

Disaster Needs Analysis

UPDATE Horn of Africa Drought and displacement

ECB Emergency Capacity Building Project



Date of publication: 22 September 2011

NOTE: This document is an update of the SDR published on the 26th of July. The updated information is represented with red text throughout the document.

Crisis overview

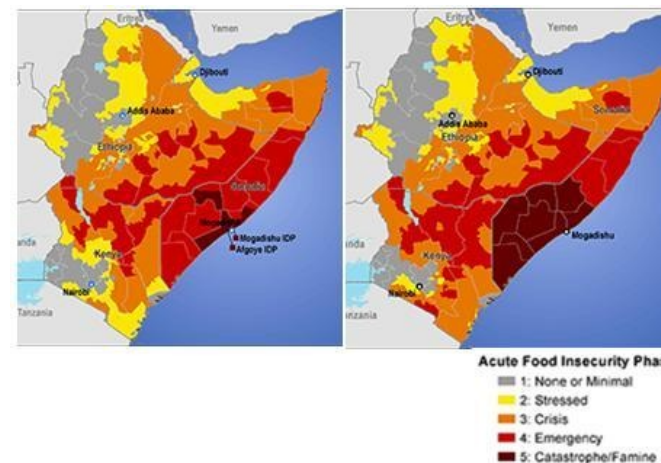
Disaster Update (26th July – 14th September, 2011)

- According to new assessments in Kenya and Somalia, together with updated refugee figures, 13.3 million people, including 841,130 refugees are currently in need of assistance across the Horn of Africa (UNOCHA, 8/9).
- Famine has been declared in six areas of southern and central Somalia: the agropastoral livelihood zone of southern Bakool region, Lower Shabelle region, the Balcad and Cadale districts of Middle Shabelle region, the Bay region, the Afgoye corridor internally displaced persons (IDP) settlement, and the Mogadishu IDP community. Currently 750,000 Somalis are affected by famine and are at risk of death (FSNAU, 5/9). Very high rates of malnutrition among young children indicate that all age groups have been severely affected.
- As of 31st of August, 272,932 Somalis had crossed international borders in 2011. In August alone, Kenya received 27,719 refugees, Ethiopia 3,150, Djibouti 725 and Yemen 3,718 (UNHCR 25/08, UNHCR 08/09).
- On the 6th of August, the Al-Shabaab withdrew from Mogadishu.
- According to the UNHCR, about 1.5 million Somalis are internally displaced, mostly in the south-central region of the country (DG ECHO 05/09). About a third of them are in Mogadishu (OCHA 11/08).

Current food security situation and forecast (FEWSNET/FSNAU 13/9)

August 2011

December 2011 forecast



- **Somalia:** The most affected areas of Somalia are in the South, particularly the regions of Middle and Lower Shabelle, Middle and Lower Juba, Bay, Bakool, Benadir, Gedo and Hiraaan.
- **Kenya** affected districts include Turkana, Mandera, Wajir, West Pokot, Garissa and Garbatulla.
- **Ethiopia** affected districts include Somali, Afar, southern Oromia and SNNP regions.

Key Priorities

References of these key priorities can be found on the sectoral pages of this document (pages 8-14)

Most affected areas

Somalia:

- Drought and conflict affected areas of Somalia, especially the six areas where famine has been declared namely the four regions of Bay, Bakool, Lower Shabelle and Middle Shabelle, and the Afgoye corridor IDP settlement and the Mogadishu IDP community (FSNAU, 5/9).
- Areas where short term and local displacement is anticipated (Bakool, Hiraan, Gedo, Lower Juba, Bossaso, Galkacyo).

Kenya and Ethiopia:

- Dadaab camps with surrounding areas.
- Dollo Ado camps and surrounding areas.

Most affected groups

- 4 million Somalis in acute food crisis, especially those also affected by on-going conflict and those in rural, remote areas. 750,000 people are in famine and 3.3 million people need life saving assistance households that depend on livestock and seasonal, poor Somalis, Kenyans, Eritreans and Ethiopians affected by drastic increases in food prices.
- Malnourished IDP's and refugees, particularly children <5 and pregnant and lactating women.
- Somali refugees lacking documentation. Displaced and refugee households, especially women and child-headed households,
- Elderly people in Somalia. Children at risk of military recruitment, child soldiers, and separated children. Women and children at risk of Gender Based Violence (GBV).

