



## BASELINE

Population (UNFPA 2014)	12.3m
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 2015)	0.52/10,000 /day
Under-five global acute malnutrition rate (FSNAU 2015)	13%
% population using improved drinking water sources (UNDP 2009)	30%

## CLUSTERS

### Lead and co-lead organizations

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

rainfall in some areas, according to SWALIM. The cyclones left livestock deaths and destruction of property in their wake, as well as infrastructure including roads, buildings and boats in Bari and Sanaag regions.

Humanitarian partners continue to scale up response. The Water, Sanitation and Hygiene (WASH) cluster has intensified hygiene promotion activities in Bardheere, Belet Weyne Buur Hakaba and Kismayo, which have been the most affected. This aims to minimize risk of water-related diseases including acute watery diarrhea/cholera and malaria. Partners are conducting assessments to identify needs and to guide further response.

While the rains have slowed down and the flood waters are receding, there remain high risks of flooding along the lower and middle reaches of Shabelle and lower reaches of River Juba.

## Flooding raises concerns of disease outbreaks

### Increased disease threats against a backdrop of poor funding for health

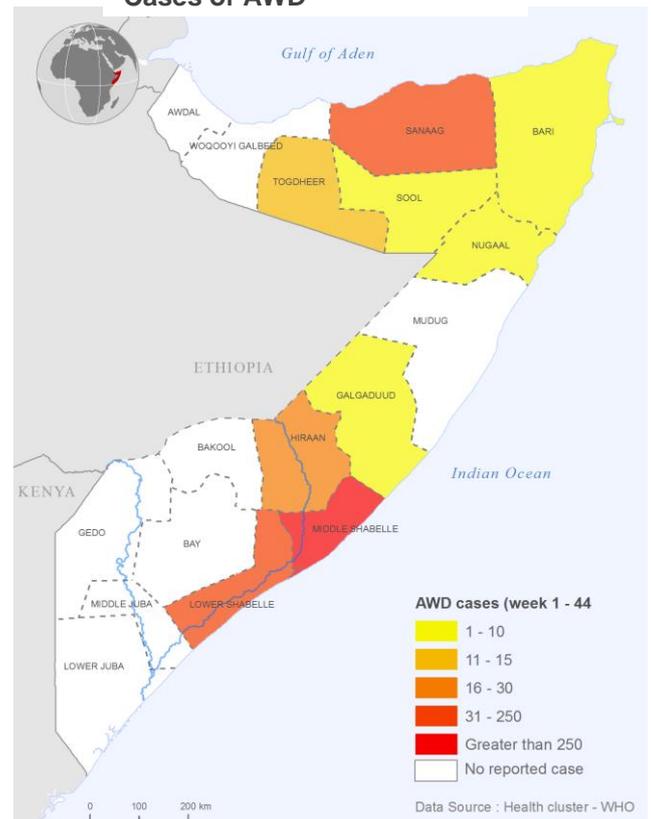
As flooding continues, there are concerns about disease outbreaks in flood-affected areas. Cholera cases have been confirmed in three known hotspots in Jowhar, Kismayo and Mogadishu. The most affected areas are Fanole, Farjano and Gulwade neighborhoods. Authorities in Banadir region have also reported an outbreak of diarrhoea in Mogadishu. Similar reports in Lower Shabelle are being verified. Although the outbreak is under control, the number of cases could increase if flooding persists.

Humanitarians are collaborating with the authorities to respond by enhancing disease surveillance systems, including case definition, detection, management and reporting. The risk of escalation remains high due to the continuing rains and flooding as people are likely to use unsafe and unclean water sources.

Acute watery diarrhoea is one of the leading killer diseases in Somalia. Between January and September 2015, around 4,000 cases of AWD were reported including 20 deaths. An estimated 85 per cent of the cases were children under age 5. To date, a total of 10 regions are affected, with 53 per cent of the reported cases are male and 47 per cent female. Because the reporting system is weak and some of the affected areas are inaccessible, these figures could be higher. The threats come amid poor funding for health in Somalia. With less than six weeks to the end of the year, the Health Cluster is among the least funded having received just 30 per cent of its requirements for 2015. Health facilities have reported increasing stock-outs of essential medicines and supplies. The main cholera referral treatment centres in Mogadishu were closed due to lack of funding.

