



HUMANITARIAN SITUATION IN SOMALIA

Monthly Analysis

April 2007

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

HIGHLIGHTS

The month of April saw continued deterioration in the security situation in Mogadishu, as fierce fighting between TFG/Ethiopian forces and anti-TFG factions resulted in the death and continued displacement of civilians. A total of 394,000 people have fled Mogadishu between 1 February and 4 May. The third week of the month was particularly violent, with two car bombs exploding and the SOS hospital hit by mortars. In the final days of April, the TFG announced that it had taken control of much of the city. Since then, Mogadishu has remained relatively calm. Movement out of the city has slowed dramatically, and small numbers of IDPs have returned. However, fears of renewed violence remain and are preventing large-scale returns.

Health concerns continue to focus on the Acute Watery Diarrhea (AWD)/cholera outbreak in South/Central Somalia, with 23,202 cases confirmed, including 743 related deaths, between 1 January 2007 and 27 April. The actual number of cases may be higher, as some areas remain inaccessible. The recent wave of displacement from Mogadishu is contributing to the spread of AWD/cholera, as are long-standing problems of poor access to safe drinking water and sanitation facilities. Health partners are responding to the outbreak, providing basic health services to over 365,000 IDPs and non-IDPs in a number of regions. Meanwhile, two new cases of polio were reported in April in Mudug region. So far in 2007, eight cases of polio have been confirmed throughout Somalia. Intensified efforts to stop the circulation of the virus are continuing.

The security situation, particularly in Mogadishu, continued to seriously restrict humanitarian access in April. Overland transport of goods and staff remained dangerous, especially on roads in and out of Mogadishu, and aid workers reported harassment by militia and TFG/Ethiopian troops. The roads linking Mogadishu with Afgoye and Merka were closed sporadically due to military activity, hindering attempts to move assistance to thousands of IDPs in these areas. Moreover, agencies were unable to access warehouses in Mogadishu where pre-positioned food and non-food items (NFIs) are stored. Key airstrips near Mogadishu remained closed for much of the month. The onset of the *Gu* rains (April-June) also began to impede access. WFP food distribution in Middle Juba was halted due to impassable roads, while a WFP convoy carrying 1,176 metric tons (MT) of food to Afmadow and Hagar was stuck in the mud for over two weeks. The convoy began moving to Buale on 30 April, but the distribution has been postponed until road conditions allow.

The UN Emergency Relief Coordinator traveled to Mogadishu on 12 May to assess the humanitarian situation in areas affected by the recent conflict and to hold talks with the Transitional Federal Government and civil society. The ERC urged parties in Somalia to abide by International Humanitarian Law and to provide full support for unhindered humanitarian access to populations in need. His visit was the latest in a series of high-level advocacy initiatives undertaken by the international and humanitarian communities in April and early May in an effort to increase humanitarian access. In Baidoa on 23 April, UN officials met with the Minister of Health and the newly established Inter-Ministerial Committee, a technical working group appointed by the TFG to act as the focal point for humanitarian response to the crisis. At the meeting, which addressed obstacles to humanitarian access, the TFG declared all civilian airstrips open.

The various demarches undertaken and the decrease in violence at the end of April allowed for some improvements in access. Following a security assessment, the airstrip at K50 is now open to humanitarian cargo and passenger flights, and it is hoped this will facilitate greater access to the region. Cross-border transport of humanitarian supplies from Kenya to Somalia proceeded without incident in late April and early May (though the border remains closed to potential Somali asylum-seekers).

In spite of access restrictions and insecurity during the reporting period, UN agencies and NGOs, along with local partners, were able to increase response to the needs of those displaced by the conflict. In Lower Shabelle, tens of thousands received NFIs, food aid and water, while health and Water, Sanitation and Hygiene (WASH) partners provided chlorine, cholera kits and medical supplies. In Middle Shabelle, thousands also received NFIs. In the border town of Doble in Lower Juba, NFIs and cholera treatment supplies were provided. Tens of thousands of IDPs in Galgaduud and South Mudug received NFIs and will also receive food, while in Mogadishu itself, response activities focused on water trucking/chlorination, the resupply of health facilities with essential drugs and kits and the operation of Cholera Treatment Centres (CTCs).