Priority Interventions

Somalia

- Roll out vaccination campaigns against measles in all affected areas
- Treat suspected cases of cholera and take preventive action in all affected areas
- Increase humanitarian access to drought and conflict affected Somalis, provision of food in kind, cash or food vouchers in Somalia, especially Bakool and Lower Shabelle, to address famine. Support pastoralist asset protection with emergency fodder and water, deworming campaigns, veterinary services and vaccination.
- Scale up of primary and secondary health care services for drought and conflict affected individuals including mobile and rural outreach with basic medical services. Increase access to safe water, improved sanitation and hygiene kits for populations at risk. Hygiene kits should be adapted to address cholera prevention.
- Assessment of medical needs and rapidly register all Somali IDP's. Implement safe site planning for displaced women and/or children and ensure safe shelter for victims of sexual violence and trauma. Establish coordination mechanisms within the provision of protection, legal, psychosocial, and medical response for those affected by violence.
- Register and provide documentation for new refugees entering camps and IDP's in urban and rural areas of Somalia. Provide temporary and transitional shelter for the displaced and refugees.
- Treatment of malnourished children countrywide with feeding centres and supplement

Refugee camps Kenya and Ethiopia

- Increase registration capacity to cope with the large influx of refugees
- Increase protection surveillance on distress migration routes.
- Provide shelters for refugees awaiting registration outside the camps.
- For vulnerable Somali refugees, identify safe areas for children in camps, earmark locations and ensure protection and access to basic services for particularly vulnerable households

Assessments

Information Gaps and needs

- Mapping of on-going and planned assessments (Survey of survey (SoS)).
- Updated baseline information, including population figures.
- Regularly updated information on displacement and return movements within south Somalia, situation at the areas of origin
- Recent and updated morbidity monitoring data including outbreaks
- Detailed information on household and market cereal stock levels in sentinel sites, remittance flows.
- Detailed reports on food security and nutrition situations are available for Somalia (FEWSNET, FSNAU), but little information is available from NGOs on the ground.

Recent and Ongoing Assessments

The following list is certainly not exhaustive and is based on publicly available information. Several assessment initiatives are now underway at refugee camp locations in Kenya and Ethiopia and in communities in Somalia.

Kenya

- The 2011 Long Rains Food Security Assessment (concluded in August 2011) reported 3.75 million food insecure people in Kenya. Of these, an estimated 1.4 million pastoralists residing predominantly in north and north eastern pastoral areas are at Emergency levels (Integrated Food Security Phase Classification (IPC) phase 3) and 2.35 pastoralists and marginal agricultural farmers are in Crisis (IPC 3) and Stressed (IPC 2) phases. An estimated 400,000 refugees residing in Dadaab refugee camps are classified in Emergency (IPC 4) (FEWSNET, 7/9).

Somalia

- During July 2011, FSNAU conducted 17 locally representative nutrition and mortality surveys across southern Somalia (FSNAU 20/7). WFP, in collaboration with the Danish Refugees Council, is planning in-depth urban food and nutrition security assessments in 16 districts of Mogadishu (OCHA 8/7). A recent ICRC nutrition assessment includes data from 39 clinics and 18 outpatient therapeutic feeding centres (Red Cross 13/7).

Ethiopia

- Community-level surveillance is being carried out in 34 *woredas* (districts) of eight zones in Amhara. WHO supported the assessment of AWD outbreak risks in North Shewa and Oromia zones (OCHA 4/7).

Recommendations for further assessments

- A Survey of Survey (SoS) including a mapping of existing datasets, ongoing and planned assessments has recently started in order to provide better clarity on geographical areas and sectors covered by current field assessments in Somalia, and to identify information gaps and needs. Access to the SoS should be restricted, especially when assessments are planned in conflict areas. It is recommended that similar SoS's be done for Ethiopia and Kenya.
- A centralized Information management platform in Nairobi would make it possible to gather, aggregate and analyse (with the support of cluster/sectors focal points) the available needs related information, and produce multi sector summary reports on needs assessment findings in the three affected countries. Ideally, these reports should to be kept short (15 page max per country), user friendly, and provide links to more in-depth information if necessary.

Operational Constraints and Lessons Learnt

Operational Constraints

Lack of humanitarian access

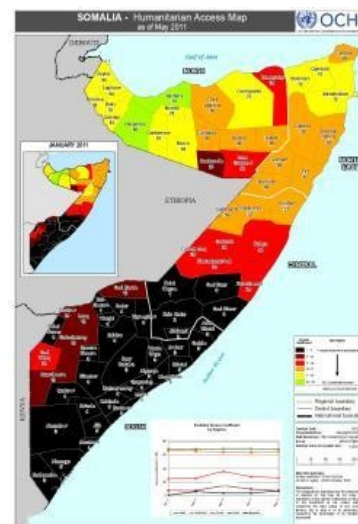
- On 6th of August, Al-Shabaab withdrew from Mogadishu. Despite this withdrawal, Mogadishu is still a dangerous place, also for aid workers (VOA, 22/8).
- According to UNCHR, despite a somewhat improved security situation in Mogadishu in recent weeks, they still have no access to many parts of the capital (UNCHR, 16/9)
- According to the Somalia Logistics Cluster, access into Somalia is improving gradually, as organizations re-enter into parts of Gedo, Hiiran, Lower and Middle Shabelle, and Middle Juba (Logistic cluster, 18/8)
- Armed opposition groups frequently threaten humanitarian workers, journalists, and civil society activists with attacks (HRW 2011).
- According to WFP, 2 million food insecure people in South Somalia are inaccessible (WFP 24/07).
- Between September 2008 and October 2010, 18 aid agencies have been expelled by armed opposition groups from regions in south and central Somalia (EC, July 2011)

