

HIGHLIGHTS

- The security situation in southern Somalia remains unpredictable with fighting erupting in Kismayo and the attack on the UN in Mogadishu.
- Almost 4 million people have received polio vaccination after a polio outbreak was confirmed in May, six years after Somalia was declared free of the crippling virus.
- Urgent funding is needed to respond to immense humanitarian needs in Somalia and to consolidate gains made.

FIGURES

| | |
|--|---------|
| # of people in humanitarian emergency and crisis | 1.05m |
| # of people in stress | 1.67m |
| # of acutely malnourished children under age 5 | 215,000 |
| Source: www.fsnaa.org (February-June projection) | |
| # of internally displaced people | 1.1m |
| # of Somali refugees in the Horn of Africa and Yemen | 1m |
| Source: UNHCR | |

Consolidated Appeal

FUNDING

1.15 billion
requested for 2013 (US\$)

34% (386m)
(reported as of 15 July 2013)

Source: Financial Tracking Service <http://fts.unocha.org>



Eight-year-old Faisa Abdullahi caught polio during the last outbreak in Somalia in 2007. Credit: UNICEF/Kate Holt

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Violent attacks underscore fragile security

Fighting erupts in Kismayo causing casualties and displacement

The security situation in southern and central Somalia remains volatile and unpredictable. Political and clan tensions simmered in Kismayo following the contested election of the president of Jubaland state on 15 May, and developed into military confrontations in June. Heavy fighting intensified from 7 to 8 June and from 28 to 30 June in particular. The latest figures from the World Health Organization (WHO) confirm that at least 71 civilians were killed and about 300 injured over the course of the month. Continuing insecurity has also increased displacement of civilians, limited access to health care and amplified the risk of outbreaks of cholera and other communicable diseases. According to the UN Refugee Agency (UNHCR), about 1,600 people, including about 970 females, fled Kismayo to villages in the Lower Juba region in June. People who fled the fighting were reported to have started returning home by early July. Humanitarian access remains challenging and logistics have emerged as a major bottleneck. Aid workers have not been able to use Kismayo port for months due to insecurity.

In addition to the killing and wounding of civilians, fighting has had serious humanitarian consequences. A polio vaccination campaign targeting 24,000 people of all ages was temporarily suspended. Kismayo General Hospital remained open, but was overwhelmed by casualties and is experiencing a severe shortage of medicines. On 1 July, 34 wounded civilians – mainly women, children and elderly people – were evacuated to Mogadishu for medical treatment. Humanitarian operations have resumed in Kismayo, particularly in nutrition, shelter and food assistance, but the situation remains tense. Limited emergency medical and other supplies have been delivered by air to help meet immediate needs.

Deadly attack on UN premises in Mogadishu

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. A complex attack on 19 June on the UN Common Compound in Mogadishu, housing UN humanitarian and development staff, resulted in the deaths of one international UN staff member, three UN contractors, four Somali guards and several Somali civilians. The UN Security Council, the UN Secretary-General and other key officials issued statements condemning the attack and extended condolences to the victims and their families, as well as to the people and the Government of Somalia.

The planning for the relocation of displaced people in Mogadishu has slowed down due to the attack, but also due to the start of Ramadan in July. Two critical activities that are pending are provision of security (police stations) at the new relocation site and drilling boreholes. The attack has also temporarily curtailed movement of UN aid workers. The UN is reviewing and reinforcing its security measures to ensure the safety and security of staff and continued delivery of humanitarian assistance to those in need. NGOs continue programmes, especially through local staff. Many humanitarian staff were temporarily relocated following the attack.

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 2013) | 0.68/10,000 /day |
| Under-five global acute malnutrition rate (FSNAU 2013) | 14.3% |
| % population using improved drinking water sources (UNDP 2009) | 30% |

CLUSTERS

Lead/Co-lead organization

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

Emergency activities to curb polio outbreak

Almost 4 million vaccinated since wild polio was confirmed in May

Vaccination campaigns against polio continue following the confirmation of wild poliovirus in Somalia and Kenya in May. So far, 66 cases have been confirmed in Somalia, primarily in the Banadir region. In response to the outbreak and to prevent further spread, four vaccination campaigns have been conducted and almost 4 million people have been vaccinated against polio across Somalia, according to WHO.

While polio mainly affects young children, adults are considered at risk of the current outbreak. Adults were therefore vaccinated against polio together with children in Mogadishu, where the majority of the cases have been reported. More than 50 staff members from UN agencies and NGOs have been mobilized to monitor the outbreak response in Banadir region. Large areas of southern and central Somalia have not conducted immunization campaigns since 2009 due to insecurity, leaving as many as 600,000 children particularly vulnerable in this area: two recent polio cases have been confirmed from Lower Shabelle region, according to WHO. To reduce the risk of spread of wild poliovirus in hard-to-reach areas, aid workers have deployed transit point vaccination teams to administer oral polio vaccine to children under age 10 who are visiting health facilities. Responding to the polio outbreak is a top priority for the Somalia Humanitarian Country Team in the next six months. Two key challenges remain: humanitarian access and funding. Partners have submitted a request to the Central Emergency Response Fund for close to \$9 million to cover urgent funding needs until the end of the year. A funding shortfall of \$4.5 million is currently foreseen.

