

HIGHLIGHTS

- Tens of thousands of people have temporarily moved due to military operations.
- Safe, unfettered and sustained access is essential to gain clarity on the needs and conditions of people in southern and central Somalia and to reach the half million unvaccinated children in inaccessible areas.
- Nearly all humanitarian agencies are facing significant resource gaps for 2014 and some programmes are beginning to close or shut down.

FIGURES

# of people in humanitarian emergency and crisis	857,000
# of people in stress	2 m
# of acutely malnourished children under age 5	203,000
Source: www.fsnaa.org (January-June 2014 projection)	
# of internally displaced people	1.1m
# of Somali refugees in the Horn of Africa and Yemen	1m
Source: UNHCR	

Consolidated Appeal

FUNDING

933 million
requested for 2014 (US\$)

13% (116 million)
(reported as of 23 April 2014)

Source: <http://fts.unocha.org>



Fatuma Hassan Yusuf carrying drinking water from a solar powered water pump in Somaliland. Credit: UNICEF/ Bismarck Swangin

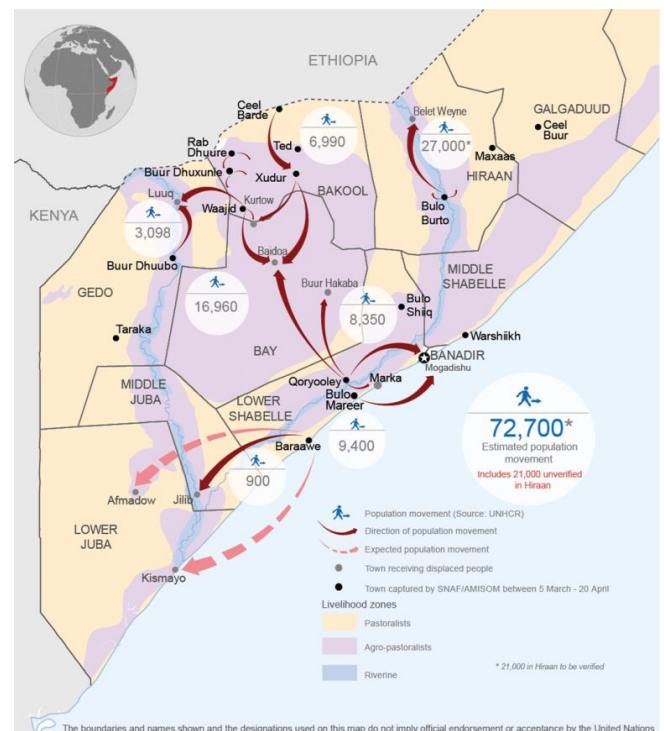
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Situation remains fluid following offensive

Offensive slows down due to rains; food prices soar in embargoed towns

The military offensive in southern and central Somalia, which began in early March by the Somali National Armed Forces (SNAF) and the African Union Mission in Somalia (AMISOM), has slowed down with the start of the seasonal rains. According to the UN refugee agency, UNHCR, about 50,000 people have moved due to the offensive, and the agency reports an additional 21,000 unverified movements in Hiraan region. The pattern of displacement has mostly been short-term in nature as people typically left towns to go to outlying villages as a pre-emptive measure to avoid conflict zones. While the situation remains fluid, some of the temporarily displaced people have reportedly returned to their towns of origin in Maaxas and Bulo Burto (Hiraan), Waajid, Xudur (Bakool) Bur Dhuurbo (Gedo). Some of the main supply routes have been blocked by armed groups limiting the supply of humanitarian aid and commercially available basic commodities. This trade embargo has so far resulted in a significant surge in food prices in Xudur in March, according to the Food Security and Nutrition Analysis Unit, managed by the UN Food and Agriculture Organization (FAO). If the situation continues, conditions could worsen, especially if supply routes to the newly accessible areas remain curtailed, including persisting insecurity along the road from Mogadishu to Baidoa.



