



Deyni Isaaq left Xudur in February fearing attacks. The family sought shelter in Baidoa town in Bay region. Credit: OCHA/Cecilia Attetfors

HIGHLIGHTS

- Emergency response ongoing for thousands of people affected by the military operation in southern and central Somalia.
- Humanitarian access remains a major challenge due to the volatile security situation.
- With limited funding received, pooled funds focus on most critical regions to maximize impact.

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\$)

3% (31 million)

(reported as of 20 March 2014)

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

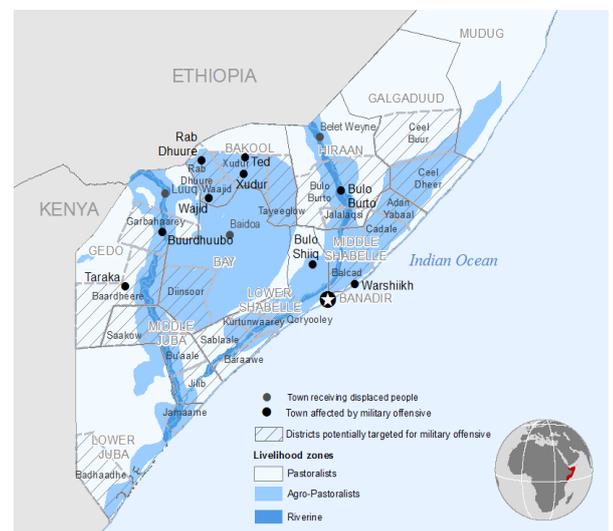
In this issue

- Humanitarian impact of offensive P.1
- Volatile operating environment P.2
- Emergency response continues P.3
- Sustained funding needed P.4

Military offensive triggers population movement

People move out of hot spots and some return to recovered areas

The military offensive announced by the Federal Government of Somalia earlier this year began early March. The Somali National Armed Forces (SNAF) and the African Union Mission to Somalia (AMISOM) have moved to key towns and districts in southern and central Somalia to recover areas from other armed groups. So far, the offensive has directly impacted Bakool, Gedo, Hiraan, Lower and Middle Shabelle regions with other regions indirectly affected as people have moved there for safety, including Bay. The SNAF/AMISOM forces are taking main towns and moving along the main roads while Al Shabaab reportedly remained in control of some major roads, hindering delivery of supplies to affected people. Humanitarian partners are concerned that the military operation could directly affect around 23 districts hosting about 3 million people. Although the situation is fluid, thousands of people are reported to have either moved out of towns affected by the offensive as a pre-emptive measure to avoid conflict zones, or moved back to newly recovered areas they had previously been displaced from.



Area potentially impacted by military operation. The boundaries and names shown on this map do not imply official endorsement or acceptance by the UN. Source: OCHA

Emergency response to assessed humanitarian needs is underway

One location that has seen an influx of people is Baidoa town in Bay region. By mid-March about 6,800 people had been verified to have arrived there. The majority, about 3,800 people, have been absorbed by host communities and the rest have gone to sites for displaced people. Shelter kits and household items have been provided and water, sanitation and hygiene (WASH) supplies were provided to most of the registered families. Plans are also underway to rehabilitate and construct shallow wells, and distribute hygiene kits and ceramic water filters and conduct hygiene promotion awareness raising campaigns. In Luuq district in Gedo region, about 1,000 people arrived from Bakool and Gedo regions and have been provided with emergency WASH supplies. On 20 March, an inter-cluster assessment visited Xudur, which was recovered by SNAF/AMISOM forces in March, to get a first-hand understanding of the humanitarian situation in the town. Initial findings indicate that an estimated 1,800 people had returned to the town since early March. However, there were no settlements for previously displaced people who returned to the town as people appear to be staying with host communities. Supply routes to the

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%

town have been cut, causing scarcity and price increases in the market. Health services would need to be improved and immunization activities restarted. Nutrition services would also need to be strengthened. About 100 water points were found in the area, mostly shallow wells. Only one borehole located in a military compound was functioning, and water provision needs to be strengthened. In addition to people moving into larger towns, an unconfirmed number of people have also temporarily moved to outlying villages near towns where clashes have occurred including around Xudur, Waajid, and Tayeeglow.

For more information on the humanitarian impact of the military offensive, OCHA flash updates can be found at: <http://unocha.org/somalia>

Civilians face protection risks given the fluid security situation

Advocacy has been ongoing with military actors to minimize civilian the impact of the offensive. The humanitarian community has reiterated the need to uphold the humanitarian principles; humanity, neutrality, impartiality and operational independence; and international humanitarian law. Guidelines on civil-military coordination for military and humanitarian partners have been drafted and shared among all partners for adherence.