Insecurity and ongoing conflict

- Conflict in south central Somalia continues to cause civilian casualties and massive displacement. The combined impact of political instability, violent conflict, and drought has largely exhausted coping mechanisms of the majority of Somalis (UNHCR July 2011).
- Humanitarian workers, human rights defenders, journalists, and members of civil society in Somalia continue to be killed, abducted, and subjected to violence (OCHA Prot 2010) (OCHA 5/11).
- The theft of food assistance in Mogadishu has been reported by journalists. This has been condemned by WFP, adding that it would rigorously investigate any allegations of theft of humanitarian food (OCHA 18/08).

Insufficient financial humanitarian resources

- In Kenya, Somalia, and Ethiopia, exponential increases in numbers of IDP's and persons in need mean current funding sources are insufficient. Additional funding across all sectors and agencies is urgently needed to meet basic needs (UNICEF 8/7)



Lessons Learnt

- Tens of thousands of lives can be saved from the current food crisis, but the window of opportunity to do so is extremely limited; rains beginning now will only provide food starting in December 2011 (FSNAU).
- Supporting livestock is a key nutrition and livelihood intervention to reduce the impact of drought.
- Emergency interventions can undermine recovery and subsequent development if they are not assessed with a longer-term perspective. Examples in the agricultural sector are emergency seed distribution that may impact negatively on community seed systems or local seed supply chains, and livestock support through water trucking that may change the traditional mobility structures and promote conflict (FSNNG July 2011).
- Tight coordination and integrated interventions between Livelihood and Food Security, WASH, Health and Nutrition sectors is requested to maximize the impact (FSNNG July 2011).
- Cash transfer programming may be a valuable option in the current context: give people money so they can buy what they need.

Displacement

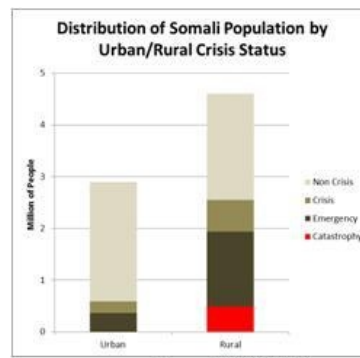
- Historically, those fleeing their homes were financially and physically able to leave, while those remaining behind were often worse off (IRIN 15/07).
- In previous displacements, the majority of the displaced were women and children as many men remained behind in Mogadishu to protect assets and property (IDMC 2010). These groups may have differential access to services, and not addressing these disparities can further marginalize them.
- IDP's are among the most vulnerable people in Somalia. IDP's are not protected by local or de facto authorities, nor are they protected by traditional clan-based systems (IDMC 2010).
- Puntland's relative safety attracts many IDP's from the southern parts of Somalia (IDMC 2010). However, there have been reports of Puntland authorities sending IDP's to south central Somalia (IDMC 2010). Puntland IDP's fall into three categories. First, people in transit through Puntland to Yemen and other points abroad. Second, short term IDP's, displaced through local conflict or natural disasters, who may return home quickly. The third category is long-staying IDP's, who are not in transit and have relocated due to conflict in southern Somalia or drought in central Somalia (CAP 2011).
- IDP's in Somalia often need basic emergency assistance. However, some long term IDP's have similar needs to their host communities and local integration is a viable option for certain populations

(CAP 2011).

- Over 80% of southern Somalis state war as the main obstacle to return. Reintegration is complicated by general poverty, scarcity of water, lack of services and unemployment. In addition, access to property restitution after many years of conflict is problematic (IDMC 2010)

Affected population figures - Regional level

Country	Local population in need of assistance as of September 9th	Somali displaced as of September 8th
Djibouti	146 000	17,532
Kenya	3 800 000	487,649
Somalia	4 000 000	-
Ethiopia	4 600 000	182,057
Total	12 546 000	841 130



Source: FSNAU 09/11

Affected people in Somalia

Region	September	Forecast October - December	UNDP 2005 Total Population	Comparison	Acute Food Insecurity Phase
North					
Awlial	2	2	305,456	*	1 Acute
Woocoyi Galbeed	2	2	700,345	*	1 None or minimal
Togdheer	3	*	402,296	*	2 Stressed
Sanaag	*	*	270,367	*	3 Crisis
Sool	3	3	160,277	*	4 Emergency
Sari	3	3	367,638	*	5 Catastrophe/Famine
Nugaal	3	3	145,341	*	
Central					
Mudug	3	*	350,099	*	
Galgaduud	*	*	330,057	*	
South					
Hiran	*	*	329,811	*	
Shabelle Dhexe (Middle)	*	*	514,901	*	
Shabelle Hoose (Lower)	*	*	850,651	*	
Bakool	*	*	310,627	*	
Bay	*	*	620,582	*	
Gedo	*	*	328,378	*	
Juba Dhexe (Middle)	*	*	238,877	*	
Juba Hoose (Lower)	*	*	385,790	*	
Total			6,801,471		

