame), Benadir (Mogadishu), and Hiran (Beletweyne). As the fighting broke out in December, and particularly in the Juba regions, some of the clinics were unable to operate due to restricted access, and beneficiaries were similarly unable to reach the facilities due to their own security constraints. All mobile clinics have now resumed their activities in their respective localities.

In December, flood-affected areas of Hiran, Lower Shabelle, Lower and Middle Juba and to some extent Gedo (Dinsor district), were affected by an increase of malaria and diarrhoeal cases. Three cholera samples out of 16 in Jilib district in Middle Juba were confirmed by AMREF laboratory in Nairobi in early November 2006. Between 9 November and 5 December 2006, the total number of suspected cholera cases from Jilib district stood at 97, with 2 – 3 new cases reported every day; 80% of the cases were children under five, while 60% of the cases came from a defined locality of the district. The contamination of water supplies by overflowing latrines reported in many flood affected areas – particularly in Hiran where 70% of town latrines were destroyed - was partly responsible for this increase. Operating in Jilib, MSF-Holland

established a cholera treatment centre (CTC) with adequate supplies and personnel to address the situation. WHO also shipped cholera supplies to Jilib through Muslim Aid and with MSF–H in case of a large-scale outbreak. Diarrhoeal disease kits and emergency health kits were pre-positioned in all flood affected regions.

Even though the flooding has now receded, between 5 and 30 January 2007, a total of 630 acute watery diarrhea cases and 42 deaths have been reported in the districts of Beletweyne and Bulo Burti (Hiran), Jowhar (Middle Shabelle) and Kismayo (Lower Juba). Only one sample tested positive for *Vibrio Cholerae* out of six rectal swab sent by International Medical Corps (IMC) in Beletweyne. Humanitarian agencies have secured adequate supplies in the affected regions. Save the Children–UK, IMC, ICRC/SRCS, MSF, WHO, UNICEF, Hiran Water Supply are the key agencies assisting in the response in Hiran. MSF–Spain, INTERSOS, UNICEF, WHO, ICRC/SRCS are actively engaged in the response in Middle Shabelle, while WHO, ICRC/SRCS, Muslim Aid, MSF–Holland and UNICEF are coordinating response activities in the Jubas.

Between 7 and 31 January 2007, a total of 100 probable human cases (from which 49 deaths) of Rift Valley Fever (RVF) were reported from the districts of Kismayo and Afmadow (Lower Juba) and Bardera (Gedo). Case investigation, monitoring and surveillance activities were ongoing in January, albeit challenged by access and security. In this respect, WHO polio teams in the areas have been greatly supportive in case detection, reporting and transporting patients from remote areas to health facilities. Such efforts will be intensified during the upcoming polio immunization days. MSF and Gedo Health Consortium (GHC) have been caring for patients received in their facilities in Lower Juba and Gedo regions respectively. Meanwhile, health partners are coordinating activities for the distribution of Personal Protective Equipments (PPE), technical guidelines, Rapid Diagnostic Test (RDT), and Insecticide Treated Nets (ITNs) to the above-mentioned locations. Information and social mobilization activities have also been underway to sensitize the communities on health messages on best behaviours in handling animals, consumption of meat and care of patients.

Due to challenges stemming from access restrictions, training on RVF is conducted remotely. WHO is planning training of its field staff in Nairobi as well as training of medical staff in locations such as Kismayo, Mogadishu, Wajid, and Beletweyne. Lack of access and adequate facilities within Somalia also means sample testing can only be done in Nairobi. In January, plans to field a medical mission to Kismayo to examine patients and take blood samples for analysis were unsuccessful due to a lack of assurance for the safe passage of the team.

Since the wild poliovirus outbreak in July 2005, intensified efforts to stop the circulation continue despite ongoing access and security challenges that hamper the monitoring of quality vaccination and surveillance activities. Since July 2005, 16 polio vaccination campaigns have been conducted, the latest being in January 2007 covering the regions of Togdheere, Sool, Mudug, Middle and Lower Juba. The next polio immunization is scheduled to take place on 18-20 February 2007 and 25-27 March to vaccinate 1.7 million children. The National Immunization Days (NIDs) will be synchronized with Kenya and Ethiopia.

The total number of confirmed polio cases reported continues to decline markedly; from 185 cases in the last six months of 2005 to 36 cases in 2006 (>80% case reduction). Around 80% of the 2006 cases were reported in the first half of the year with only seven cases reported in the last six months of 2006, mostly from Burao, Somaliland, where the last polio case was also reported in December 2006.

For the last six months, the poliovirus circulation has been limited to Togdheere region, though one case was reported in July 2006 in Lower Juba that was related to the poliovirus detected in Kenya, which had been polio free for 22 years. The poliovirus spread to neighboring countries of Ethiopia and Kenya in 2006 where extensive cross border population movements was recorded. Due to this, coordination with neighboring Ethiopia and Kenya for cross border case notification and synchronization of polio vaccination campaigns, as well as efforts to reach highly mobile populations, are underway.

## **HIV/AIDS**

The end of January 2007 recorded the first 1 million Somalis to have access to HIV/AIDS Prevention, Treatment, Care and Support intervention services in Puntland, Somaliland and South Central. Awareness on the availability of such support was raised through 34 media outreach programmes throughout the country, support services made available through seven Antiretroviral Treatment (ART) centres, seven centres for the management of Sexually Transmitted Infection (STI), seven Voluntary Confidential Counselling and Testing (VCCT) sites and 28 blood safety centres for screening of blood before transfusion.

To support the delivery of such services, about 5,000 Somalis have also been trained on integrated prevention, treatment, care and support services skills. Of these, 41% are located in Puntland, 30% in Somaliland and 29% in South/Central. WHO provided strong leadership in this activity, which has greatly increased the capacity within Somalia to support delivery of HIV/AIDS intervention services.