The primary responsibility to protect the Somali people lies with the Federal Government of Somalia. People look to their national and local authorities, the United Nations and the broader humanitarian community for protection. They require protection to save their lives, ensure their safety and security, alleviate their suffering and restore their dignity in accordance with international human rights law and international humanitarian law as well as internationally and regionally recognized protection standards.

Humanity	Neutrality	Impartiality	Independence
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

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

Humanitarian access remains constricted

Volatile security situation impacts on access and response planning

The security situation in Somalia, particularly in Mogadishu, took a turn for the worse in the first two months of the year with an escalation of attacks in the capital. According to security analysts, intensified attacks in Mogadishu could be to thwart the SNAF/AMISOM military offensive in the regions and districts under Al Shabaab's control. However, now that the planned military offensive has started in Bakool, Gedo, Lower Shabelle and Middle Shabelle regions, the group could adopt similar asymmetric tactics in the areas "recovered" by the military operation. This would make humanitarian access to these areas difficult and unpredictable. Al Shabaab could also attempt to cut-off the so called recovered towns blocking humanitarian and commercial supply routes rendering these areas as "garrison towns", and as indicated above, reports have been received of roads to Xudur in Bakool having been at least temporarily blocked. This has implications on the provision of assistance to the people in need. It also indicates that military take-over of territories is not immediately leading to improved humanitarian access. It is hoped that if the military operation leads to the establishment of proper administrative structures in the newly controlled areas, it may provide an opportunity for humanitarian organizations to have safe and predictable access to people in need in those areas, but it is too early to predict the longer-term implications on humanitarian access.

Forced returns to Mogadishu continue; limited aid provided by partners

The International Organization for Migration (IOM) reported that an additional 6,820 forced returnees from the Kingdom of Saudi Arabia arrived in Mogadishu in February and some 3,000 more in March, bringing the number of forced returns to over 28,000 since December last year. So far, IOM has assisted with reception and repatriation, basic

New products on the OCHA Somalia website:

Flash update on humanitarian impact of military operation:

#1: <http://bit.ly/1r027I0>

#2: <http://bit.ly/1iGXJUa>

Humanitarian Dashboard:

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

Humanitarian Snapshot:

<http://bit.ly/1ijdK1v>

About 857,000 people are unable to meet basic food requirements without assistance.

After several emergency campaigns, the polio transmission has drastically declined.

Visit us online:



health care services, some food and clean water and onward transportation in coordination with the Ministry of Health and with support of humanitarian partners.

Fragile food security for vulnerable households

Multiple responses ongoing to meet food security and livelihoods needs

March and April mark the start of the planting season for the *Gu* rains – the main rainy season in Somalia. Vulnerable households face a critical period for their livelihoods and agro-pastoral and pastoral families in particular depend on good rains to support crop production and pasture growth as well as replenishing water supplies. With the military offensive occurring in key agro-pastoral grain producing areas in southern and central Somalia, especially in the agricultural zones of the Shabelles, the Jubas and the sorghum belts of Bakool and Bay, there is concern on how this could affect planting and harvesting for *Gu* 2014. So far, land preparation has reportedly been disrupted in Bakool region due to temporary movements, but the extent is not yet clear. Although not yet wide-spread, rains have started in parts of southern and central Somalia, which could aggravate the living conditions for those newly displaced in terms of shelter and sanitation.

Food security partners are providing multiple responses to meet the food security and livelihoods needs for some 2.85 million people from February to June. During March and April, the Food Security Cluster has recommended their partners to ensure: a) continuous improved access to food to households in emergency throughout the season; b) access to food to households in crisis; typical pastoral lean season extends through mid-April; c) seasonally appropriate and livelihood specific inputs to increase the productive capacity of rural livelihoods; d) invest in construction of rural livelihood assets; and d) develop alternative livelihood strategies for vulnerable urban populations.



2.85 million

people targeted for multiple responses to meet the food security and livelihoods needs from February to June

The scope of humanitarian needs remains vast. About 857,000 people are unable to meet basic food requirements without assistance and 2 million are in “stress” and only barely meet their food needs and rely on sustained support for other necessities according to the Food Security and Nutrition Analysis Unit (FSNAU), managed by the UN’s Food and Agriculture Organization and the Famine Early Warning Systems Network.

Emergency and basic health services continue

Nationwide vaccination campaigns to curb the wild polio outbreak

The number of polio cases in Somalia stands at 194 according to the Global Polio Eradication Initiative. The two most recent cases had onset of paralysis in December 2013 and were reported from Bossaso, Bari region. An emergency response campaign was conducted immediately in Bari region targeting almost 120,000 children below the age of five, followed by a nationwide polio immunization campaign targeting more than 2 million children below 5 years of age. After several emergency campaigns, the polio transmission has drastically declined and the outbreak appears to be on its tail-end, according to health partners. The response activities will continue throughout 2014 to completely halt the outbreak and prevent further importation. Vaccination campaigns in newly recovered areas are planned as soon as the situation allows.