Sources used: FSNAU 2011, FEWSNET 2011, UNDP 2005

Disclaimer: common population figures are a challenge for the humanitarian response in Somalia. The UNDP estimates are for 2005 and based on projections from much older census data. These estimates do not reflect population growth since 2005 or the large population movements across Somalia, and therefore do not provide a credible denominator for key indicators. CAP 2011 population estimates are 7,502,654.

- 39% of Somalia's population is urban. Among them, 8% are in food and livelihood crisis and 13% of them are in emergency.
- 61% of Somalia's population is rural. Among them, 13% are in crisis, 31% are in emergency, and 11% are in a catastrophic situation.
- In all, 42% of all Somalis are in crisis or worse

Displacement Profile

There are an estimated 1.46 million displaced people in Somalia. About a third of them (470,000 people) are in Mogadishu (OCHA 11/08).

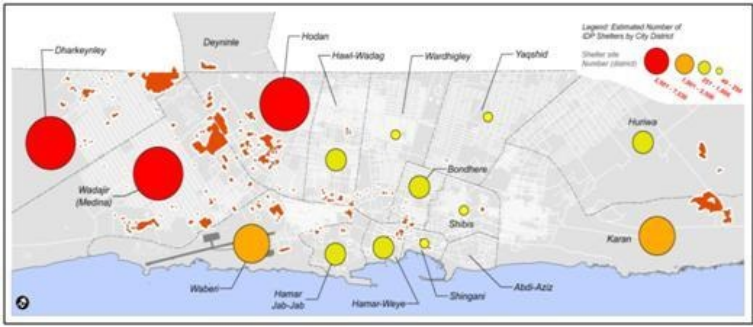
Returns:

- A considerable number of IDP's have started to return from IDP camps in the Afgooye corridor and other parts of Mogadishu, to districts recently abandoned by Al-Shabaab, specifically Boondheere, Abdulaziz, Hodan and Karaan. This movement is expected to persist as long as the capital continues to be the major distribution point for humanitarian aid. Displacement from other parts of Somalia to Mogadishu is also ongoing. On 13th of August, the Transitional Federal Government (TFG) declared a state of emergency for 3 months in parts of the capital formerly controlled by Al-Shabaab, as well as in the city's IDP camps, aimed at ensuring the security of the displaced.
- In Lower Juba, there are reports of displacement from villages in Jamaame and Jilib districts. Over 100 people left one single village of 550 (Adeed Geri). These people are thought to be on their way to Kismayo and on to Dhobley on the Somali-Kenya border. Previous reports indicate that many more agropastoral villagers in Lower Juba have already left their homes. In Bay region, an estimated 2,500 IDP households (15,000 people) formed new settlements around the town of Burhakaba, and are currently not receiving any assistance. Also, according to a local NGO, in the district of Sablale in Lower Shabelle an estimated 1,500 IDP households (9,000 people) are in need of immediate assistance. The same NGO reports that IDP's are continuing to arrive at the KM 50 camp in Lower Shabelle, where an estimated 6,000 household (36,000 people) are currently living. These IDP's require immediate food, health, water, and sanitation assistance (OCHA 17/08).

Mogadishu IDP's concentration:

- The numbers of IDP arrivals into Mogadishu in 2011 has been extraordinarily high due to drought related issues. The largest influx of IDP's occurred in January 2011, however, trends indicate that since March, the rate of influx has been steadily increasing. During the third quarter of 2011 (July to Sep), a total of 34,200 people have arrived in Mogadishu, of which UNHCR estimates that 99% were displaced due to drought (UNHCR, 5/9).
- According to a preliminary assessment conducted by UNITAR/UNOSAT, as of August 22nd, a total of 226 IDP shelter concentrations were identified within the urban extent of Mogadishu, this is a significant increase to the 188 concentrations identified in the end of July. Within the urban extent of Mogadishu it has been estimated that there is more than 41,000 shelter structures (UNITAR/UNOSAT, 22/08).

Map of estimated number of IDP shelter structures by district in Mogadishu



Source: UNOSAT 16/08

Severe drought is leading to a considerable increase in migration flows, from rural to urban areas, and across international borders. Population movements involve refugees, asylum seekers, and large numbers

of migrants and pastoralists (IOM 19/7). UNHCR estimates that due to violence in the south and central regions of Somalia and the severe drought across the country, a quarter of Somalis are now either internally displaced or living outside the country as refugees (UNHCR 5/7). Large segments of the Somali population have been displaced multiple times, in particular in the south central region (IDMC 2010).