ACCESS and SECURITY

The month of April saw continued deterioration in the security situation in Mogadishu, as fierce fighting between TFG/Ethiopian forces and anti-TFG factions resulted in more civilian deaths and further displacement. UNHCR estimates that 190,000 people fled the city in April. (This is out of a total of 394,000 displaced between 1 February and 10 May.) The third week in the month was particularly violent, with two car bombs exploding – one on the Mogadishu-Afgoye road, the other in Mogadishu. The headquarters of Somali NGO DBG (Daryeel Bulsho Guud) was hit by artillery fire, and SOS hospital was struck by mortars, reportedly resulting in the death of several patients. The hospital was closed and all staff evacuated. In the final days of April, the TFG announced that it had taken control of much of the city. Since then, Mogadishu has remained relatively calm and small numbers of IDPs have returned to the city. Returns, however, are minimal, and tensions persist in the capital.

Elsewhere in South/Central, there were signs that the violence in Mogadishu was having a destabilizing effect. On 23 April, serious clan fighting erupted in Kismayo (Lower Juba) over control of the key port city, resulting in at least 11 dead and 40 wounded. The fighting occurred just days after the first UN inter-agency mission to Kismayo since December 2006 had taken place. Kismayo had been closed to UN international staff for security reasons and it was hoped that the mission, which met with local authorities and partners about increasing the humanitarian response in Kismayo, represented a breakthrough in access.

The security situation, particularly in Mogadishu, continued to seriously restrict humanitarian access during April. Key airstrips in South/Central remained closed. Overland transport of goods and staff remained dangerous, especially on roads leading to and from Mogadishu, with reports of banditry, murder and rape on these routes, as well as the harassment of aid workers by militia and TFG/Ethiopian troops. The roads linking Mogadishu with Afgoye and Merka were closed sporadically due to military activity, hindering attempts to move assistance to the thousands of IDPs in these areas. (The tension in and around Kismayo also caused transport delays, with contractors reportedly reluctant to operate in the affected areas.) Moreover, agencies had difficulty accessing warehouses in Mogadishu where needed pre-positioned supplies are stored. Although UNHCR was able to remove some NFIs from Mogadishu in late April for distribution in Afgoye, the vast majority of UNICEF/UNHCR supplies warehoused in the capital remained inaccessible. In addition, CARE was temporarily unable to move 1,371MT of food stored in Mogadishu intended for 60,000 IDPs in Galgadud and South Mudug.

The *Gu* rains (April-June) have also begun to impede access. Roads in Gedo and Lower and Middle Juba are reported to be affected, while roads around Afmadow and Badhade (Lower Juba) are flooded to the extent that some areas are now cut off. WFP food distribution in Middle Juba was halted due to impassable roads, while a WFP convoy carrying 1,176MT of food to Afmadow and Hagar was stuck in the mud for over two weeks. Recently, flooding in Jowhar resulted in the closing of the airstrip on 15 May, as well as the closing of the main Mogadishu-Hiran road running through Jowhar.

Visit of the ERC to Somalia

During April and early May, the international and humanitarian communities undertook various demarches in an effort to pressure warring parties to cease hostilities and to enable the delivery of humanitarian assistance. On 12 May, the new Emergency Relief Coordinator (ERC) – John Holmes – travelled to Mogadishu, becoming the highest ranking UN official to have visited the city since the early nineties. Although the visit was curtailed by explosions along the mission's proposed route, the ERC met with the TFG President and Prime Minister, as well as with civil society representatives.

In his meeting with the TFG, the ERC conveyed his grave concern over the dire humanitarian conditions in Somalia, stressing that access and security conditions today do not enable a delivery of assistance and provision of protection commensurate to the needs. While the TFG assured the ERC of their commitment to cooperate, the latter highlighted the pressing need for the authorities to do all in their power to facilitate humanitarian access, including communicating the necessary instructions to those on the ground, in particular militia and military actors at checkpoints.



