



UNITED NATIONS
NATION UNIES

Somalia Humanitarian Overview

Vol. 4 Issue 8 - August 2011

Main Developments

- ❑ The famine and nutrition situation continued to deteriorate during August. Six areas in southern Somalia are now in famine. Most recently, on 5 September, famine was declared in Bay region. This is in addition to southern Bakool, Lower Shabelle, parts of Middle Shabelle, IDPs in the Afgooye Corridor and the IDP community in Mogadishu.
- ❑ According to the Food and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWSNET), 4 million people are in crisis countrywide, 3 million of whom are in southern Somalia. At least 750,000 people in the famine areas are at risk of death in the coming four months unless emergency response is scaled up immediately. Already, tens of thousands of people have died, over half of whom are children.
- ❑ There was a significant increase in humanitarian assistance in August compared to July. Humanitarian aid arrived in Mogadishu and other parts of the south by air and sea including aid sent by many Gulf and Arab countries. Aid agencies are also trying to ensure people get aid where they are. The humanitarian community is particularly concerned about the situation in Bay, Bakool and Middle Shabelle regions, as coverage of the needs is the lowest.
- ❑ Coverage in Gedo and parts of Lower Juba region improved enabling the humanitarian community to reach populations in need. In Mogadishu, coverage continues to be limited. Al Shabaab's withdrawal on 6 August has not automatically translated into improved access due to security concerns created by the power vacuum.
- ❑ Although on a slower scale, movements of famine-affected people continued from the southern regions into Mogadishu, Ethiopia and Kenya. Nearly 5,000 people moved to Mogadishu in August compared to at least 28,000 new arrivals in July.
- ❑ An Emergency Revision of the Consolidated Appeal for 2011 was issued in August requesting for US\$1.06 billion. Nearly \$343 million has been received since July (compared with \$320 million received during the first half of 2011). This has enabled the majority of the upscale of response to take place in August.

Food Security and Malnutrition in southern Somalia

On 5 September, FSNAU and FEWSNET confirmed that 4 million people are currently in crisis nationwide, up from 3.7 million reported in August. Three million people are in the south of Somalia. As many as 750,000 people are at a risk of death in the coming four months if efforts to respond to the famine are not scaled up.

The entire Bay region is the latest area

to have slid into famine, bringing the number of affected areas to six, along with southern Bakool and Lower Shabelle regions where famine was declared on 20 July. Parts of Middle Shabelle, IDPs in the Afgooye corridor and the Mogadishu IDP community were declared famine areas on 3 August.

Should levels of response not increase significantly and if the October and December rains are average, further deterioration in the humanitarian situation is expected. Other factors that could lead



The Somalia Humanitarian Overview is a monthly analysis of the humanitarian situation and trends produced by OCHA Somalia.

For questions or comments, please contact:

Rita Maingi, OCHA Information Officer
(maingir@un.org)

to the deterioration are: very high levels of Severe Acute Malnutrition (SAM) and under-5 mortality, the expectation of increased malaria and measles outbreak, continued limitations on access, very low *Gu*-season crop production, a rise in international rice prices, and further increase in the cost of local cereal. FSNAU also anticipates famine in agro-pastoral and riverine areas of Gedo and Juba, and agro-pastoral areas of Middle Shabelle and Hiraan by December 2011.

There was a 15 per cent increase in the number of child malnutrition cases from 390,000 children to 450,000 children of which 190,000 suffer from severe acute malnutrition. An estimated 336,000 children, representing 75 per cent of all malnourished children, are in the south. In the last week of August, FEWSNET/FSNAU said that the *Gu* rainfall cereal production

in southern Somalia was the lowest in 17 years. The situation is likely to deteriorate further over the coming months, given current levels of malnutrition and mortality, in combination with the likelihood of increasing prices and a harsh dry season.

A massive, multi-sectoral response to prevent additional deaths and the total collapse of livelihoods is required. Extraordinary measures are essential as it is anticipated that these needs will persist into 2012. Current health challenges faced by the country are exacerbating the situation. Somalia is currently contending with malaria, measles, cholera/AWD and pneumonia. Waterborne diseases are expected to increase with the onset of rains expected in October. Continued limitations on humanitarian access are also curtailing response.

