



Limited access to safe drinking water remains a major threat to AWD/cholera infections in Somalia. (Photo credit: (FAO/Puntland))

In this issue

- Food insecurity among the displaced P.1
- Spike in forced evictions of IDPs P.2
- Cholera cases, related deaths decline P.3
- Funding Update P.4
- Strengthening localization in Somalia P.6

HIGHLIGHTS

- Displaced persons among worst affected by drought.
- Over 100,000 displaced people evicted from settlements in 2017, according to the Norwegian Refugee Council.
- AWD/Cholera cases have declined from a peak of over 5,300 cases in June to 93 cases in August.
- Strengthening localization of humanitarian response.

FIGURES

# of people in humanitarian emergency and crisis	3.1 m
# of people in need	6.2 m
# of displaced people in Crisis and Emergency (IPC Phase 3 & 4)	0.6m
# of AWD/Cholera cases in 2017	77,133
# of people displaced internally by drought since November 2016	975,000

FUNDING

\$1.5 BILLION

requested in the revised 2017 Humanitarian Response Plan

\$1.1 BILLION

Total humanitarian funding received for Somalia; \$820 million towards the 2017 HRP

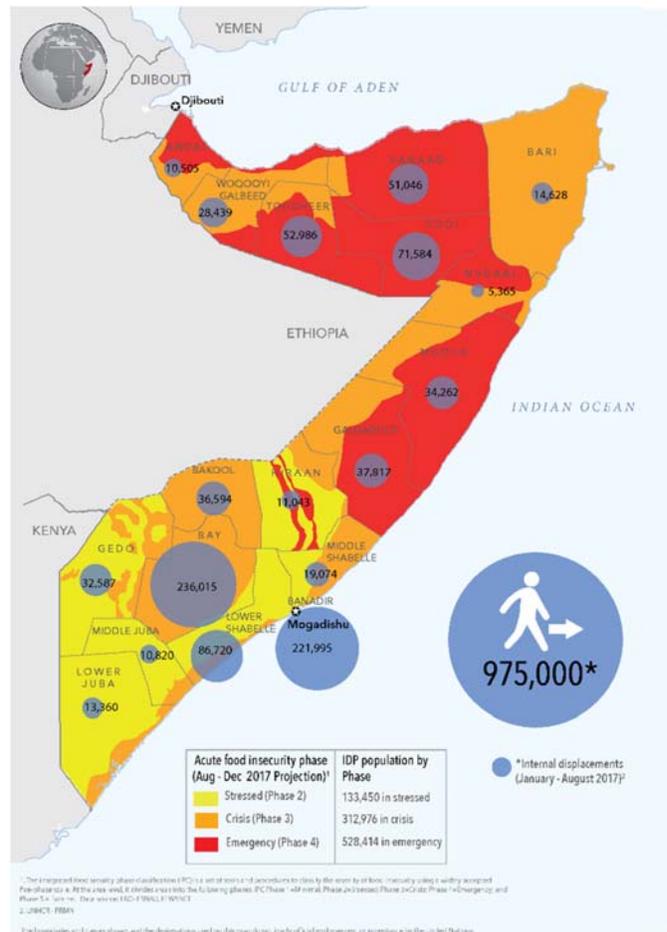
(Source: <http://fts.unocha.org>, 25 September 2017)

Displaced populations hard hit by drought

Internally displaced continue to be among the most vulnerable in Somalia. A drastic increase in displacement this year due to drought is putting additional strain on scarce resources in existing and new IDP settlements. This is leading to a deterioration of humanitarian indicators for IDPs in a number of areas, including for nutrition, protection, access to water and sanitation and shelter. Cumulative displacements monitored by the UNHCR-led Protection and Return Monitoring Network (PRMN) in the period from November 2016 to August 2017 are approximately 975,000 people. Over 893,000 of these are drought-related displacements during the same period.