The Emergency Relief Coordinator, John Holmes, visits an IDP site in Mogadishu during his 12 May visit. Source: OCHA

The ERC also expressed grave concern over ongoing reports that human rights abuses and violations of International Humanitarian Law have been perpetrated by all sides to the conflict, and he strongly condemned any such acts. The TFG denied involvement in these abuses and agreed to a visit by the High Commissioner for Human Rights to look into the allegations. On the magnitude of the crisis, the TFG disputed the number of IDPs from Mogadishu and stated that the humanitarian community was exaggerating the scope of the displacement. The ERC did not accept the claim and stressed that thousands of civilians are still living in appalling conditions with minimal access to assistance. He emphasised that the humanitarian community is struggling to provide assistance and that much more needs to be done to reach those in need, including those who are beginning to return to the capital, as well as urban IDPs who remained in Mogadishu and for whom sustainable solutions must be found.

In a separate meeting, the ERC and representatives of civil society shared their concerns over the crisis. According to representatives from women's groups, some pregnant women are reported to be miscarrying in their locations of displacement due to squalid and unsanitary living conditions. The return of IDPs to Mogadishu was also discussed, with members of civil society expressing concern that many IDPs are currently unable to return to the city, either because their shelters have been destroyed or because of uncertainty over the future use of public buildings that they had been occupying. Civil society representatives called upon the ERC to ensure that Somalia is not forgotten by the international community. The ERC assured those with whom he met that he will continue to advocate for Somalia and raise awareness of the ongoing crisis in the country. Upon his return to New York, John Holmes will brief the UN Security Council on his trip.

On 23 April, UN officials met with the TFG Minister of Health and members of the newly established Inter-Ministerial Committee – a technical working group chaired by the Minister to serve as the focal point for humanitarian response to the current crisis. At the meeting, UN officials addressed obstacles faced by humanitarian agencies in meeting the needs of affected populations. The Committee stated that the TFG offered its full support for the delivery of assistance and declared all civilian airstrips open for humanitarian organizations, including the key airstrips of Merka and K50. With the onset of the *Gu* rains, and road conditions already affected, air access may once again become the only means of bringing humanitarian assistance to certain areas of South/Central.

As a result of negotiations with the TFG and the decrease in violence in Mogadishu from late April, there have been some recent improvements in access. Following a security assessment, the airstrip at K50 is now open for humanitarian cargo and passengers. It is hoped that access to K50 will help to boost the response to IDPs in the area. Baidoa, Beletweyne and Wajid remained open, with Luuq and Jamame are accessible through special request. Hargeisa, Bossaso, Garowe and Galkayo also remained open for staff and cargo. However, Merka airstrip remains closed until a security assessment can be completed. Cross-border transport of relief supplies from Kenya to Somalia proceeded without incident in late April and early May. The WFP-chartered ship that had been held by pirates for 40 days off the Somali coast was released on 15 April. According to WFP, the piracy incident hampered the agency's efforts to contract other ships for food deliveries in Somalia. Meanwhile, WFP was able to deliver 320 MT of food to 32,000 IDPs at six sites along the Mogadishu-Afgoye road; the distribution had been prevented by the authorities on 7 April but was approved at the 23 April meeting between UN and TFG officials. CARE moved 1,371MT of food stored in Mogadishu to Galgadud during the first week of May, while in the north of Somalia, the security classification of Somaliland and Puntland was lowered from Phase IV to Phase III, with the exception of Mudug region in Puntland and the contested areas of Sool and Sanaag.

In spite of access restrictions and continued insecurity, agencies and NGOs, along with local partners, were able to increase response in April to the needs of the displaced from Mogadishu. (see box below) However, due to the continued inaccessibility of some areas and limited humanitarian presence in others, gaps remain in the response, particularly in the areas of water and sanitation, health, food, shelter materials and education.

A UN inter-agency mission travelled to Galgadud region during the last week in April to assess the humanitarian situation of IDPs in the region. (There are an estimated 109,000 displaced in Galgadud.) Humanitarian presence in Galgadud has been very low for the last several years due to volatility and frequent clan conflicts; adequate knowledge about the needs and situation of vulnerable populations has thus been limited. However, community leaders, local elders and authorities are trying to improve the security situation and create a better environment for humanitarian access. The recent mission identified critical need for projects in water and sanitation, health services, and education awareness and activities. Although the mission focused on IDPs, recommendations are for projects that would also benefit host communities.