Reported population movements due to military offensive. Source: UNHCR

Emergency response is ongoing where possible based on assessed needs

Aid organizations have been supporting people where they can, including with medical supplies and personnel, household items, shelter and water and hygiene supplies. However, thus far, only two of the newly accessible areas, Xudur and Waajid in Bakool, have been possible to assess due to lack of safe and predictable humanitarian access. Following inter-cluster assessments in these areas, drugs for about three months were delivered to Xudur hospital along with some nutrition supplies. Medical equipment and

BASELINE

Population (UNDP, 2005)	7.5m
GDP per capita (Somalia Human Development Report 2012)	\$284
% pop living on less than US\$1 per day (UNDP/World Bank 2002)	43%
Life expectancy (UNDP-HDR 2011)	51 years
Under-five mortality (FSNAU 2014)	0.50/10,000 /day
Under-five global acute malnutrition rate (FSNAU 2014)	14.2%
% population using improved drinking water sources (UNDP 2009)	30%

CLUSTERS

Lead/Co-lead organization

Education	UNICEF SC-Alliance
Food security	FAO/WFP WOCCA/RAWA
Health	WHO Merlin
Logistics	WFP
Nutrition	UNICEF CAF DARO
Protection	UNHCR DRC
Shelter	UNHCR UNHABITAT
Water, sanitation & hygiene	UNICEF Oxfam GB

drugs for about two months were also delivered to Waajid hospital, including water, sanitation and hygiene (WASH) and nutrition supplies. Sustained access remains of concern to enable monitoring and quality of the service provision. Inter-agency assessments have also taken place in accessible areas, including in Belet Weyne in Hiraan on 31 March; where close to 5,700 people had arrived from Bulo Burto, Ceel Buur, Maaxas and other parts of Hiraan and Galgaduud. Humanitarian partners are finalizing response plans for immediate distribution of shelter kits and WASH supplies.

Humanitarian partners continue to organize rapid assessments in newly accessible areas to determine urgent humanitarian needs among affected people. About 500,000 children in areas that were under Al Shabaab control have not been vaccinated since 2009. Getting access to vaccinate these people is a key priority. On the protection side, civilian casualties are hardly reported and figures have not been possible to confirm.

Volatile operating environment persists

Attacks and threats continue to hamper the delivery of humanitarian aid

Armed conflict and terrorism continue to be the main drivers of security incidents, and humanitarian access remains extremely challenging in parts of central and southern Somalia. In the urban areas where Al Shabaab lost control to Government aligned forces, armed groups have adopted asymmetrical warfare tactics, which has increased the risks associated with the delivery of humanitarian assistance. Mogadishu remained volatile with hit-and-run attacks and mortar shelling in late March also injured 10 civilians in a settlement where displaced people reside. Increased tension was reported from Kismayo in March, where 104 people with weapon related injuries were admitted to a major hospital supported by the World Health Organization (WHO). This represents a 73 per cent increase compared to February. Another 362 weapon-related casualties were treated in four hospitals supported by WHO in Mogadishu.

Throughout southern and central regions, attacks and threats against humanitarian organizations and personnel continue to hamper the delivery of humanitarian assistance to many vulnerable Somalis. The volatile operating environment was underscored in April when two international consultants working with the UN Office for Drugs and Crime were killed at Gaalkacyo airport. The UN Special Representative for Somalia, the UN Secretary-General and other key officials issued statements condemning the attack and extended condolences to the victims and their families.

Military gains yet to translate into safe and sustained humanitarian access

Newly accessible areas in southern and central Somalia have led to “garrison towns” where the UN and international NGOs can operate, but have limited access to surrounding rural communities. Al Shabaab controls most of the supply routes to these towns, making the delivery of humanitarian supplies by road difficult. The security situation in these areas remains fluid with some of the towns changing hands at times. Lack of clear and proper administrative structures and competing political interests in some “garrison towns” also complicates aid work and planning. Due diligence and risk management measures also limit the amount of resources that can go to these areas as donors are largely reluctant to fund projects in areas where effective monitoring systems do not exist. Taxation, kidnapping and detention of humanitarian staff are another access impediment observed in these areas.

