

HIGHLIGHTS

- Movement to makeshift settlements outside the capital continues. Tens of thousands of people were evicted in August and thousands more in September.
- Aid workers continue to battle disease outbreaks while working to improve the health situation in Somalia, which has some of the worst health indicators in the world.
- Fragile security situation continues to hamper humanitarian work.

FIGURES

# of people in humanitarian emergency and crisis	870,000
# of people in stress	2.3m
# of acutely malnourished children under age 5	206,000
Source: www.fsnau.org (August-December 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\$)

39% (450m)
(reported as of 15 October)

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



School girls in Boroma, Somaliland.

Credit: UNICEF Somalia

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Displaced people uprooted in Mogadishu

Tens of thousands have few services in settlements north of capital

The movement to makeshift settlements outside Mogadishu has increased in recent months. Up to 6,600 families were evicted in August and September from settlements in central Mogadishu, according to the UN refugee agency, UNHCR. Most of the evictions were triggered by private land owners, many of whom are selling land to buyers returning from the diaspora. This situation has increased the vulnerability of people with special needs in particular, such as evicted single mothers and orphaned children. Since June, tens of thousands of displaced people have moved, the majority to an area outside the capital between kilometres 7 and 13 along the road to Afgoye town. A small number of people have returned to their place of origin. As recently as 10 October, between 300 and 500 vulnerable families, including some internally displaced people, were evicted from Majo settlement, near the airport in the capital.

Humanitarians have worked with the Federal Government of Somalia on its relocation plan for displaced in Mogadishu since January 2013. However, pre-emptive action by gate-keepers to move people out of settlements, lack of security at the identified relocation site, and the reduction in UN activities following the attack on the UN compound on 19 June undermined the process. In September, the relocation task force, comprising local officials and humanitarian partners, convened to reengage on the plan. Humanitarians are addressing urgent needs in the K7-K13 area, including by providing latrines. Humanitarian actors remain committed to assist the Government to ensure any relocation is safe, voluntary, organised and respectful of the displaced communities' rights.

See Amnesty International report on the recent evictions in Mogadishu: <http://bit.ly/1fBCRgA>

Durable solutions for displaced sought in Hargeysa

About 4,900 displaced people in Hargeysa's Mohamed Mooge settlement will relocate to public land on the outskirts of Hargeysa in coming weeks. The Somaliland Ministry of Rehabilitation, Reintegration and Reconstruction in collaboration with humanitarian organizations, have completed preliminary registration and token distribution to households that will be further verified for eligibility to acquire a plot of land from the Somaliland authorities. A temporary medical facility has been established at Mohamed Mooge settlement to treat minor illnesses and make referrals to Hargeysa Group Hospital. Assistance is also planned with shelter, water, and sanitation, which was not possible on privately owned land. UNHCR estimates that 45,000 people are displaced in Hargeysa.

Humanitarian partners assist voluntary returns in Somalia

Up to 30,000 people have crossed from Kenya and Ethiopia to Somalia this year, with about 2,100 movements recorded in September, according to UNHCR population movement tracking. Many of these movements are seasonal or temporary and not permanent refugee returns as the situation remains fragile and conditions for large-scale return are not yet in place. An estimated 6,000 displaced families are expected to

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)	0.53/10,000 /day
Under-five global acute malnutrition rate (FSNAU 2013)	14.4%
% population using improved drinking water sources (UNDP 2009)	30%

complete the ongoing registration and returns process and to return to their areas of origin during the short *Deyr* rainy season (October to December). During the main rainy season from April to June, more than 1,700 displaced households were assisted to return to their areas of origin.

Health indicators among the worst in the world

Joint five-year commitment aims to strengthen health sector

Somalia is battling an outbreak of polio with over 170 cases confirmed since the outbreak started in May this year. Health authorities, with the support of the UN's Children's Fund (UNICEF) and the World Health Organization (WHO) have continued mass vaccination campaigns, the seventh in September reached 3.4 million children up to the age of 10. Since 19 July, no new cases have been reported in Mogadishu, where the outbreak started, which indicates that the emergency response activities have been effective. But up to 600,000 children in the most difficult-to-reach areas remain at risk. The health challenges do not stop there.