In addition, conflict-related displacements during 2017 have reached approximately 160,000 people. Provisional figures from PRMN indicate that some 26,000 individuals have been newly internally displaced between 1 and 19 September, of whom 5,000 people by conflict and 16,000 people due to drought-related reasons. This represents a significant reduction compared to the new displacements in August when some 48,000 people (20,000 by conflict; 27,000 by drought) were displaced.

As people continue to flee their homes, the number of sites may continue to grow. Living conditions in the IDP settlements and urban centres continue to deteriorate, with displaced people unable to meet their basic needs due to inconsistent service provision or



exclusion from accessing these services. The lack of access to basic services contributes to public health risks, preventable deaths and increased gender-based violence, especially for women and girls. The IDPs have limited livelihood and coping options, exacerbated by ongoing drought-induced displacements. As a result, FSNAU reported that food security and nutrition outcomes across most of the 13 main settlements surveyed between June and July had deteriorated.

Increase in forced evictions

Over 100,000 IDPs evicted from settlements this year

The increase in drought-related displacement has coincided with a sharp increase in forced eviction trends. Forced evictions are especially prevalent among IDPs who have settled on private land, with Mogadishu and Baidoa as the main hotspots, according to the NRC eviction tracker. So far, in 2017 more than 100,000 IDPs have been evicted from their places of settlement, representing a 15 per cent increase compared to the same period in 2016.

During the week of 14 to 21 September, over 1,000 IDPs were evicted by private landowners from IDP settlements in Haluul and Harqan, Baidoa region. During the same period, another 8,000 people relocated to from Kagarkaa-Madagari IDP settlements to adjacent settlements after the grace period to settle on the previous settlement expired. The majority are drought-displaced IDPs who arrived in Baidoa since January 2017. Some of the evicted IDPs have been relocated to a new site in consultation with local authorities and protection cluster partners. The WASH cluster partners have raised concern over the damage caused to water and sanitation infrastructure and facilities during the evictions.

The number of evictions in 2017(109,840 people) is 15 per cent higher than the total evictions in 2016.

Month	Puntland	Somaliland	South Central	Mogadishu	Baidoa	Kismayo	Dhobley
Jan	282	182	19,026	18,904	80	42	0
Feb	250	745	7,693	5,706	529	450	0
March	588	520	6,266	6,262	0	4	0
April	936	534	11,981	11,645	6	330	0
May	3,857	285	5,059	5,059	250	0	0
June	1,782	5,780	9,227	8,768	309	150	59
July	1,002	490	14,365	14,594	395	75	0
August	0	2,206	18,990	13,236	5,244	510	0
Total	8,697	8,536	92,607	84,174	6,813	1,561	59
109,840 Individuals							
Summary of forced evictions in Somalia: January to August 2017: (Source: NRC)							

The trend in evictions is potentially impacted by short-term gains for landowners and gatekeepers from increased taxation due to an influx of assistance for drought-displaced populations. Besides disrupting the livelihoods of IDPs and reducing their ability to cope with the displacement situation, evictions on occasions result in the destruction of humanitarian investments such as latrines.

The Protection Cluster, mainly the Housing, Property and Land sub-cluster are engaging with local authorities to prevent further evictions and further request the authorities for a guarantee that tenure agreements will be respected and any evictions will proceed in an orderly and dignified fashion. Through the NRC's Information, Counselling and Legal assistance (ICLA) programme, communities are engaged to ensure formal tenure agreements are agreed upon with landowners and specific families are assisted with legal counseling or litigation.

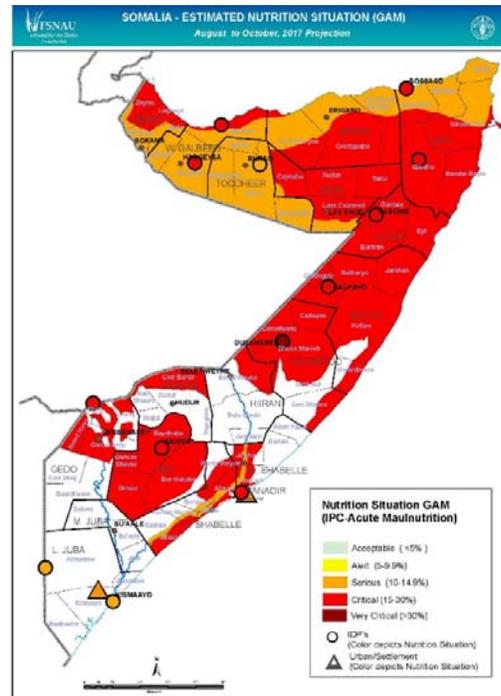
Critical levels of GAM rates of 15 per cent and above were recorded in most of the locations surveyed.