Humanitarian access challenges in newly accessible areas:

- Volatile and unpredictable security situation
- Blockage of supply routes
- Restricted movement of humanitarian goods and personnel
- Limited presence of humanitarian partners

Cross-border insecurity affects Somali refugees and asylum seekers

Security concerns and uncertainty over livelihoods in many areas of Somalia makes wide-scale voluntary return to Somalia untenable in the short-term. The return of nearly 30,000 Somalis following a crackdown on foreign migrants in Saudi Arabia since December 2013 and the forced return of over 170 Somalis from Kenya are of great concern.

For more information see recent report from Human Rights Watch: <http://bit.ly/1kC9M2p>

New products on the**OCHA Somalia website:**

Flash update on humanitarian impact of military operation:

#3: <http://bit.ly/1mL11ur>

#4: <http://bit.ly/1hwDXq0>

Humanitarian Dashboard:

<http://bit.ly/1hueWjA>

Humanitarian Snapshot:

<http://bit.ly/1ikJAOa>

Multimedia: Relocation of displaced in Somaliland

<http://bit.ly/RSGdTT>

Farming activities in conflict affected areas such as Lower Shabelle and Hiraan regions have proceeded at a slower pace than usual.

Delayed start of seasonal rains spark concern

Most parts of north-eastern Somalia yet to receive much needed rains

The main rainy season in Somalia, the *Gu*, which normally lasts from April-June, has started, but has so far been below average in most of the country according to the Famine Early Warning Systems Network (FEWS NET). Moderate to light rains began in late March in parts of southern Somalia, including in Bay, southern Gedo and Lower and Middle Juba, in the north-west and in parts of central regions. However, the Somalia Water and Land Information Management (SWALIM), led by FAO, reported below normal rains in part of Somaliland and delayed rains in Puntland. Some areas, including in the disputed Sool and Sanaag regions, Nugaal and Bari and central Somalia had by mid-April received rains that were significantly below normal. Bari, Sool and Sanaag regions experienced below normal vegetation conditions and this could be attributed to the delayed rains in the area, according to SWALIM. Lack of clean drinking water is also of concern if the *Gu* rains are delayed further.



Cautious food security outlook due to below average rains and insecurity

The insecurity in the Bakool and Shabelle regions have resulted in temporary population movements and the trade embargo imposed by Al Shabaab in and out of Bakool, particularly Xudur and Waajid towns, has resulted in a surge in food prices. FSNAU reported monthly price increases in March of 25 per cent for cereals (red sorghum) in Xudur town, and 45-50 per cent increases in the prices of other major commodities such as sugar, vegetable oil, and wheat flour. In the short- to medium term, conflict-induced population movement is of concern, for example in the key producing areas of Lower Shabelle (Qoryooley, Kurtunwaarey and Baraawe districts), Hiraan (Bulo Burto and Jalalaqsi) and Gedo (Buur Dhuubo) regions. Farming activities in conflict affected areas such as Lower Shabelle and Hiraan regions have proceeded at a slower pace than usual. According to FSNAU, further delays in *Gu* rains in the north-eastern and central zones could lead a rapid deterioration of pasture and water and trigger an abnormal livestock migration, which would affect access to milk by poor households, especially women and children. In Lower Shabelle, main markets prices have been adversely affected by the ongoing military confrontations disrupting supply routes from Mogadishu.

Risk for disease outbreaks increase with rains

Suspected measles cases cause of concern for health partners

The transmission season for vector- and water-borne diseases begins with the onset of the seasonal rains at the end of March. To ensure preparedness for rapid response, health partners have pre-positioned medical kits in strategic locations and hotspots in case of an outbreak. In April, acute watery diarrhoea was reported from several districts in Banadir region, including Mogadishu central prison. Investigations were conducted and control measures were taken in coordination with the WASH Cluster. Health partners have also expressed concern about the substantial increase in suspected measles cases – 1,000 have been reported this year – from sentinel sites in southern Somalia, mainly Kismayo and Afgooye. Blood samples have been collected in Kismayo and results will be available soon.