After decades of civil war, Somalia has some of the worst humanitarian indicators in the world. In an effort to address this, in early October, the Somali health authorities, UN agencies and donors renewed their commitment to improve maternal and child health and reduce mortality. The five-year plan to strengthen the Somali health system focuses on improving the health of mothers and children and access to quality health care. It aims to reach 3.4 million people for service delivery across the country.

70,000

children every year die before their fifth birthday

206,000

children are acutely malnourished

30.5%

of women of reproductive age die of pregnancy related causes

25,000

people, on average, are served by one physician

9,000

people, on average, served by one nurse/midwife

Sources: WHO – World Health Statistics 2013 and trends in maternal mortality 1990-2010 (WHO, UNICEF, UNFPA and World Bank estimates)

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

The scope of health and nutrition needs is sobering

Almost one in five children die before their fifth birthday. According to WHO, the main causes of death are preventable diseases such as pneumonia, diarrhoea, measles and malaria. Poor hygiene and sanitation and high malnutrition rates among children are directly correlated with high child mortality and morbidity in Somalia. Sanitation coverage in Somalia remains very low and only 29 per cent of the population has access to safe drinking water. Water, sanitation and hygiene (WASH) partners are improving awareness of sanitation, including the importance of washing hands with soap, which is one of the simplest, most affordable and effective ways of preventing disease and saving lives. The Global Handwashing Day is marked on 15 October and WASH partners are spreading the message aiming to reach out to millions of Somalis, especially children.

Conflict further complicates the picture, making access to healthcare more difficult and too often resulting in civilian casualties. Over 3,500 civilians with weapon-related injuries have so far been treated at four hospitals supported by WHO in Mogadishu this year, while another 1,500 were treated at the main hospital in Kismayo.

Weapon related injuries reported in four major hospitals in Mogadishu 2013



Weapon related injuries reported at Kismayo General Hospital 2013



It is estimated that every two hours a Somali woman dies due to complications during pregnancy; this is higher than the number of deaths due to conflict.

Women in Somalia also suffer from alarming levels of morbidity and mortality related to pregnancy and childbirth. It is estimated that every two hours a Somali woman dies due to complications during pregnancy; this is higher than the number of deaths due to conflict in Somalia. Early detection of pregnancy-related complications can allow for timely referral of the woman to proper facilities with skilled health personnel. In the past two years, health partners working to address the gap have strengthened emergency obstetric care, including through deployment of medical doctors, on-the-job and specialized training for health service providers, provision of medical equipment and supplies and technical assistance to partners and hospitals. To improve access for people in rural areas to essential services, 200 female health workers have been recruited and trained on reproductive, maternal, neonatal and child healthcare. They will be based in communities across Somalia.

Efforts ongoing to mitigate the health gap after MSF departure

Humanitarian partners together with Médecins Sans Frontières (MSF) have continued to work to fill as much of the gap as possible left by the aid group's withdrawal from Somalia to meet the needs of the most vulnerable people. The Health Cluster estimates that US\$14 million will be needed to continue running for one year 14 of the 20 facilities that MSF had supported, across Somalia. The facilities provide basic healthcare, including maternal and child health services, malnutrition treatment, treatment of common illnesses, surgery, epidemic response, and immunization campaigns. The Somalia Common Humanitarian Fund emergency reserve will provide \$3 million, to give time for development partners to mobilize further support.

Access remains extremely challenging

Due to humanitarian access constraints, work focus on lifesaving activities

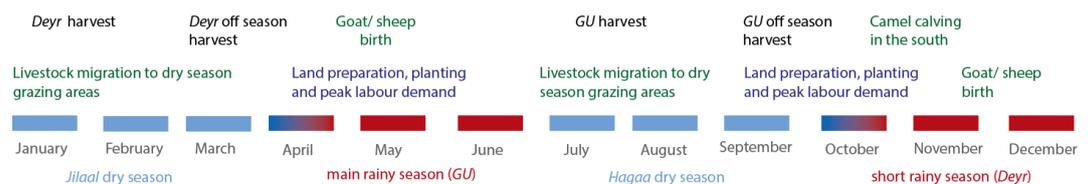
The security situation in parts of Somalia, especially southern areas, including Mogadishu, remained volatile in September. Armed conflict and asymmetric tactics continue to be the main drivers of security incidents, hampering humanitarian access in parts of the country. In Mogadishu, Al Shabaab continues to conduct asymmetrical attacks against Government and security targets, temporarily curtailing all but the most essential movement of aid workers for lifesaving activities.