Malnutrition rates remain high

Levels of acute malnutrition have also spiked across Somalia. Critical prevalence of acute malnutrition (Global Acute Malnutrition) of 15 per cent and above were recorded in IDP populations in Baidoa, Berbera, Dhuusamarreeb, Doolow, Gaalkacyo, Garowe, Hargeisa, Kismayo, Mogadishu and Qardho districts. Similarly, high prevalence of GAM was recorded among rural livelihoods in regions in the northeast. At national level, median prevalence of acute malnutrition has deteriorated from Serious in Gu 2016 (14.5 per cent GAM) to Critical (17.4 per cent GAM) in Gu 2017. Critical levels of GAM rates of 15 per cent and above were recorded in two-thirds of the groups surveyed, including in Bay (29.4 per cent), Banadir (20.4 per cent) and Galgaduud (33.4 per cent).

Overall, some 388,000 acutely malnourished children are in need of critical nutrition support, including life-saving treatment for more than 87,000 severely malnourished children. This is higher than the same time last year when more than 300,000 children were acutely malnourished and over 50,000 severely malnourished children.

Limited healthcare services, chronic lack of dietary diversity and poor child care practices have significantly contributed to the deterioration of the nutrition situation across the country. The affected populations require interventions to reduce food consumption gaps, acute malnutrition, to save lives and protect livelihoods. Until the beginning of the Deyr rain (October), drought is expected to deepen and this will likely increase vulnerability.



Cholera cases decline; no deaths since August

Risk of infection remains due to limited safe water and poor sanitation

There has been a gradual reduction in the number of new AWD/Cholera cases in all regions of Somalia since August. No cholera related deaths have been reported across this same period in any region across Somalia.

The number of AWD/Cholera cases has declined from a peak, at the beginning of June (week 22), of 5,306 cases to the latest reported and lowest number of 93 cases in the third week (week 33) of August. Similarly, the AWD Case Fatality Rate (CFR) has decreased from its peak of 4.7 per cent in February 2017 to zero per cent in August. The CFR is a measure of treatment outcomes and the reduction is attributable to a combination of factors, including an improved awareness and understanding of cholera amongst the affected population, scale-up of treatment facilities enabling earlier presentation at a point of care, improvements in quality of care and the cholera vaccination campaign.

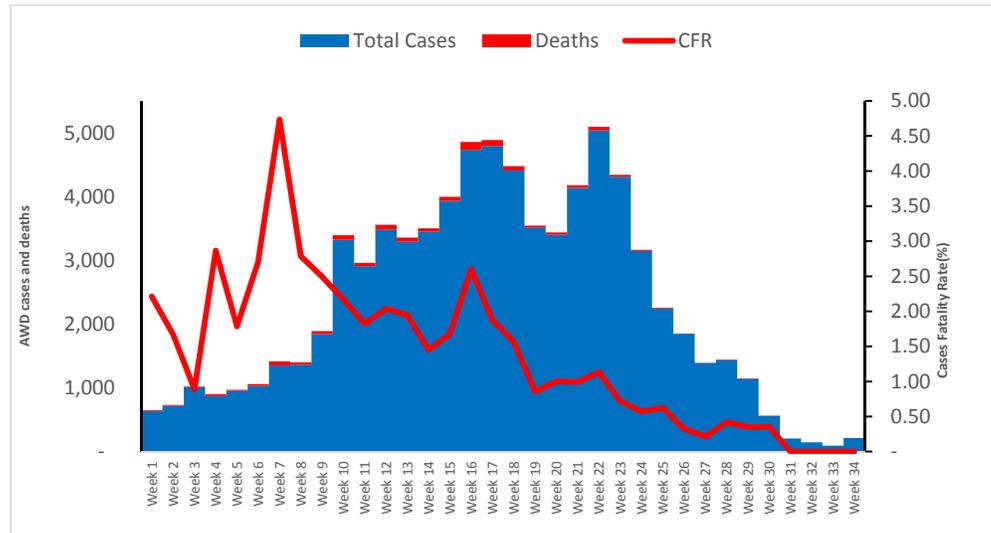
Since the start of the year, 77,133 cases and 1,159 deaths have been reported in 55 districts of 16 regions across Somalia. Of these cases, 58.8 per cent have occurred in children below five years of age. Of the 55 districts affected with AWD, 34 were classified as not accessible for partners and local NGOs.