HIV/AIDS expenditures in Somalia increased four-fold in 2006, from \$2.2 million in 2004, to \$3.5 in 2005, and to \$9.7 million in 2006. A total of \$12 million was spent on HIV/AIDS response in Somaliland, Puntland and South Central in 2005/6, of which the government of Somaliland and Puntland contributed \$133,000 from local resources.

## CONSOLIDATED APPEALS PROCESS (CAP) and COORDINATION

The 2007 Somalia CAP was launched in Nairobi on 14 December 2006 appealing for just over US\$ 237 million in support of 128 projects targeting around 1.8 million Somalis. Around the same time, while most agencies had some contingency planning built into their programmes, the flood response required additional resources amounting to around US\$ 28.6 million. Roughly US\$10.4 million was sourced from the Central Emergency Response Fund (CERF), and a Flood Response Plan was launched on 6 December appealing for the remaining US\$18.2 million. As of 8 February 2007, the Response Plan was 40% funded, with a total of around US\$ 11.5 million received. (Uncommitted pledges stood at approximately US\$ 1.3 million.)

Given the significant changes that have occurred in Somalia since the launch in December, the 2007 Somalia CAP is now being revised. The overall Strategic Priorities and geographical focus of the CAP will not change, and most of the sector response plans will likely remain the same. However, given the marked improvements in overall food security and the reduction of the number of people in Humanitarian Emergency and Food and Livelihood Crisis, it is anticipated that specific sectors will undergo a review of response plans and activities. The revision of the CAP will also reflect the new access opportunities that have emerged in the country, particularly in Galkayo and Mogadishu.

In view of the recent changes in Somalia and recognizing the need for a timely and prioritized approach to humanitarian and early recovery needs, UN agencies have developed a six-month priority plan aimed at stabilizing the present environment and preventing a deterioration in the security situation. The priorities include provision of basic social services, assistance to the IDPs and livelihood recovery activities which will contribute to stabilization and bring about a tangible change for the Somali people. In effect, the priorities build on existing plans and frameworks and bridge humanitarian response and recovery activities to effectively respond to the current situation and priority requirements in South/Central Somalia (the priorities are based on and complementary to the activities and priorities envisaged in the Somalia CAP 2007). To guarantee sustainable humanitarian operations, a well-resourced security structure will need to be put in place to enable a robust re-engagement. Additionally, to ensure principled humanitarian action and a "do no harm" approach, the humanitarian community is currently developing a set of 'Joint Operating Principles' which aim to promote behaviours in line with basic humanitarian principles in order to avoid fuelling the re-establishment of the system of coercion and violence perpetrated in the past by 'gatekeepers'.

### Joint Operating Principles for Humanitarian Organizations in Somalia

The Joint Principles reinforce in the Somali context the core humanitarian and general principles of humanitarian assistance that relief organizations have signed up to globally. They provide a framework that articulates concrete standards and aims to strengthen coherence and best practice amongst the aid community in Somalia.

The primary responsibility to protect the rights of the local population lies with local and national authorities. The role of the aid community is to support and assist in the realisation of these rights, including access to basic necessities such as food, shelter, water, health and education; freedom from poverty and discrimination; as well as access to justice, peace and security. The aid community strives to ensure mutual accountability with the Somali authorities in their mission to improve the lives of the Somali people.

An Action Plan is being developed, which outlines the process of implementing the JPs, and aims to address how and under what conditions agencies are able to meet the standards set in the principles in the Somali context.

### *Central Emergency Response Fund (CERF) and Humanitarian Response Fund (HRF)*

After receiving three grants from the CERF – two for the drought response and one for the flooding – on 7 February 2007, the Somalia operation was granted a new allocation of US\$ 1 million to support security of operations in Somalia. With the ultimate aim of facilitating the engagement of humanitarian activities and improving access, the allocation is intended to help upgrade security arrangements of both UN agencies and NGOs in selected areas of southern Somalia. Security remains one of the most under-funded sectors in the Somalia CAP.

Meanwhile, during the reporting period, nine flood response projects were approved for funding under the HRF - a flexible funding mechanism at the disposal of humanitarian organizations. These included: i) Norwegian Church Aid, working through local NGO SADO, to distribute non-food items (NFI) to 4,800 flood affected households in Bardera, Garbaharey and Burdhubo districts in Gedo, ii) local NGO HIWA to distribute NFIs to 1,200 flood affected households in the Jalalqsi and Bulo Burti districts of Hiran, iii) COSV, working through local NGO JCC, on cash for work to improve sanitation in two towns and five major villages in Sakow, Buale and Salagle (Middle Juba) benefiting 2,000 households, iv) OXFAM-B to provide safe drinking water and hygiene services to 1,950 flood-affected households in Lower Juba, and v) Mercy-USA to complement resources already provided by WFP and UNICEF as part of an integrated nutritional response targeting

1,440 malnourished children and pregnant/lactating mothers in Jilib (Middle Juba), through the establishment of supplementary feeding centres in 4 villages. Distinct efforts are being made to make the HRF more accessible to NGO, particularly local NGOs.

Three projects were also submitted by UNICEF to assist a total of 20,995 flood-affected households in Middle and Lower Juba (14,495 households in Jilib district of Middle Juba and 6,500 households in Jamame district of Lower Juba) through the provision of NFIs. One proposal will be implemented directly by UNICEF while the two others will be implemented through local NGOs AFREC and Juba Shine. Lastly, a grant to UNFPA will help increase access to quality maternal health care services for women affected by the floods (110,000 women of reproductive age) and meet the need for reproductive health care among 5,000 IDPs households in Mogadishu.

**Throughout 2006/2007, OCHA Somalia has received funding from:  
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