| Vaccination round | Target population | Age-group and areas covered |
|--------------------|----------------------|--|
| 14-18 May 2013 | 400,000 children | Under age 5 in 16 districts of Banadir. Under age 10 in Afgooye. |
| 26 May-2 June 2013 | 1.6 million children | Under age 10 in Banadir. Under age 5 in the other areas of southern and central Somalia and Puntland. |
| 12-20 June 2013 | 3.9 million people | All age-groups in Mogadishu. Under age 10 in southern and central Somalia. Under age 5 in Somaliland and Puntland. |
| 1-7 July 2013 | 6 million people | All age-groups in southern and central Somalia. Under age 5 in Somaliland and Puntland. |

Source: WHO. Polio vaccinations are repeat campaigns, which mean that the same child was targeted in each of the four rounds. This means that the target per round cannot be added to get total population.

Many people remain uprooted from their homes

First six months of 2013 see declining trend in new internal displacement

The displacement pattern in Somalia reduced in the first six months of 2013 compared to the same period in 2012. This is mainly attributed to new emerging pockets of stability in southern Somalia. In the first half of 2013, displacement figures dropped from over 207,000 to about 37,700 compared to last year. The reasons for people leaving their homes are mainly insecurity, search for livelihoods or seasonal cross-border movements. An estimated 1.1 million people remain displaced from their homes across the country.

Refugee population remains second largest in the world

Over 1 million Somalis live as refugees in neighbouring countries, mostly in Kenya, Ethiopia, Yemen and Djibouti. There are many others in Europe, the US and Australia. According to UNHCR, close to 20,600 cross-border movements into Somalia were recorded since January this year, a slight increase from about 18,300 during the same period in 2012. Just over 2,100 spontaneous returns were recorded in June. The UN High Commissioner for Refugees, António Guterres, who visited Mogadishu in July, stressed that returns should first and foremost be voluntary, and said that conditions for large-scale return are not yet in place: "At this time, the vast majority of Somalis in exile are still in need of asylum as conditions are not yet safe for a rushed, large-scale repatriation." Mr.

New products on the OCHA Somalia website:

CHF Annual Report:

<http://bit.ly/15eWfYu>

Funding Snapshot:

<http://bit.ly/15wpWnS>

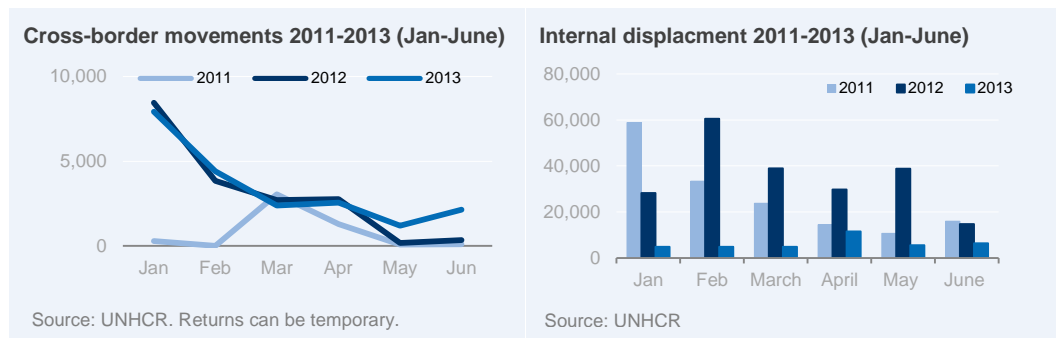
Humanitarian Dashboard:

<http://bit.ly/13cO0xp>

Kismayo situation update:

<http://bit.ly/12PqFyj>

Guterres also said all parties can work on a phased approach, assisting well-informed refugees requesting to return home and also facilitating limited group returns to specific areas considered safe. The security situation in southern and central regions of Somalia remains fragile, and it is from these regions that the majority of refugees originate.



Fire outbreaks in displaced people's settlements in Puntland

In June, four fires were reported in settlements for displaced people in Bossaso and Garowe killing four children and affecting over 6,200 people. Incidents of fires increase from mid-June to September due to dry weather and winds. The majority of fires are caused by open cooking fires in overcrowded conditions. According to UNHCR, nearly 129,000 people in Puntland live as displaced, many in sub-standard conditions with huts built from sticks covered with old rags and cartons, which are highly flammable.

Overcrowding, unplanned settlements and poorly constructed shelters are the result of lack of land availability, security of land tenure and the impromptu relocation of displaced people due to landlords selling land. These factors impede the ability of humanitarian actors to plan and implement strategies to reduce the risk of fires. Contingency plans for fire outbreaks are in place in Bossaso, Gaalkacyo and Garowe, but humanitarian partners cannot implement durable solutions in the absence of security of land tenure. This leads to a tendency to address symptoms such as fire outbreaks rather than the root causes and the poor living conditions and durable solutions. In January, the Puntland authorities adopted guiding principles on how to effectively address protection and assistance issues relating to internal displacement, respect of human rights and humanitarian law, but it remains challenging to operationalize the principles. Humanitarian partners continue to advocate for land allocation to find sustained solutions for the displaced, while responding to immediate needs of the affected. Where security of land tenure is available, partners have constructed semi-permanent shelters from corrugated iron sheets, which have improved the overall protection of the displaced.