The number of AWD/Cholera cases has declined from a peak of 5,306 cases in June to the lowest number of 93 cases in August. No related deaths have been reported in August.

AWD/cholera cases may however increase due to the anticipated Deyr rains (Oct-Dec 2017) and the risk of infection due to limited access to safe water and poor sanitation.

Trends in AWD/Cholera cases and related deaths in 2017: January to August 2017

(Source: WHO/Health Cluster)



The reduction in the number of AWD/Cholera cases and deaths is attributed to a number of factors including;

- Improved access to safe water and sanitation to affected communities leading to reduced infection rates among the risk communities.
- Between March and May 2017, over 1 million people received two doses of oral cholera vaccine in nine targeted high risk districts.
- Over 400 health workers were trained in cholera case management. The improved skills of health workers led to better management of AWD cases contributing to the overall reduction in number of deaths.
- 86 treatment facilities for AWD cholera were established by NGOs and supported by WHO and other UN agencies for proper patient management.
- Remote monitoring for the quality of care for AWD cases in all regions has contributed to the quality of management of cases.
- 57 integrated Emergency response teams and Mobile teams that were deployed in inaccessible districts improved access to health care for AWD/Cholera affected communities.
- Over 167 tons of medical supplies were distributed to all affected regions to manage the AWD/Cholera cases using standard protocols
- Strengthening of coordination and leadership from the Federal Ministry of Health and UN agencies through the establishment of the drought operations center was vital in resource mobilization, targeted intervention and reporting for public health action.

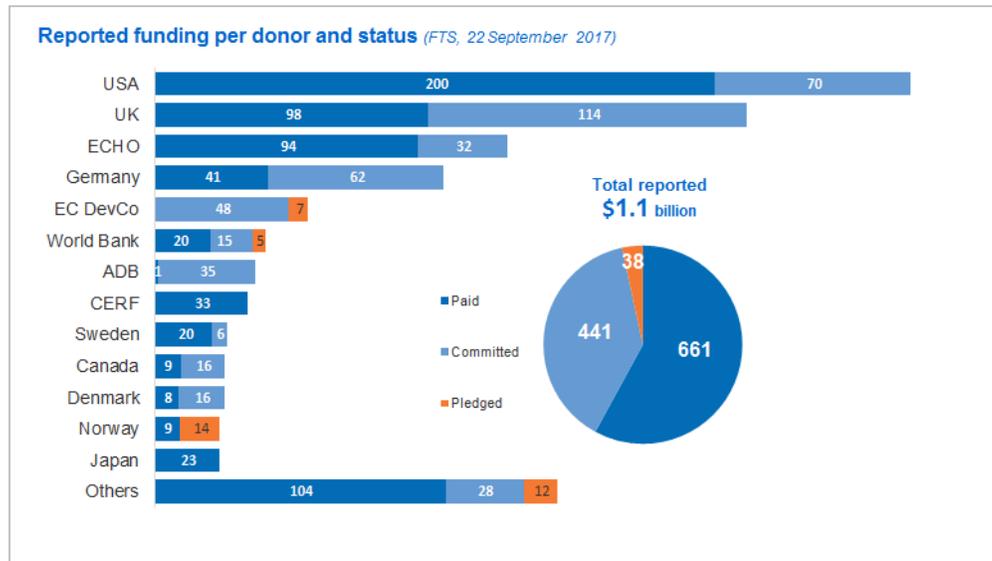
Improved access to safe water and sanitation contributed to the reduction in infection rates among affected communities.