Displacement

According to UNHCR, the number of people fleeing their homes in the southern regions in Somalia reduced in August. Between 1 and 26 August, just over 5,000 people were displaced into Mogadishu compared to nearly 28,000 people that arrived in July. That equates to an average 200 people a day in August compared to 1,000 people a day in July. A decrease was also noted in the number of daily arrivals of Somali refugees in Kenya's Dadaab camps from 1,500 to about 1,000 people. Ethiopia's Dolo Ado camp received at least 250 Somalis per day down from 1,000 in July.

There were two main reasons for the decrease: donations from the Somali Diaspora and mobilization by local and host communities during the holy month of Ramadan helping people to remain where they were. In addition, access to areas in Hiraan, Gedo and Doobley in Lower Juba, particularly in areas along the Kenyan and Ethiopian borders improved. Humanitarian organisations were able to deliver aid. This also helped to reduce the pull factor to Mogadishu as a destination to seek aid.

Another reason for the decrease was that Al Shabaab continued to place restrictions on the movement of people in areas under its control, particularly the movement of men in Lower Shabelle and Bay regions. It was reported that more than 2,000 IDP households, approximately 12,000 people, settled in a new camp established

by Al Shabaab in Jamaame town, Middle Juba region. More people were reportedly arriving on a daily basis.

Disease outbreaks

There was an increase in disease outbreaks in Somalia in July and August. Cholera outbreaks were reported in Mudug, Galgaduud, Bay, Lower Shabelle and Banadir regions and among IDPs in Mogadishu.

The sudden increase in confirmed cholera cases is due in part to the living conditions in numerous informal IDP settlements with makeshift shelters, poor sanitation and limited access to water. There is also limited capacity of existing health partners to access those informal settlements and provide essential health services. A high level of malnutrition, especially in children, makes them even more vulnerable to diseases.

In the first two weeks of August, at least 4,000 cases of Acute Watery Diarrhoea (AWD) with 81 related deaths were reported in south central regions. The highest number of cases were reported in Banadir, Lower and Middle Shabelle, Bay and Lower Juba regions, with 1,700 cases in the same period. In Banadir Hospital alone, at least 1,000 cases were reported in the first two weeks of August, half of them children under 5 years of age. At least 5,500 AWD/cholera cases have been reported this year in Banadir hospital, Mogadishu, 71 per cent are children under

5 years of age.

Lack of access in some areas of the south prevented health partners from conducting measles vaccinations. This has placed the lives of many children at risk. In the first three weeks of August, approximately 1,270 cases and 36 suspected deaths were reported compared to 1,000 cases and 31 related deaths in July. The increase is attributed to low vaccination coverage, malnutrition, population movements and overcrowding in IDP settlements.

The health cluster delivered 20 diarrheal disease kits to hospitals in Banadir, Habeeb, Xarardheere and Baidoa. Each kit is able to treat 500 cases including 100 severe cases. An emergency measles vaccination campaign targeting 2.3 million children aged between 6 and 15 years in 10 regions of south and central Somalia including 745,000 children in Mogadishu is ongoing. Nearly 200,000 insecticide nets have been distributed since January. Some 711,000 high risk IDPs will benefit from spraying or provision of insecticide-incorporated plastic sheeting for protection against malaria.

Scale up of Humanitarian Aid

In August, aid organisations embarked on a strategy to scale up response and to provide increased immediate humanitarian aid to populations in need where they are currently located. The strategy aimed at mitigating the need for



Food voucher project distribution implemented by local NGO ASEP in Gedo region in August. Source: ASEP.

those affected by the famine to undertake the hazardous journey into Mogadishu, Kenya and Ethiopia. Vulnerability increases when people are mobile.

The Food Assistance scaled up significantly from 730,000 people in July to 1.3 million beneficiaries in August countrywide; this includes 341,000 people benefiting from the Targeted Supplementary Feeding Programme. In the south, 648,000 people benefited from food distributions in August, double the number of people reached in July.

Concerted efforts were made to ship as well as airlift food and non-food items into the southern regions, via Mogadishu and in strategic locations in Gedo region. The Water Sanitation and Hygiene (WASH) Cluster reached 942,000 people in August with sustained water access, an increase from 313,500 people reached in July. Emergency water services reached 1.7 million people in August up from 440,000 people in July in Somalia.