Conflict related casualties increase in the first two months of the year

Several incidences of violence were reported from southern Somalia in January and February. Some 624 weapon-related casualties were treated in four hospitals supported by the World Health Organization (WHO) in Mogadishu. This represents an increase of 20 per cent in the number of reported casualties compared to November and December 2013. Compared to the last two months of 2013, a 26 per cent increase in the number of weapon-related casualties was observed in January and February also in Kismayo, where 153 cases were admitted to a major hospital supported by WHO.

Sustained funding critical for key activities

Fragile improvements could be lost unless funding levels increase

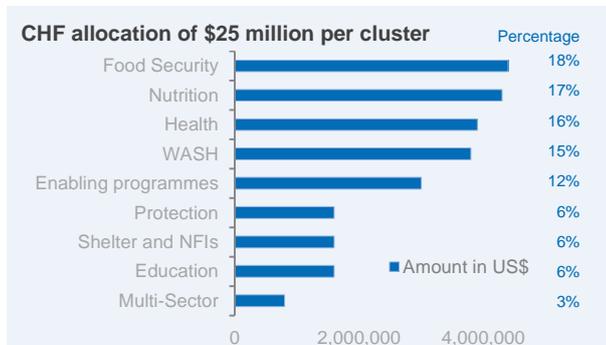
Without timely and adequate funding to strengthen the resilience of vulnerable people, the slightest climatic or man-made shock in the coming months could lead to higher number of people falling into crisis and emergency.

Urgent and sustained funding is required to provide life-saving humanitarian assistance and livelihood support to 2.9 million Somalis in need. Well into the first quarter of the year, funding for humanitarian programmes remains low. The second year requirement of the 2013-2015 Somalia Consolidated Appeal Process has received US\$31 million or 3 per cent of the total \$933 million requested, according to the online Financial Tracking Service. The low funding level is spread across clusters, with enabling programmes the only exception having received about 60 per cent of the requirement. Due to underfunding, clusters are unable to meet targets and as a result, fragile improvements made in the last part of 2013, mainly on food security, could be lost. Without timely and adequate funding to strengthen the resilience of vulnerable people, the slightest climatic or man-made shock in the coming months could lead to higher number of people falling into crisis and emergency.

The Somalia strategic response plan and humanitarian needs overview can be found at: <http://unocha.org/somalia/financing/consolidated-appeal-somalia>

Pooled funding focus on most critical regions to maximize impact

The Common Humanitarian Fund (CHF) allocation strategy is closely linked to the strategic priorities in the three year humanitarian appeal for Somalia. Of the \$30 million received, \$25 million will be disbursed through the first allocation of the Common Humanitarian Fund (CHF), managed by OCHA. The focus of the allocation will be on three areas and most critical priority regions:



Support to the most vulnerable internally displaced people and host communities.

Provide an integrated package of basic services to internally displaced people and host communities. Bay (Baidoa), Gedo (Luuq), Mudug (Gaalkacyo) and Lower Juba (Kismayo) are prioritized due to the large number of protracted displaced people and high malnutrition rates in these regions, against a backdrop of limited livelihood opportunities and poor health, water, sanitation and hygiene services. Half of the allocation or \$12.6 million will be used to support projects responding to this priority.

Action to address chronic humanitarian crises/disasters. Address chronic needs in most vulnerable regions through community led initiatives aimed at: a) preventing people in stress from slipping into emergency and crisis through strengthening their capacity to absorb shocks; b) contributing towards the reduction of chronic acute malnutrition rates; and c) responding to needs of people who are highly vulnerable to floods, drought and communicable disease outbreaks. Focus regions are Bay (Baidoa and Diinsoor), Bakool (Ceel Barde, Rab Dhuure, Xudur and Tayeeglow), Gedo (Luuq), Hiraan (Belet Weyne and Mataban) and Lower Juba (Kismayo). Some \$9.4 million, 38 per cent was allocated to projects under this priority.

Support common services. Specific activities under the enabling programmes in the humanitarian appeal include UN Humanitarian Air Services, cluster coordination, FSNAU, Radio Ergo, the Somalia Water and Land Information Management, the NGO Consortium and NGO Safety Programme. About \$3 million or 12 per cent of the \$25 million was allocated to this priority.

Of the \$30 million received, \$25 million will be disbursed through the first allocation of the Common Humanitarian Fund.

For further information, please contact:

Cecilia Attefors, Reports Officer, attefors@un.org, Tel. (+254) 733 770 766

Rita Maingi, Information Officer, maingir@un.org, Tel. (+254) 734 800 120

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