However, even with the observed reduction of the AWD cases in all regions, the AWD cases may increase during the forthcoming rainy season anticipated between October to December 2017. This is because of the risks for infection including limited access to safe water and poor sanitation – conditions which continue to exist in many parts of Somalia, especially in IDP camps. Neighbouring countries to Somalia are also cholera endemic (Ethiopia, Kenya, Yemen) making the possibility of importation of AWD/Cholera cases possible.

Funding update

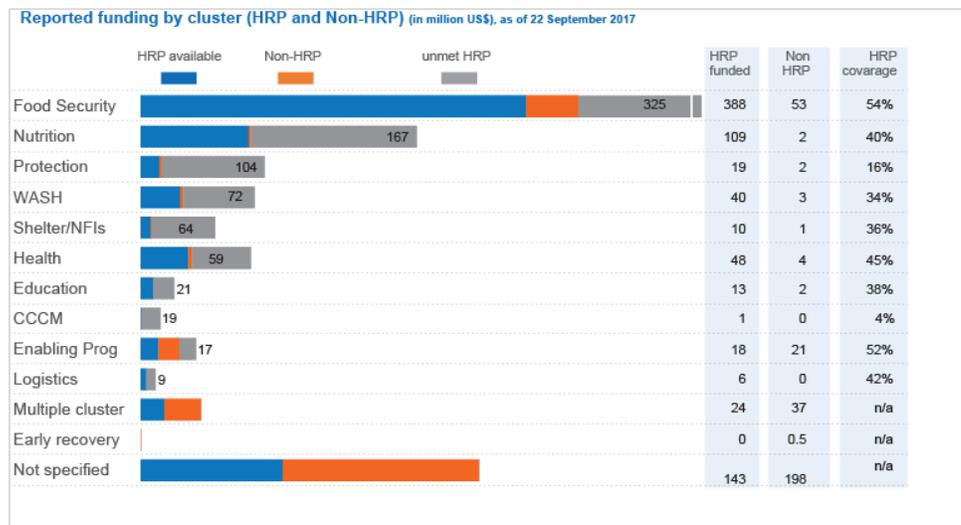
Additional resources are required to prevent famine in the last quarter of the year
Donors have provided swift support for the Somalia humanitarian operations in 2017. As of 25 September, US\$1.1 billion has been made available, including \$820 million in funding towards the 2017 Humanitarian Response Plan (HRP) and some \$321 million channeled to support the implementation of activities outside the HRP. Total funding

US\$1 million has been released by the Somalia Humanitarian Fund for the measles campaign to be conducted in November/December 2017.



received so far has surpassed average annual contributions in 2012 – 2016 and is close to the \$1.35 billion contributed for famine response in 2011.

Complementing humanitarian donors, development donors have significantly contributed to humanitarian operations. About \$130 million or 13 per cent of the overall funding has been received from development oriented donors such as African Development Bank (ADB), European Commission Europe Aid Development and Cooperation (EC Devco), OPEC Fund for International Development and the World Bank. Due to pressing needs and the persistent risk of famine in some areas, additional resources will be required to sustain the response activities until the end of the year and early 2018.



Recovery and resilience activities boosted

While donor contributions have largely supported humanitarian response, recovery and resilience has also been boosted with \$70 million directly supporting the implementation of resilience activities mainly outside the HRP. Most of these activities have been implemented by Building Resilient Communities in Somalia (BRCIS), the Somalia Resilience Programme (SOMREP) consortia, and the Federal Government of Somalia. An additional \$8 million has been channeled towards supporting resilience activities in the HRP.

The second Standard Allocation of the SHF in October-November will target underfunded clusters. CCCM (4 per cent) and Protection (18 per cent) are the lowest funded as at 22 September.