PROTECTION

As the insecurity and violence in Mogadishu persisted through most of April, civilian casualties mounted and people continued to flee the city. The UNHCR-led Population Tracking Movement (PMT) initiative has estimated that 190,000 people left Mogadishu during April. This is out of a total of 394,000 people who have fled the city between 1 February and 4 May. Movement out of Mogadishu slowed dramatically following the cessation of heavy fighting in the last week in April. However, as PMT partners continued to gather and transfer information to UNHCR on IDPs not previously counted or accessible, the rise in the total number of IDPs in early May does not reflect continued or increasing movement.



A woman and her family arrive in Baidoa atop a truck from Mogadishu. About 19,000 IDPs arrived in Baidoa fleeing the Mogadishu fighting since February. Source: UNHCR/Local Partner

IDPs within Mogadishu were among those worst affected by the recent violence. The proximity of IDP settlements to many of the buildings targeted by mortar attacks, as well as the fragility of IDP shelters, led to loss of life and the wounding of many IDPs, including children. Child Protection Monitors reported cases of children between the ages of 7 months and 18 years being seriously injured or killed by indiscriminate shooting and shelling.

The vast majority of conflict-related IDPs remained in the Shabelles, with 68,000 now in Middle Shabelle and 84,000 in Lower Shabelle. As the areas nearest to Mogadishu became increasingly crowded, IDPs were compelled to move to regions further from the capital. To date, 109,000 people have gone to Galgaduud; 40,000 to Mudug; 28,000 to Bay; 44,000 to Hiran; 1,800 to Bakool; over 5,000 to Gedo; and 5,500 to Lower Juba. (Of those in Lower Juba, 2,000 - 3,000 are in Doblely on the Kenyan-Somali border; the border has been closed since 3 January 2007.) Another 5,000 IDPs went to Somaliland – mainly Hargeisa and Togdheer – while over 2,300 went to Bari region in Puntland.

In the last week of April, with the end of heavy fighting in Mogadishu, the flow of IDPs out of the city towards Afgoye came to a halt. As of mid-May, several thousand IDPs were said to be returning to their homes in Mogadishu. Returns appear mainly to consist of urban poor who are coming back to Mogadishu in an attempt to restore their livelihoods. There are reports of people arriving in the city – particularly Oromos – being harassed and arrested. Returns may be further discouraged by fears of renewed violence, the fact that some public buildings formerly occupied by IDPs were destroyed in the fighting, and tension over the planned use of public buildings that were, until recently, occupied by IDPs.

Humanitarian response to those displaced by recent conflict

Due to access restrictions faced by humanitarian agencies, thousands of displaced Somalis spent weeks without proper food, water or shelter. Families with no relatives or clan links in the areas around Mogadishu (particularly Afgoye) have been living in the open or under trees. In April, despite access restrictions and insecurity, humanitarian agencies and partners increased the response to these IDPs, prioritizing water and sanitation interventions, shelter and NFIs, food and health services.

In Middle Shabelle, ICRC supplied NFIs to approximately 44,300 IDPs, while Oxfam Novib and SAACID distributed NFIs to 6,900 IDPs in the region. In Lower Shabelle, UNHCR distributed NFIs to 49,000 IDPs; DRC with partners UNHCR and UNICEF distributed NFIs to 12,000 IDPs:

CARE and CONCERN delivered NFIs to 23,000 IDPs; WFP delivered a total of 733MT to 83,000 IDPs in the region. CARE will distribute 109MT of food in Brava, on behalf of WFP, to 13,500 IDPs.

In Mogadishu, UNICEF supplied Oral Rehydration Sachets and cholera kits to partners and increased chlorination



UNHCR distributed NFIs to IDPs in Lafoole, 21km south of Mogadishu. Source: UNHCR

activities. WFP distributed 325MT to 16,000 IDPs and 5MT to Benadir hospitals to benefit war wounded. UNHCR sent NFIs for 2,000 IDPs and medical supplies for cholera/AWD patients to Doble in Lower Juba.

Further north, in Galgadud and South Mudug, ICRC distributed NFIs to 66,000 beneficiaries, while CARE completed food distribution to 60,000 IDPs with food it was able to transport from its warehouse in Mogadishu.