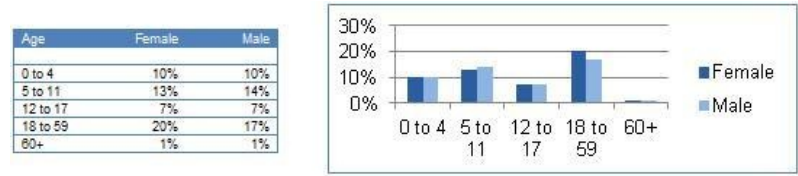
Somali refugees

- Currently, there are some 879,000 Somali refugees and asylum seekers in neighbouring countries, with Kenya, Yemen, Ethiopia and Djibouti hosting more than 90% of them. Additionally, more than 1.4 million Somalis are internally displaced, mostly in the south-central part of the country.

Country of Asylum	Jan	Feb	Mar	Apr	May	June	July	Aug	Total refugee by 08/09	Somali population
Kenya	9,958	10,176	11,334	10,636	9,214	32,383	41,334	27,719		487,649
Ethiopia	6,792	2,016	4,072	6,749	12,046	24,042	19,610	3,150		182,057
Djibouti	384	293	359	246	398	425	833	725		17,532
Yemen	1,735	2,136	2,130	1,571	1,655	1,189	1,118	3,718		191,875
Total	18,869	14,621	17,895	19,202	23,312	58,039	64,010	35,312		879,133

Source: UNHCR 25/08, UNHCR 08/09

Demography Somali Refugee population Source : UNHCR September 2011



Kenya

- UNHCR reports that 155,000 refugees have arrived in Dadaab camps in 2011 as of 29th August. Daily arrivals have decreased to between 1000-1200. According to UNHCR, the average daily arrival rate at Dadaab camp between August 1st and 27th was 1,200 refugees (UNHCR, 27/8). Dadaab camp consists of three camps; Ifo, Dagahaley and Hagadera camp which mainly accommodate Somali refugees (OCHA 29/6).
- The total registered population in the Dadaab camps is 434,223 refugees (OCHA, 13/9).

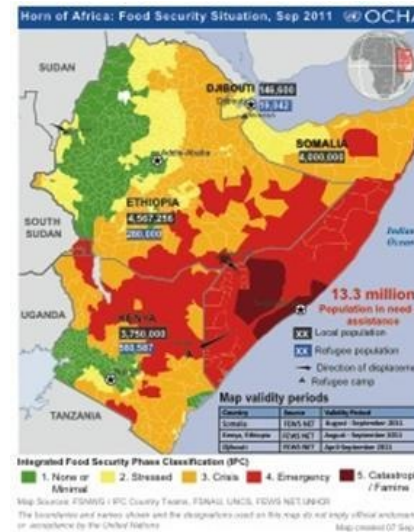
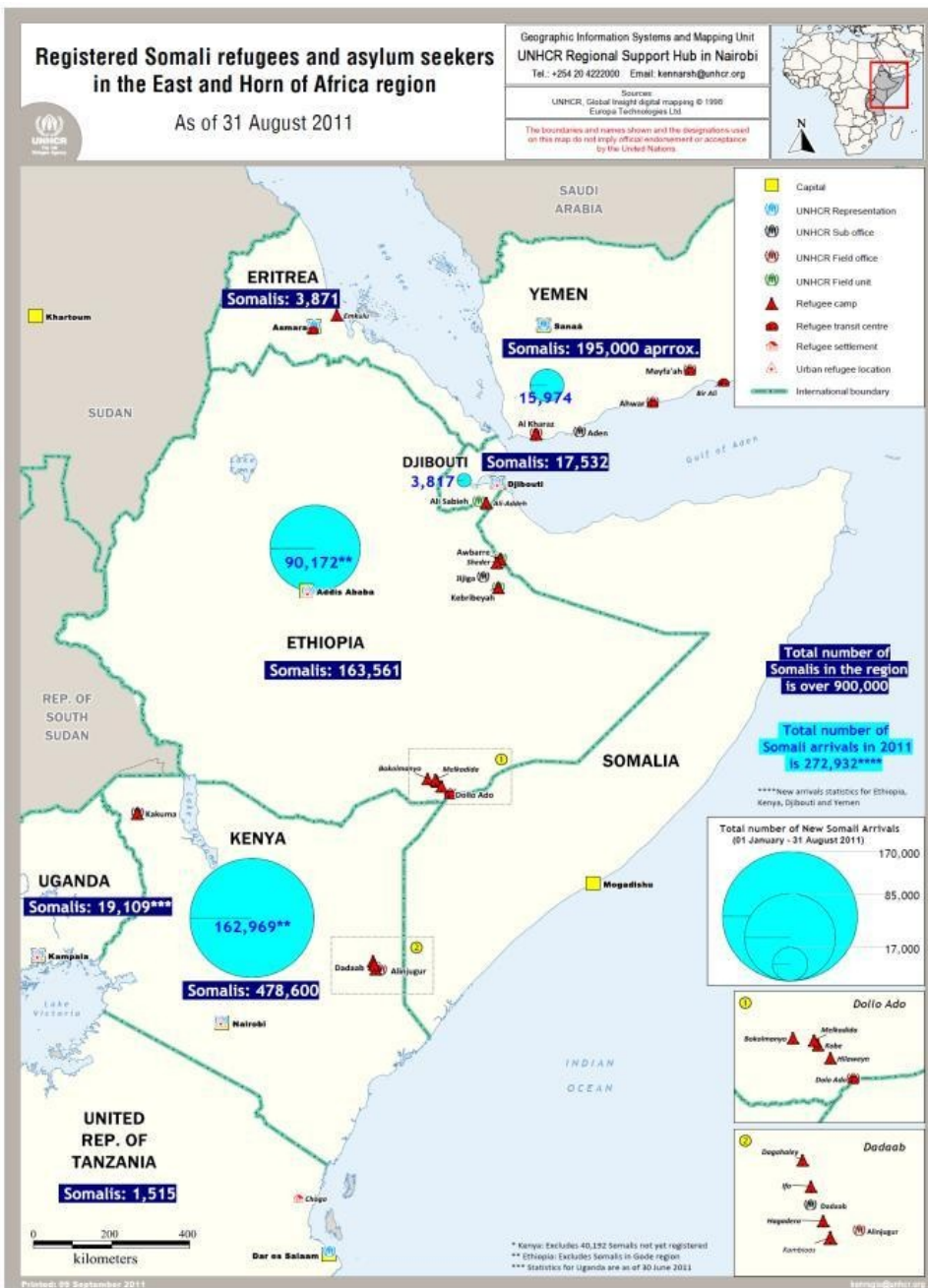
Ethiopia