Funding through the Somalia Humanitarian Fund (SHF)

The Somalia Humanitarian Fund (SHF) has already programmed some \$45 million in 2017 of which \$37 million has already been allocated to local and national partners. Some \$1 million was recently released to support the upcoming national measles vaccination campaign. Further SHF funds are being approved on a rolling basis to support integrated response activities in Galmudug, Lower Shabelle and Togdheer regions. The SHF will undergo its second Standard Allocation round in October-November, prioritizing targeted response in areas with highest reported needs and persistent threat of famine, primarily through national and international non-governmental partners.

Additional resources are required to sustain the operation until December

Despite generous donor contributions, humanitarian needs continue to surpass the funding received. The risk of famine persists in some areas and nearly all clusters are falling short of their targets. For example, education cluster partners reached half of the August target of 240,000 school children with learning materials; Food security cluster partners reached about 73 per cent or nearly 2.4 million people out of the nearly 3.3 million targeted with various Immediate Access to Safety Nets (IASN) assistance. Funding shortfall for the Health cluster continues to constrain delivery of life-saving health services to the 4.3 million people targeted by the cluster, with 300,000 people reached with basic health care services out of the 360,000 targeted.

Strengthening localization of humanitarian response

On 6 September 2017, the Ministry of Humanitarian Affairs and Disaster Management of the Federal Government of Somalia in collaboration with the UK Department for International Development (DFID), the Office of the Deputy Representative of the UN Secretary General, Resident and Humanitarian Coordinator for Somalia and the Somalia NGO Consortium convened a half-day workshop in Mogadishu with local and national responders from Somalia titled *Improving Aid Delivery through Localization in Somalia*. Acknowledging that in many humanitarian situations, local responders are fundamental, the workshop provided a platform for humanitarian actors to find solutions to the challenges facing partnerships between local and international actors.

The meeting in September was a follow up a two-day workshop held in Nairobi in May 2017, where Somali-led NGOs and international actors discussed the various challenges facing the humanitarians in Somalia and the localization agenda. Both workshops sought to step up the realization of the policy commitments made at the World Humanitarian Summit in May 2016 through the [Grand Bargain](#), which agreement aims to get more means into the hands of people in need. The agreement commits donors and aid organizations to providing 25 per cent of global humanitarian funding to local and national responders by 2020, along with more un-earmarked money, and increased multi-year funding to ensure greater predictability and continuity in humanitarian response, among other commitments. Some of the envisaged changes under the Grand Bargain include gearing up cash programming, greater funding for national and local responders and cutting bureaucracy through harmonized reporting requirements.

There have been noteworthy improvements in the humanitarian response in Somalia since 2011, thanks to the collective efforts by both local and international actors. Humanitarian partners have a better and larger humanitarian presence. Nearly 300 humanitarian partners are providing life-saving assistance across the country and more than 200 of these are national NGOs. National NGOs continue to be prioritized through the Somalia Humanitarian Fund (SHF) - a multi-donor country-based pooled fund (CBPF) established in 2010 to address the most urgent humanitarian needs. Of the \$45 million programmed so far in 2017, some 38 per cent is channeled directly to national NGOs. This more than the 25 per cent commitment under the Grand Bargain initiative for national and local responders. In addition, the SHF will have funded at least 64 NGOs this year, of which 35 are national/local NGOs.

Of the nearly 300 humanitarian partners in Somalia, 200 are national NGOs. 38 per cent of the \$45 million programmed funds is channeled directly through national NGOs.

The workshop participants, who included representatives from the Somali government, the private sector, youth-led social media campaigns, local and international NGOs, and donors explored ways in which actors could work better together to improve aid delivery in Somalia. The participants committed to build stronger partnerships amongst all actors through coordination mechanisms that will promote long-term engagements. They also committed to strengthen communication on needs assessment, implementation of programmes, progress, including creating collaborative planning and funding mechanisms that will support the strengthening of the capacities of local actors.

For more information on who is doing what in Somalia, visit: <http://bit.ly/2y2ARhJ>

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