Meanwhile, WHO, UNICEF, ICRC, *Medecins Du Monde* and others have provided chlorine, cholera kits and medical supplies to health facilities and partners in various locations, while trauma kits have been provided in a number of regions to treat those wounded in the conflict. However, due to the continued difficulties of reaching some displaced populations, gaps remain in the overall response, particularly in the areas of water and sanitation, health, food and shelter materials.

Further to the continued detention in Puntland by the authorities of 131 people from South/Central reported last month, UNHCR has persisted in trying to gain access to the detainees, though without success. The detainees were arrested in Garowe on 23 March, then transferred to Galkayo. The authorities have cited security concerns as the reason for the detentions. At a meeting on 20 April, Puntland's Minister of Interior assured UNHCR that all detainees had been released. UNHCR is attempting to verify this and remains concerned about protection of those fleeing insecurity in South/Central Somalia. The issue was raised by the UNHCR Assistant High Commissioner at a meeting with authorities in Galkayo on 2 May.

In Bossaso, the allocation by lottery of 140 houses for IDPs and urban poor was finalized in April. The houses – constructed by DRC in collaboration with UNHCR and UNHABITAT – are part of a durable solution approach to the housing needs of IDPs in Bossaso. Their construction followed on from a 2005 agreement in which local landowners agreed to donate land for the project. A town committee then selected four IDP settlements housing vulnerable families in protracted displacement. Each of these settlements appointed a selection committee to draw up a list of eligible families. All families took part in the lottery and, as per prior agreement with the authorities, 80% of the houses went to IDPs and 20% went to urban poor.

Human smuggling from Somalia to Yemen remains a major protection concern. During April, 1,934 Somalis and Ethiopians seeking security and economic opportunities attempted the hazardous journey from Puntland across the Gulf of Aden to Yemen. According to UNHCR, since the start of 2007 more than 7,144 people have crossed to Yemen coast, while at least 380 people have died in the attempt; many others remain missing. In April alone, 19 Somalis and 99 Ethiopians died during the crossing, with at least 34 people drowning on a single day. On 6 April, three smuggling boats approached the Yemeni coast and began dropping passengers off near shore when the boats reportedly came under fire from Yemeni authorities and moved back out to sea. Twenty-two people were subsequently forced into deep water where they drowned. That same day, a third boat approaching the Yemeni coast forced its passengers overboard far from shore and another 12 people drowned. Passengers aboard this boat said they had been beaten during the voyage from Somalia. UNHCR is currently in discussion with IOM and other actors on a ten-point plan of action. The plan aims to enhance inter-agency and regional cooperation on the migration issue, ensuring that all categories of persons on the move (unaccompanied minors, economic migrants, asylum-seekers) receive the attention and protection they require from the relevant agencies.

LIVELIHOODS and FOOD SECURITY

April marked the onset of the *Gu* season. The *Gu* rains have started in many parts of the country and so far have been evenly distributed. The last ten days of April saw moderate rains over southern Somalia, although recorded amounts are considered to be slightly below the normal historical mean. Meanwhile, heavy rains fell over the Shabelle catchment in the Ethiopian highlands in the second half of the month, which led to increased river levels at Beletweyne and Bulo Burti (Hiran). The rise in river levels was within normal range; however, due to heavy localised rains in Jalalaqsi (Hiran), river levels downstream rose, especially in Jowhar where river breakages were observed at two points – Moyko and Marerey. There are ongoing attempts by local NGO WOCA to close these breaches, and UNDP – with the support of UNICEF – is ready to provide assistance if needed.

According to FEWS/NET, the *Gu* rains are proving beneficial for most of agro-pastoral, pastoral and riverine livelihood zones. Aside from Lower Shabelle, where crop germination is reported to be poor, in most southern regions crops have started to germinate and pasture continues to regenerate. Rains have also begun to replenish water sources and improve rangeland conditions.

FAO/FSAU have reported that the supply and price of imported food commodities within the Mogadishu market catchment area rose during the reporting period due to a slow-down of activities in Mogadishu port because of insecurity,

marine piracy and the imposition of new port tariffs. (The price of imported rice, eg, rose 67% in Mogadishu between mid-March and mid-April.) Insecurity also disrupted informal trade and the casual labour market in the city. The increase in roadblocks added to restricted trade flow and rising transportation costs. Traders responded to the insecurity by closing stores and warehouses and moving goods to safer locations within and outside of Mogadishu. Some stockpiling of commodities for price speculation was also reported. If fighting erupts again in Mogadishu and other issues remain unresolved (eg, port tariffs), the price of imported commodities will continue to rise. Food access for many IDPs was significantly stressed due to the sudden disruption in livelihoods in the midst of insecurity, rising prices, limited savings and other factors.