Partners and the government have pre-positioned diarrhoeal/cholera medicine kits to treat 1,500 cholera cases. Some 76 cartons of assorted medicines were delivered to Belet Weyne hospital by the government. Overall, health partners have supplies to assist 577,000 people in three months.

### Cases of AWD



## Humanitarian OCHA-US visit to Somalia

### Joint efforts to mobilise support for Somalia

A joint delegation comprised of OCHA Operations Director Mr. John Ging, and the Deputy Assistant Secretary, Bureau of Populations, Refugees and Migration, US Department of State, Ms. Catherine Wiesner and USAID Deputy Assistant Administrator, Bureau of Democracy, Conflict and Humanitarian Assistance, Mr. Bob Leavitt, visited Somalia from 23 to 25 October.

The delegation met with government authorities, local communities and humanitarian partners in Mogadishu and Nairobi. The need to do more to keep Somalia on the international radar; preserve humanitarian space and support humanitarian access efforts; enhance accountability, transparency and risk management; establish and strengthen linkages between humanitarian, resilience and development programs; and the need to begin addressing underlying causes, including the creation of conditions for durable solutions for displaced people were emphasized.

Part of the delegation witnessed first-hand the humanitarian situation in Xudur, Bakool, and were encouraged to see the work done to assist people in need, including initiatives undertaken by local communities to build a health facility. Xudur is home to an estimated 5,500 displaced people who fled conflict from villages such as Garasweyne and Mooragabey. Those who were recently displaced are living in challenging conditions in Bulo Jadiid and Tawakal settlements for internally displaced people.

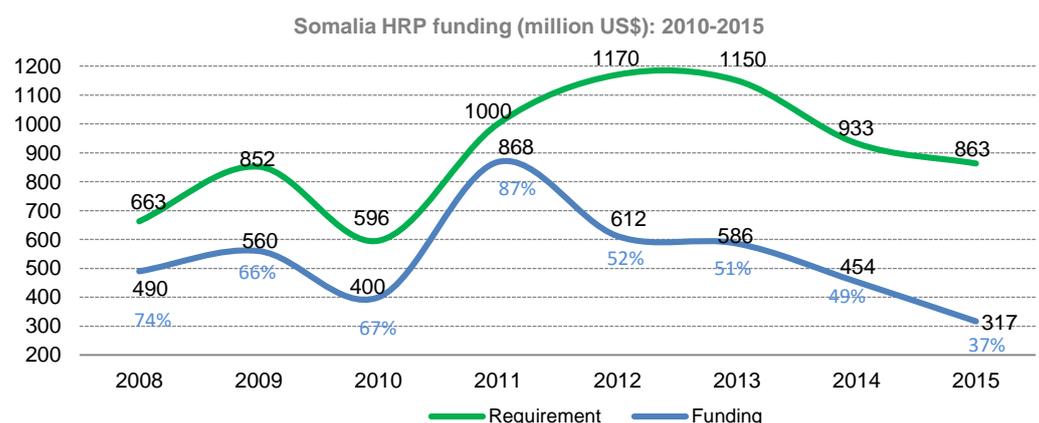
*There is need to do more to keep Somalia on the international radar*

## Humanitarian funding remains low

### Humanitarian needs remain vast

To date, the combined support of donors to the Somalia humanitarian response has been generous, with a total of \$529 million received that includes \$317 million in reported contributions to the 2015 HRP and \$212 million to humanitarian activities outside of the HRP. Adequate and timely funding remains critical if humanitarian partners are to effectively respond to the needs of the affected and the most vulnerable.

*Funding to the Humanitarian Response Plan remains low compared to needs*



For further information, please contact:

**Tapiwa Gomo**, Head of Communication, [gomo@un.org](mailto:gomo@un.org), Tel. +254-731-043197

**Antonette Miday**, Public Information Officer, [miday@un.org](mailto:miday@un.org), Tel. +254-731-043156

**Kenneth Odiwuor**, Public Information Officer, [odiwuor@un.org](mailto:odiwuor@un.org), Tel. +254-734-800120