- At present, the four refugee camps in Dollo Ado (Okolmanyoo, Malkadida, Kobe and Hilaweyn) and the Transit Centre are accommodating a total of 121,279 refugees (UNOCHA, 8/9). There are approximately 250 new arrivals daily into the Dollo Ado area, According to UNCHR figures, the Dollo Ado refugee camps had a total population of 40,479 refugees at as of December 2010, meaning an influx of more than 80,000 refugees in 2011 (UNCHR, 2/9). There are substantial flows of Somali refugees arriving in Gode, Ethiopia.
- In Dollo Ado, 80% of the 121,000 refugees are children under 18 (UNOCHA, 8/9). The Minimum Initial Service Package (MISP) should be implemented to prevent excess neonatal and maternal morbidity and mortality.
- The situation in Ethiopia is further complicated by the return of thousands of Ethiopian migrants from Yemen, where evacuation operations started in 2010. Major return areas are Oromiya, Tigray, and the Southern Nations, Nationalities and People's Region, and Amhara region. The impact of these returns to resource-constrained communities has not yet been fully assessed, but it is estimated that about 30% returned to drought-affected areas (IOM 19/7).

Livelihoods and Food Security

Current situation

- An estimated 13.3 million people are in need of humanitarian assistance in the four countries of Somalia, Kenya, Ethiopia and Djibouti (UNOCHA, 8/9).
- Following the below-normal 2011 spring rains in the eastern Horn of Africa, food security among pastoralists and populations in marginal farming areas sharply deteriorated. In addition to below-normal harvests, shortages of grazing resources for livestock resulted in abnormal migrations, whereby pastoralists travel long distances and group animals in areas with limited remaining pasture and water. Livestock health and market prices have deteriorated markedly, with milk production declining, affecting child nutrition (FSNAU, 8/7).



Somalia

- 4 million people are at present in crisis in Somalia, among these, 3.3 million people need immediate, lifesaving assistance, and 750,000 are at risk of death (FSNAU, 5/9)
- Famine has been declared in six areas of southern and central Somalia: the regions of Bakool, Lower Shabelle, Middle Shabelle and Bay, as well as the IDP settlement in the Afgoye corridor and the Mogadishu IDP community (FSNAU 5/9).
- According to FSNAU, there are at present 450,000 malnourished children in Somalia, 190,000 of who suffer from severe acute malnutrition (SAM) (OCHA, 6/9).
- 2011 has seen the lowest Gu production since 1995. Production figures include the major cereal producing regions of Lower Shabelle and Bay, which in a normal gu season account for 75% percent of the total cereal production of southern Somalia. Cereal prices remain high in the face of shortfall in local production.
- Thus, a high cost of living will continue to limit purchasing power and access to food for market dependent persons, particularly urban people, IDP's, and the rural poor (FSNAU 5/9).
- Local cereal prices across the south are far above average (in certain areas over triple the 2010 prices), which has eroded the value of wages, and combined with the reduction in crop production, have resulted in large food deficits (FSNAU, 5/9).