HEALTH, WATER HYGIENE and SANITATION

The outbreak of Acute Watery Diarrhea (AWD)/cholera in South/Central Somalia continued in April, with 23,202 cases diagnosed from 1 January 1 to 27 April and 743 related deaths. However, these numbers may be lower than the actual caseload, as some areas of South/Central remain inaccessible, especially Benadir region. Sustained AWD/cholera spread is attributed to poor access to safe drinking water and sanitation facilities, and poor hygiene practices – conditions which were made worse by the displacement of almost 400,000 people during the recent conflict. If localized flooding results from the *Gu* rains, the AWD situation may worsen..

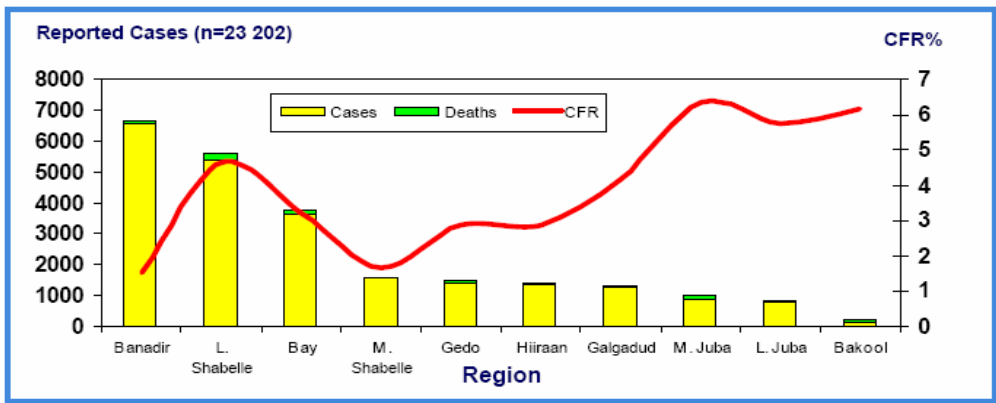


Figure 4: Distribution of AWD cases, deaths and CFR by region, Central and South Somalia, 1 January - 27 April 2007

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WHO, UNICEF, UNFPA, MSF, ICRC, SRCS and other health partners are responding to the AWD outbreak, providing basic health services to over 365,000 IDPs and non-IDPs in a number of regions. However, the current response is not adequate to the outbreak, largely due to the lack of access for international staff to some areas and therefore the limited supervision and monitoring of response activities and treatment. In other areas, there are no health partners for implementation of response. Chlorination activities, including for hospital water supplies, are needed but are limited by lack of capacity in water and sanitation. Funding of health projects also remains low (only 6% covered under CAP), which contributes to inadequate response capacity.

In the meantime, some regions in South/Central Somalia are seeing an increase in AWD caseload while other regions are seeing a drop. Of all AWD cases reported to date, 28% (6,586 out of 23,202) are from Benadir region. Drugs and medical supplies have been distributed to hospitals and two CTCs are operating in Mogadishu. Humanitarian interventions in and around the city were restricted by roadblocks along the roads linking Mogadishu to Afgoye and Merka (Lower Shabelle), but limited water and sanitation activities are ongoing in Mogadishu, security and access permitting. Measures to control AWD include plans by WHO – through partner Muslim Aid – to restart mobile health teams in Mogadishu, while partners such as *Action Contre la Faim* (ACF) are, with the support of UNICEF, involved in chlorination of 326 wells. ICRC has provided at least 100 tonnes of medical supplies to hospitals in Mogadishu, as well as thousands of Oral Rehydration Sachets.