Seasonal rains start across Somalia

Forecast for below normal rainfall in East Africa

In late September, late and below normal rainfall was forecast for the October-December Deyr rainy season. While the rains began shortly after the forecast in many parts of Somalia, it is premature to discount below-normal rains, which could result in elevated food insecurity in agro-pastoral parts of Bakool, Bay and Hiraan regions. The harvest in Hiraan in August was only 38 per cent of the average. The Food Security Cluster is monitoring the situation. If necessary, the cluster will recommend food security activities to be extended by one to two months and to increase caseloads to incorporate more households in need of assistance.

The alert from the Famine Early Warning Systems Network can be found at: <http://bit.ly/1fChD2f>



Source: Food Security and Nutrition Analysis Unit

Below normal rain could result in elevated food insecurity.

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

Cluster operational maps:

<http://bit.ly/1bW7JrG>

Funding Snapshot:

<http://bit.ly/19SEL8B>

Humanitarian Dashboard:

<http://bit.ly/172OrPD>

Humanitarian Snapshot:

<http://bit.ly/16MriOW>

Photo gallery:

<http://bit.ly/H1an11>

Funding for vast humanitarian needs and resilience programming is vital to bridge the gap until development funding streams come online.

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School initiative to combat low enrolment

Go to school initiative aims to reach 1 million children

Only 4 out of 10 children in Somalia are in school, and many start primary school later than the recommended school-entry age of six years. Secondary school enrolments are even weaker and girls are particularly affected. Only a third of girls are enrolled in school in southern and central Somalia and many drop out before completing primary education. To address this, the Somali authorities in September launched a campaign to provide 1 million children and youth access to education. The plan is supported by UNICEF, UNESCO and WFP and other international partners, and will run for three years.

Read more about the Go 2 school initiative at: <http://uni.cf/16cJrab>

Short extension on remittances from the UK

Legal hitch delayed closure of money transfers through Barclays bank

The termination of UK bank Barclays accounts with Somali money transfer organizations, set for 30 September, was delayed after one of the largest companies brought an injunction against it in a British court, forcing a reprieve until the case is heard. Somali diaspora are a critical source of support for families in Somalia, 40 per cent of whom receive remittances, with 75 per cent of the funds used for essential needs such as food, health care or education. The sum of remittances likely surpasses the amount of international aid: for example, the entire UN coordinated humanitarian appeal for Somalia is US\$1.15 billion while remittances are estimated between \$1.2 and \$1.5 billion a year.

Funding remains at low level

Most funding used to prevent unacceptable loss of life

The 2013 Consolidated Appeal, with a \$1.15 billion requirement, is 39 per cent funded 10 months into the year. As a result, humanitarian actors have prioritized lifesaving activities, while funding for comprehensive investments in resilience are insufficient. However, the Government and international partners reaffirmed their commitment to investing in the resilience programming that is necessary to break the cycle of crisis in the New Deal Compact, endorsed in Brussels on 16 September. Funding for the vast humanitarian needs and resilience programming in the Consolidated Appeal is vital to bridge the gap until the development funding streams anticipated in the New Deal come on line. Humanitarian partners will hold a workshop in late October to review the humanitarian situation and their strategy for addressing the vast needs.

Capacity assessment of partners for pooled funding completed

Capacity assessment of humanitarian organizations is a key component of the Somalia Common Humanitarian Fund (CHF) Accountability Framework. It aims to ensure that the Humanitarian Coordinator and the CHF Advisory Group are equipped with the necessary information about the capacities of the non-governmental partners seeking access to CHF Somalia funding. In July, the assessment of all 112 CHF partners was completed. The organizations were assessed on their institutional, management, financial and technical capacities. Based on the results, 64 per cent of partners were deemed eligible for future CHF funding as of September and their risk level has been further classified as high, medium or low based on their overall score. In addition, mapping of potential gaps in geographical coverage of the 72 eligible partners by cluster was conducted and is now being discussed with respective cluster leads.

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