In the southern regions, the WASH cluster reached 1.45 million people in August with emergency water services, an increase from 1.2 million reached in July. While the increase in the number of beneficiaries is attributed to increased activities, thorough reporting from WASH agencies also improved.

The Agriculture and Livelihoods Cluster

Cluster	Initial Beneficiary Target for CAP 2011	Revised Beneficiary Targets Somalia	July Beneficiaries Somalia	August Beneficiaries Somalia
Food Assistance	1.03 m	3.7 m	730,000	1.3 m
Agriculture & Livelihood	1.47 m	2.59 m	101,700	398,000
WASH				
Sustained Water Access	1.67 m	2.8 m	313,500	942,000
Emergency Water Access		4.6 m	440,000	1.7 m
Sanitation		1.46 m		467,000
Nutrition	278,000	45,000 (monthly)	14,000	19,000
Shelter NFIs	1.3 m	1.8 m	270,000	64,000
Health (Immunization)	1.93 m	3.2 m	275,000	250,000
Mobile Clinics		1.5 m	200,000	280,000
Education	194,000	443,210	37,000	37,000
Protection	2.55 m	2.7 m	21,000	13,000

Table 1: Response in Somalia in July and August

increased its reach to 296,300 more people in August compared to 101,700 in July.

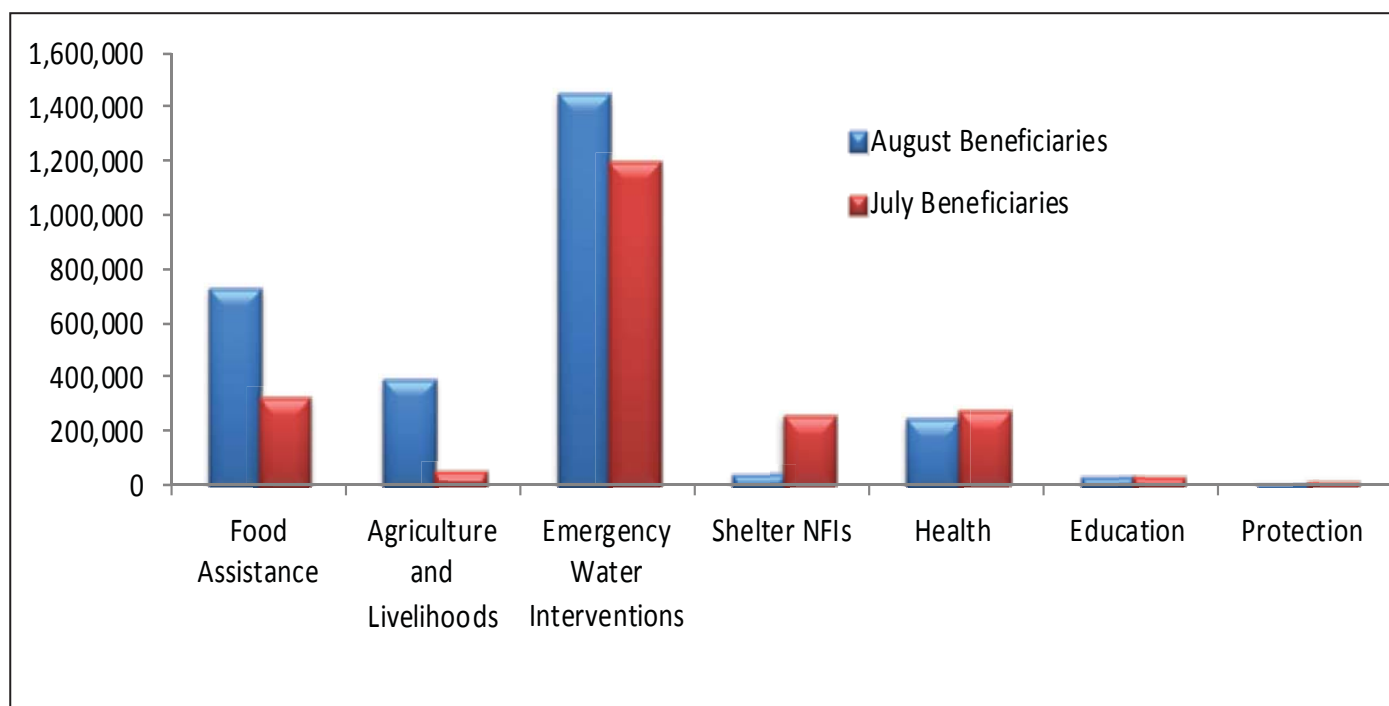
While a lot has been done, significant existing gaps remain. (See table 1 showing scaling up of response in Somalia and table 2 which shows upscaling in key sectors in the southern regions in August).