In Bay and Bakool regions, partners are stepping up AWD surveillance and response by conducting capacity building, hygiene promotion and chlorination activities in affected districts. Sixty health workers from the Ministry of Health (MoH) and NGOs from the CTCs in Baidoa and Wajid were trained in AWD case management. In collaboration with UNICEF, OCHA and NGOs, WHO and the MoH conducted a cleaning campaign in Baidoa Hospital. UNICEF will distribute chlorine tablets at household level in areas where water is not chlorinated at source and carry out additional hygiene promotion activities. A system is being piloted in Baidoa whereby



A young boy and his mother in a Cholera Treatment Centre in Mogadishu. Source: OCHA

chlorine is distributed by Water and Sanitation partners to well owners or water point committees who then chlorinate their own wells. Results have been encouraging and AWD cases in Baidoa have dropped from 70 per day to less than 10 per day.

The AWD trend has decreased in recent weeks in some regions, including Middle and Lower Shabelle and Hiran. In Middle Shabelle, WHO, UNICEF and others are continuing to support Jowhar hospital with drugs and medical supplies, while in Lower Shabelle, MSF-Swiss is providing basic health services. WHO, in partnership with COSV, has three functioning mobile health teams covering major IDP areas, including Qoryoley and Merka. In Hiran, where the situation was critical in February, the caseload has decreased. Health services continue to be provided by IMC, ICRC, SRCS and MSF. Drugs and medical supplies, as well as basic health services for IDPs, are also being provided in the various districts of Bay, Galgaduud and Mudug. In Lower Juba, Kismayo hospital is managing the CTC with the support of WHO.

Two new cases of polio were reported in April 2007 from Mudug region. This brings the total number of confirmed polio cases to 229 since the wild polio virus broke out in Somalia in July 2005. The vast majority of the cases relate to 2005 when 185 cases were confirmed, mostly in Benadir region. In 2006, 36 more cases were reported. So far in 2007, eight cases have been confirmed (five in Togdhere, one in Hiran and two in Mudug). With the two new cases in Mudug and one in Hiran, health officials are concerned that there may be undetected polio cases in these areas.

To date, 18 polio vaccination campaigns have been conducted in Somalia since the importation of polio from Yemen in 2005. The last one took place between 23-25 April in Lower and Middle Juba, Togdhere, Sool, Hiran, and four districts in Middle Shabelle (Aden Yabaal, Mahaday, Balad, and Jowhar). Results are not yet published, but are expected to be similar to the March and February coverage rates (93% and 92% respectively).

Lack of access due to insecurity and fighting is hampering the completion of the measles campaign. So far, the campaign has been implemented in 76 out of 80 districts, with an 85% coverage rate (2,019,717 children between 9 months and 15 years of age). Four districts (Walaweyn, Afgoye and Awdegeley in Lower Shabelle and Mahas in Hiran) are yet to be completed.

NUTRITION

A critical nutrition situation persists in parts of South/Central Somalia despite the reported improvement in the food security and livelihoods conditions earlier this year (FAO/FSAU Post *Deyr* '06/07, January 2007). Widespread AWD/cholera, loss of assets due to last *Deyr* floods in the riverine areas and widespread displacement have all reduced the potential mitigating impact of the improved food security situation on the nutritional status of populations in parts of South/Central (Bay, Bakool and Hiran).

The above is evidenced by the continuing high rates of acute malnutrition reported in recent nutrition assessments conducted in March and April 2007, where five out of six surveys showed levels of Global Acute Malnutrition (GAM) above the emergency threshold of 15%. The assessments included: i) Dinsor district (Bay) - GAM rate 19.9%; ii) Qansadhere district (Bay) - GAM rate 17.9%; iii) Hiran riverine livelihoods - GAM rate 18.2%; iv) Hiran pastoral/agropastoral livelihoods - GAM rate 15.7%; v) Beletweyne district - GAM rate 15.4%; and vi) Beletweyne town, where the lowest GAM rate of 12.6% was recorded. Despite the improvement in the food security registered at the start of the year, the findings also indicated no significant change from assessments conducted in the same areas this time last year. This highlights the impact of other factors on acute malnutrition, such as access to adequate health care, dietary diversity, clean water and good hygiene practices, as well as the impact of the shocks highlighted above.