- Across all livelihoods, poor households (~30% of the population) are unable to meet basic food needs and have limited ability to cope with these food deficits (FSNAU, 20/7)

Kenya

- Results from the 2011 long rains assessments indicate that 3.75 million people are food insecure in Kenya (FEWSNET, 19/9).
- Pastoral conditions continue to deteriorate as progress in allowing less than 21 short rain in late 2010, and 10% of normal rains during the 2011 long rains season (FEWSNET, 19/9).
- Assessments found that staple mortality ranged between 15% north to 25% in the northern pastoral districts for the livestock that did not migrate out of those districts (FEWSNET, 19/9).
- Emergency levels of food insecurity are exhibited in extremely high levels of child malnutrition, with global acute malnutrition (GAM) rates of over 30% in some parts of Turkana, Marsabit, Mandera, and Wajir (FEWSNET, 19/9).
- Results from the long rains assessment found that pastoral households are facing substantial loss of livelihoods after a succession of poor seasons compounded by severe conflict that rendered markets inaccessible, food prices being over 100% higher than normal, and interventions are constrained in northeastern Turkana by sporadic raids from southern Ethiopia (FEWSNET, 19/9).

Ethiopia

- About 4.8 million people including an estimated 250,000 refugees from Somalia, South Sudan and Eritrea, continue to require assistance in Ethiopia (FEWSNET, 19/9).
- Due to ongoing drought conditions, the southern rangelands are experiencing continued loss of livestock production. Furthermore, food security challenges are exacerbated by high food prices (OCHA, 15/9).
- In Southern Nations Nationalities and People's Region (SNNPR), the maize prices are 150 to 200% higher than January 2011 prices, and 300 % higher than last years prices (FEWSNET, 25/8)

Forecast

Somalia

Southern Regions:

- Between October and December, the food security situation is projected by FSNAU to deteriorate to famine in agropastoral areas of Gedo, Juba, Hiran and Middle Shabelle, riverine areas of Gedo and Juba, and pastoral of Bakool. This projection is based on the current high malnutrition levels, high mortality rates, and an expectation of further deterioration in food access (FSNAU, 13/9).
- Worsening food access is anticipated due to the absence of cereal stocks at the household level, limited income options, weakening purchasing power as a result of anticipated surge in cereal prices, and sustained constraints of humanitarian access (FSNAU, 13/9)
- Local cereal prices are likely to start escalating from October. Thus, the purchasing power and standard of living of the population in rural and urban areas will continue to fall across most parts of the country through the end of the year (FSNAU, 13/9)
- Based on the current climate outlook, a normal start of the *Deyr* season is expected across Somalia. Performance during the second half of the season may be less favorable, but this is unlikely to have a significant impact on the overall performance of the season. The rains will encourage cultivation in southern Somalia although in the main sorghum- producing region of Bay the planting is projected to be below normal, mainly due to large population outflow from the Bay region (FSNAU, 13/9)

Central and Northern Regions

- The livelihood zones of central and north that are currently identified in crisis will remain in the current phase through at least the end of the year as the recovery from the impact of the prolonged drought will require several normal seasons (FSNAU, 13/9)

- In the agropastoral areas of the northwest, the *Gu-Karan* harvest outlook is favorable due to on-going *Karan* rains, which improved crop establishment and crop growth (FSNAU, 13/9)

Kenya

- Significant improvements in food security are anticipated from October because close to 65% of food and non-food needs for the September 2011 to March 2012 period are resourced (as compared to 45% one month ago) (FEWSNET, 19/9).
- Most pastoral areas are likely to remain in Crisis (IPC Phase 3) from October through March 2012, in spite of normal rains because livestock will require additional good productivities (FEWSNET, 19/9).
- Assuming normal to above normal short rains, additional flooding could occur in localized areas of Coastal lowlands and the Lake Victoria region, which may lead to loss of livelihood assets, water borne diseases and displacements leading to heightened food insecurity for localized households (FEWSNET, 19/9).
- Food security for poor pastoralists who were not away from normal wet season grazing areas will remain precarious because of likely mortalities during August to October 2011. However, recovery will occur much more quickly for the returning pastoralists who migrated out of drought-hit areas, enabling access to milk and livestock products to all household members (FEWSNET, 19/9).

Ethiopia

- The National Meteorological Agency forecast indicated normal to above-normal rains should fall over most of western Ethiopia during the first half of September 2011. Near-normal and below-normal rainfall was anticipated in central and southern parts of the country (OCHA, 19/9).