Coverage of the areas facing famine is still a major challenge for the humanitarian

community. While in some areas such as Gedo and parts of Lower Juba, humanitarian agencies have been able to scale up their operations substantially.

In other areas most affected by the crisis, agencies are still not able to reach the population in need. The lull in fighting in Mogadishu did not necessarily translate into increased access because of the security concerns.

Table 2: Upscaling of Response in the South in August



Leaders visit Somalia to highlight the crisis

A number of high level dignitaries visited Somalia and the horn of Africa in the reporting period to make sure that everyone understood the depth of the crisis. On 13 August, the ERC Ms Valerie Amos conducted a one-day visit to Mogadishu's Banadir Hospital where the most severe cases of malnutrition, mostly children are treated.

During her meeting with the Transitional Federal Government officials, she highlighted the need for more safety and security for people in Mogadishu which would enhance access to those in need. The ERC also visited Dadaab refugee camps in northern Kenya where more than 163,000 Somali refugees have arrived since January. She was accompanied by the Director of Operations of the Office for the Coordination of Humanitarian Affairs, Mr John Ging.

The UN High Commissioner for Refugees Antonio Guterres visited Somalia on 30 August and called for greater efforts to provide life-saving aid to tens of thousands of displaced Somalis inside their country.



The Under Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Valerie Amos speaks to a woman with sick children at the Banadir Hospital during her visit to Mogadishu in Somalia. Banadir Hospital is Mogadishu's main hospital, and one of the only four places in the city where children with acute malnutrition can be treated. In August, the hospital saw a dramatic increase in the number of cases of AWD and cholera. UNICEF and partners continue to provide life-saving treatment for severely malnourished children in 32 Outpatient Feeding Programmes and four Stabilization Centres. Source: OCHA

Guterres was accompanied by Sweden's Minister for international Development and Cooperation. Other dignitaries

included presidents and ministers from various other countries who visited Mogadishu.

Funding update

In the first week of August, the Emergency Revision of Somalia CAP 2011 was launched with the aim to reach and provide assistance to affected populations still in their areas of origin where their traditional coping mechanisms could be strengthened. Also, the strategy aimed at providing assistance to those who are already displaced and stranded en route and assisting currently displaced populations and host communities who are in emergency and acute food and livelihood crisis.

The revised Somalia Consolidated Appeal (CAP) requirements increased from US\$561 million following the mid-year review to \$1.06 billion during the emergency scale-up review by the beginning of August 2011. Roughly half of the funds currently available have been contributed since 1 July, when the first reports of deterioration of the nutritional status and a looming famine in parts of the country were raised. A total of \$342 million has been received in less than two months (CAP and non-CAP combined). This is more than the total amount the Somalia CAP received in 2010 which amounted to \$251 million. The

scale up of interventions and the severity of this crisis is going to need continued donor support and commitment in the immediate and long term.

Besides the unprecedented speed and volume of the new contributions, the diversification of the Somalia donor base has been the most significant feature of the famine scale up. Non-traditional donors especially from the Arab world have contributed substantially to Somalia contributing a total of \$69.2 million since 1 July with substantial pledges. The biggest non-traditional donors are Saudi Arabia, Brazil, China, Kuwait, the United Arab Emirates and Qatar. In total, the new and non-traditional donors together represent some 29 per cent of all recent contributions received for the famine response.

As of 12 September, the Somali CAP funding stood at 62 per cent of the requirements, having received a total of \$660 million since January 2011. The CAP funding gap nevertheless remains substantial at approximately \$450 million. For more funding analysis, see <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1252492>

GRAPH 1: CAP FUNDING 2008-2011 BY MONTH

Data for 2011 includes pledges and is preliminary