The vulnerability of the Somali population to seasonal outbreaks of communicable diseases remains very high, especially cholera, measles and malaria. Vaccination remains the only effective way to prevent measles, which is one of the leading causes of avoidable death among children in Somalia. Increased cases of measles could also have a negative impact on the nutritional status of children.

Low immunization coverage remains a challenge to control outbreaks

In April 2014, Somalia marks World Immunization Week, a campaign to raise public awareness on the importance of immunization. During the campaign, health authorities with support from the UN Children's Fund and the World Health Organization, conduct

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After several emergency vaccination campaigns, no new polio case has been reported in Somalia in 2014.

outreach activities in the most affected areas to prevent further spread. Polio vaccination campaigns also continue to be conducted, targeting on average 2 million children under-five every month. After several emergency vaccination campaigns, no new polio case has been reported in Somalia in 2014. However, the risk remains high as around 500,000 children under the age of five have not been vaccinated as large areas of southern and central Somalia due to inaccessibility.

Access to clean water remains challenging

Support to access safe water forced to stop due to lack of funds

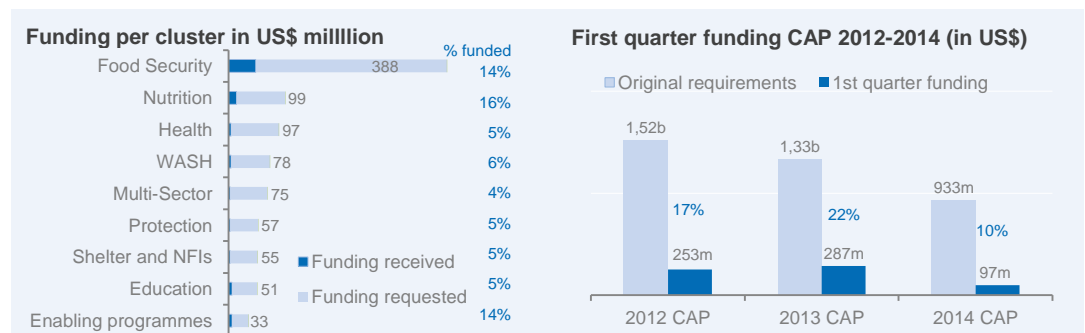
Only 30 per cent of people have access to safe water. Lack of sanitation, safe water facilities and services and poor hygiene are significant contributors to the high rates of disease in Somalia. A comprehensive approach to reducing malnutrition and disease must include increasing access to sanitation and safe water services and addressing hygiene behaviour. However, WASH activities were severely underfunded in the first quarter with only 6 per cent of required funds received. According to the WASH Cluster, two organizations will be forced to suspend their support to access to safe water to more than 120,000 internally displaced people in Mogadishu due to lack of funding. Continued underfunding would undermine partners' ability to adequately address the strategic objectives of the multi-year humanitarian appeal. A funding gap during this period will have serious repercussions on the health and wellbeing of vulnerable people in Somalia, necessitating increased demands, not just from WASH, but also health, nutrition, shelter and non-food item and logistics clusters, as the year progresses.

Sustained funding urgently needed

Life-saving clusters have received less than 7 per cent of requirements

Humanitarian funding for Somalia remains low. The Consolidated Appeal Process (CAP) is 13 per cent funded and the slow funding streams are increasingly critical considering the vast needs in Somalia. At the end of last year, only 50 per cent of the 2013 needs were funded. By mid-April 2014, the humanitarian appeal had received \$116 million of the \$933 million requested. Four out of the nine clusters had received slightly above 13 per cent of their requirements. Critical life-saving clusters such as health, WASH, shelter and non-food-items have received less than 7 per cent of their requirements. This funding shortfall, as well as delayed *Gu* rains and the ongoing military operations in parts of the country, risks undermining the humanitarian strategy which, in addition to saving lives, seeks to strengthen the resilience to shocks of vulnerable people.

Critical life-saving clusters such as health, WASH, shelter and non-food-items have received less than 7 per cent of their requirements.



Source: Financial Tracking System

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OCHA humanitarian bulletins are available at www.unocha.org/somalia | www.unocha.org | www.reliefweb.int