

KEY INDICATIVE FIGURES

1.05 million

people in humanitarian emergency and crisis (FSNAU, 2013)

1.67 million

people in stress (FSNAU, 2013)

1.1 million

internally displaced people (UNHCR, 2013)

215,000

acutely malnourished children under 5 (FSNAU, as of January, 2013)

BASELINE

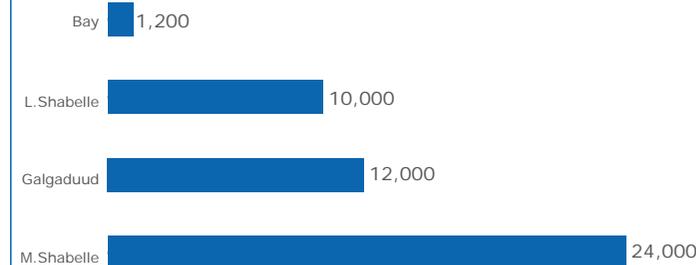
Population (UNDP, 2005)	7.5 m
GDP per capita (UN statistics division)	\$284
% pop. living on less than \$1 per day (UNDP/World Bank Socioeconomic Survey, 2002)	43%
Life expectancy (UNDP-HDR 2011)	51 years
Under-five mortality (FSNAU 2013)	0.68/10,000/day
Under-five global acute malnutrition rate (FSNAU 2013)	14.3%
% population using improved drinking water sources (UNDP 2009)	30%

Situation overview

1 In April, floods claimed the lives of seven children and displaced over 50,000 in Somalia. Intense *Gu* rains coupled with deteriorated river embankments exacerbated the flooding leading to displacements in the lower reaches of the Juba and Shabelle rivers. The worst affected areas were Jowhar and Kurtunwarey districts in Middle Shabelle and Lower Shabelle respectively. Heavy rains also resulted in flash floods in Baidoa district in Bay and Qansax Dheere and Bardhera districts in Gedo. Humanitarian partners have been supporting the flood affected communities with several activities including pumping water from flooded areas, provision of non food items, water purification and rebuilding river banks to allow people to return to their homes.

2 Somali refugees from Ethiopia, Yemen, Saudi Arabia and Kenya continued to return to various locations in Somalia. According to the population movement tracking system by UNHCR, about 18,000 refugees have returned from neighbouring countries into Somalia since January 2013. Majority of the refugees have returned from Kenya.

Number of people displaced by floods in April



Source: SWALIM verified numbers of people displaced by flooding.

HUMANITARIAN APPEAL (2013)
(million US \$)

1.3_{bn}

HUMANITARIAN FUNDING (2013)
(million US \$)

209_m

FUNDING COVERAGE (2013)

15.7%

PROGRESS TOWARDS STRATEGIC OBJECTIVES

Cluster and indicator	People affected			People targeted			People reached			Revised requirements (million \$)	Funding received (million \$)	Percent covered (%)
	0	0.5	1.0	1.5	2.0	2.5	3.0	3.5				
Education - number of learners	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			61.6	5.1	8.1
WASH - sustained water	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			122.6	16.8	14.0
WASH - temporary water	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]					
Food - improved access to food & safety nets*	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			670.1	62.6	9.0
Food - livelihood investment**	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]					
Protection violations services	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			105.0	12.4	12.0
Nutrition - treatment for malnutrition	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			121.8	18.4	15.0
Health - essential health services	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			90.2	5.5	6.0
Shelter - Emergency Assistance Packages	[Bar chart showing progress]			[Bar chart showing progress]			[Bar chart showing progress]			72.3	5.4	8.0

*Beneficiaries reached in current month, ** beneficiaries benefitting from the seasonal livelihood input support for the current season. These figures represent best estimates and might be under reported if some cluster member activities are not captured



FOOD SECURITY

In April 2013, the Food Security Cluster (FSC) assisted over 1.2 million people throughout Somalia. Interventions were aimed at protecting vulnerable households and individuals from being severely food insecure or at assisting food insecure households rebuild their livelihoods. Support was provided through cash, vouchers, food and non-food inputs depending on the households and communities needs and their food security status.

Overall, responses geared towards emergency assistance (emergency food, vouchers and cash) decreased with the start of the rains, which brought some relief to pastoral households.



HEALTH

In April, UNICEF, WHO and GAVI Alliance, an international NGO launched a new pentavalent (five-in-one) vaccine in Mogadishu, Hargeisa and Garowe. In addition to offering children protection against diphtheria, tetanus and pertussis diseases, the vaccine also offers protection against haemophilus influenza, bacteria that can cause pneumonia and meningitis, and hepatitis B. Currently, Somalia has the second highest infant mortality rate in the world, with nearly one in 10 children dying before the age of 5. It is envisaged that this vaccine would help fight childhood illness and reduce child mortality.

Despite incidences of flooding and displacements from a number of areas in South Central, and anticipated increase in cases of communicable diseases, there was no marked increase in the number of hospital consultations reported in April compared to March. Malaria remained the leading cause of morbidity in Somalia with 2,400 cases reported in April followed by acute watery diarrhoea (AWD) with 800 cases.



PROTECTION

Sexual violence remains the most common form of gender based violence across Somalia. Priority activities for the cluster therefore, remain emergency response to survivors through medical, psychosocial and legal support.

The Somalia Child Protection working group launched the guidelines on minimum standards for child protection in humanitarian action in accordance with the Sphere standards. The minimum standards contain guidelines aimed at addressing child protection needs, ensuring quality child protection response, developing adequate child protection strategies and ensuring mainstreaming of child protection in other sectors.



WATER, SANITATION HYGIENE

The WASH Cluster supported 170,000 people (12 per cent of the 1.45 million targeted) with sustainable water access. The Cluster reached 186,000 beneficiaries with provision of temporary safe water sources. A further 115,000 beneficiaries are accessing newly constructed latrines since the beginning of the year, the majority in the South.



EDUCATION

With the number of neglected children increasing in Somalia, the Education Cluster, in collaboration with the Protection Cluster, organised training on protection mainstreaming in education. The objective of the training conducted in Mogadishu was to familiarize the participants with the concepts of protection mainstreaming to ensure that protection is incorporated when designing education programs. Approximately 20 education officers from various agencies in Mogadishu, Lower and Middle Shabelle were trained.

The number of learners reached by the Education Cluster was 576,700 against a target of 600,000 for the current academic year. As the academic year comes to a close in May, the enrolment is expected to remain the same.



NUTRITION

Since January 2013, Nutrition Cluster partners have reached 189,700 out of 193,000 acutely malnourished children between 6 months and 59 months. Of this number, 67,000 were severely malnourished, while 122,600 were moderately malnourished.

Cap Anamur, a German charitable association that has been supporting Banadir Hospital's stabilization centre since June 2011, withdrew its services due to funding shortfalls. The Cluster is making efforts to identify a partner to support the Government in running this referral hospital.

During the month, cluster partners in Somalia were trained on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology for conducting nutrition surveys. The training was carried out by Food Security and Nutrition Analysis unit (FSNAU) and SAGE. The protection cluster also conducted training for nutrition partners in Mogadishu, on protection mainstreaming in nutrition programmes to ensure that protection issues are identified and addressed when designing nutrition programs.