The recent influx of nutritionally vulnerable IDPs from Mogadishu to Bay, Bakool, Hiran and the Juba regions is of particular concern, given the underlying nutritional vulnerability of the host population. As seen above, high rates of acute malnutrition persist in these areas, and with the additional stress on existing resources of food, water, shelter and health care caused by the arrival of the IDPs, there is a potential for further deterioration in the nutrition situation of both host and IDP populations, particularly in the absence of an adequate response.

UNICEF, in partnership with Intersos, SOS and ACF, is supporting Supplementary Feeding Programmes (SFPs) and Therapeutic Feeding Centres in Mogadishu and Jowhar. Partnering with UAE Red Crescent, UNICEF plans to expand the activities in the coming two to three months. In the Shabelles, limited access has obstructed efforts to establish SFPs. Elsewhere in South/Central, gaps in the nutrition response remain due to the limited capacity and number of organizations involved in most of the regions concerned. The current capacity is overstretched and insecurity is hindering possible expansion into some areas with critical levels of acute malnutrition, such as rural areas of Bay, parts of the Juba Valley and parts of Gedo. Stretched resources are also limiting expansion plans for Selective Feeding Programme establishment and implementation. In an effort to bridge nutrition intervention gaps in Bay, ACF has commenced referral of severely malnourished cases from rural Baidoa areas to the Therapeutic Feeding Center in Wajid, while the International Medical Corps (IMC) commenced expansion of its SFPs in Dinsor and Qansadhere in March and early April 2007.

HIV/AIDS

The HIV-Syphilis sero-prevalence survey funded by the Global Fund to fight AIDS, Tuberculosis and Malaria is ongoing in Puntland after completion in Somaliland in January/February 2007. Due to the current security situation in South/Central, the survey will be conducted in this zone only in accessible towns in the regions. The survey targets pregnant women attending antenatal clinics and patients presenting with Sexually Transmitted Infections (STIs) from selected Mother and Child Centers (MCH) and STI units throughout Somalia. There are currently 16 MCHs and six STI units in Somalia. The sero-prevalence survey is expected to generate strategic information to inform and guide the HIV/AIDS response in Somalia, as well as confirm the extent of the HIV epidemic in the country which, based on 2004 survey results, is 0.9%.

Meanwhile, capacity building activities overseen by WHO and funded by the Global Fund continued in April to equip health providers with the necessary skills and laboratory equipment to care for HIV/AIDS patients. Thirty health workers from the TB centers, MCHs and hospitals were trained on Volunteer Testing and Counseling (VTC) in Somaliland.

CONSOLIDATED APPEALS PROCESS (CAP) and COORDINATION

The Revised 2007 CAP for Somalia was launched 19 April in Geneva by the Humanitarian Coordinator. It seeks US\$262 million, up from the original US\$237 million requested in December 2006. The revision followed positive post-*Deyr* findings which saw a drop in the number of people in need of assistance from 1.8 million (identified in August 2006) to 1 million. However, in spite of improvements in food security, the entire country remains classified Chronically Food Insecure and thus extremely vulnerable to any shocks – conflict or natural disaster. To date, the 2007 CAP has received over US\$103 million (39% covered). As with past appeals, most funding has gone to the food sector (100% covered), while other critical sectors – such as health (6%), protection (9%), shelter (8%), agriculture (8%), education (0%), and water and sanitation (20%) – remain under-funded.

In the first four months of 2007 alone, the HRF has supported 30 projects, surpassing the 22 projects funded in all of 2006. Projects supported in the last four months have addressed the emergency needs of people affected by floods in the Juba and Shabelle river basins, as well as other non-riverine areas of southern Somalia that received above-normal rainfall in November and December 2006. As the flood water receded, the HRF shifted support to early recovery and flood mitigation activities, such as strengthening of river embankments and de-silting of irrigation canals, projects that not only contribute to flood control but also provide irrigation water during dry periods. In view of the present crisis, the HRF will prioritise emergency response activities to address the AWD/cholera situation and assist the internally displaced.

Efforts to make the HRF more accessible to national NGO are ongoing. In the last four months, thirteen national NGOs have received direct funding alongside nine international NGOs and three UN agencies. This is a marked improvement from 2006, when only four Somali NGOs received direct funding.

**Throughout 2006/2007, OCHA Somalia has received funding from:
Australia, ECHO, Ireland, Italy, Republic of Korea, Netherlands, Norway, Sweden, and United Kingdom**