UN flights resume; money transfer in jeopardy

UN flights resume operations in Somaliland

On 14 July, the Somaliland Ministry of Civil Aviation and Air Transport lifted the suspension on UN flights to Somaliland, which had been in effect since mid-May. The decision came after negotiations between the Government of Somalia and the Somaliland authorities in Turkey from 7 to 9 July. The UN Humanitarian Air Service (UNHAS) announced it would resume its normal flight schedule on 16 July. The lifting of the ban means that UN agencies and NGOs who rely heavily on the humanitarian flights can better facilitate the movement of staff and humanitarian supplies such as nutrition items and vaccines for both humans and animals.

Plans to close money transfer could cut lifeline for millions of Somalis

In June, the UK bank Barclays announced it would close its accounts with most Somali remittance companies, wary about lack of control over the flow of funds. This could cut a lifeline for millions of Somalis who rely on the money for basic services. Estimates indicate that at least US\$1.2 billion in remittances is transferred to Somalia every year. More than 100 aid workers and Somalia experts signed a letter in June pleading with the

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British Government to find a solution. While the suspension will not affect local transfers, the UN and many large relief and development organizations use the money transfer business known as *hawala* to pay their staff, procure assistance, and implement emergency aid and poverty relief programmes such as cash-for-work.

Funding levels remain low compared to needs

Shortfall in funding leads to prioritization of life-saving activities

In response to the multi-layered challenges facing Somalia, humanitarian partners are implementing a three-year humanitarian strategy to help Somalis be more resilient to shocks such as droughts, floods and cyclical food insecurity. The 2013-2015 Consolidated Appeal prioritizes resilience strengthening as a key objective. However, with only about a third of financial requirements covered at mid-year, humanitarian actors have had to prioritize response to life-saving activities, making little investment in basic services, safety nets and resilience programmes. The shortfall in funding also impacts efforts to find lasting solutions for Somalia's 1.1 million internally displaced people. Only with timely, adequate and sustained funding will humanitarian actors be able to effectively build on the gains made since late 2011 through investment in resilience to mitigate and avoid crises, and support the transition from aid dependency to sustainability. Based on implementation capacities of humanitarian agencies, the funding requirement for the remainder of 2013 has been revised to US\$1.15 billion, a decrease of about \$200 million from the original appeal of \$1.3 billion. The appeal and funding needs will be further revised in September, presenting an opportunity to refine the strategy as necessary.

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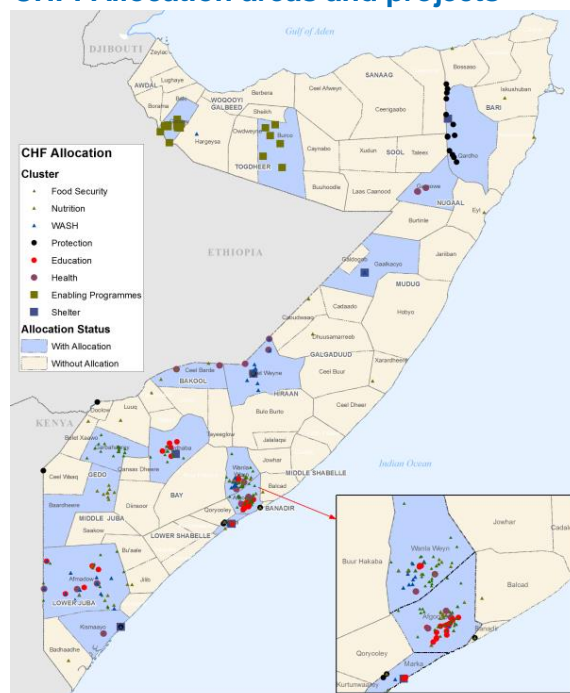
Pooled funding aims to support 3 million people based on assessed needs

The Somalia Common Humanitarian Fund (CHF) is finalising this year's first standard allocation to support 3 million Somalis. Humanitarian partners have submitted 78 projects worth \$28.5 million for funding. This aims to support people previously in crisis through livelihood activities; to reduce the high numbers of malnutrition through nutrition support with complementary activities in health, water, sanitation and hygiene, and food security; to support durable solutions for displaced people in Puntland; and to rebuild resilience among communities, especially in northern regions. A three-pronged approach was used to prioritise the areas: needs assessment (60 per cent); humanitarian access (20 per cent); and capacity to implement (20 per cent). The recommended projects target 22 districts across the country. About 71 per cent of funds are for southern and central Somalia, 15 per cent for Puntland, 13 per cent for Somaliland, and 1 per cent for multi-zones.

International NGOs will implement almost half of the funds (47 per cent), national NGOs 27 per cent, and UN agencies 26 per cent. Implementation is expected in August.

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CHF: Allocation areas and projects



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the UN.

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