Key priorities

Most affected areas

- The famine declared areas of Southern Somalia, specifically Bay, Bakool, Lower Shabelle, Middle Shabelle, the Afgoye corridor and the Mogadishu's IDP community, and areas where FSNAU has predicted famine conditions in the coming months (FEWSNET/FSNAU, 13/09)

Most affected groups

- Poor farmers and agro-pastoral communities with no cereal stock and who cannot afford to buy the staple cereals.
- Urban poor, IDP's and poor pastoralists in the central regions, where cereal prices remain very high.
- Refugees crossing borders into Kenya and Ethiopia presenting exceptionally high malnutrition prevalence.
- Pastoralist lacking access to animal health, grazing areas and marketing opportunities.

Recommendations for intervention

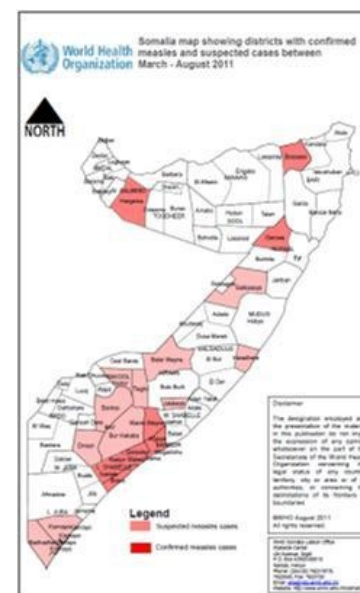
Guidance documents are available on [Somalia Agriculture and Livelihoods Cluster](#)

- A massive multi-sectoral response is critical to prevent additional deaths and total livelihood/social collapse.
- General food distribution, including wet feeding (use of food voucher possible), blanket or targeted supplementary feeding (for moderately and severely malnourished children and families), food for work, food for training, food for assets; emergency school feeding and take home rations for girls, institutional feeding for TB/HIV patients and families.
- Cash interventions to enable grain purchase, to pay off debts with traders, to purchase food arriving in markets and facilitating movement to areas where food availability may be greater.

Health

Recent outbreaks

- Acute watery diarrhea (AWD) has increased across Somalia, mostly affecting children. Confirmed cholera outbreaks are ongoing in Mogadishu (particularly severe among the IDP community), the Afgooye corridor, and parts of Bay, Mudug and Lower Shabelle region. A reported cholera outbreak in Baidoa is considered under control (UNHCR June 2011, WHO 16/08).
- The sudden increase of AWD has various reasons: the numerous informal IDP settlements with makeshift shelters, poor sanitation and limited access to safe water, limited capacity of existing health providers to access those informal settlements, and the high level of malnourished children due to the ongoing famine making them much more prone to waterborne diseases (WHO 16/08).
- According to FNAU the following cases have been reported: Over 1,903 suspected measles cases (including 1,530 under the age of five (U5)) and 65 related deaths in south and central Somalia. A total of 7,109 cases of AWD (including 5,019 U5) with 133 related deaths in south central regions. More than 9,500 cases of pneumonia (including 5,646 U5) in south and central Somalia. A total of 2,572 suspected malaria cases in south and central Somalia, including 1,083 cases U5, and 9 related deaths (FSNAU, 13/9).
- A confirmed case of cholera was reported in Hagadera camp in Dadaab (Kenya) on August 30th. Since then there have been 6 suspected cases of Cholera and Cholera Treatment Centres have been established. Measles outbreaks continue in the camps, as of mid-September there were 162 reported cases (OCHA, 15/9)
- The onset of short-rains and the potential of flooding in some drought affected areas have placed the Government and health partners on alert in Kenya (OCHA, 13/9).
- According to the WHO and MERLIN, 60% of children under 5, and 40% of women of child-bearing age need to be vaccinated against measles (OCHA 08/11).



Nutrition

Somalia:

- According to FSNAU, there are currently 450,000 malnourished children in Somalia, 190,000 of whom suffer from severe acute malnutrition (SAM). Of these, an estimated 336,000 children, representing 75% of all malnourished children, are in the south (OCHA, 6/9).
- Based on the most recent data available for each region in Somalia, the average GAM prevalence was 36% and the SAM prevalence was 16%. Exceptionally high GAM rates (>40%) are registered in Bakool Pastoral and agropastoral, Bay agropastoral, Hiran agropastoral, Lower Shebelle agropastoral and Pastoral, and Afgoye IDP areas (FSNAU 5/9)
- High levels of acute malnutrition persist in urban areas across all regions of South and Central where nutrition situation is estimated as likely Very Critical. Malnutrition levels are Critical in the Northeast and vary from Alert to Serious in the regions of Northwest.

Malnutrition situation by region (FSNAU, 13/9):

- **Mogadishu IDP's:** 45.6 % GAM in August (up from 39.4% in July), and SAM went from 15.3% in July to 23% in August.
- **Afgoye IDP's:** GAM prevalence of 46 % compared to 40.7% in July and SAM prevalence of 24.7%, compared to 17.7 % in July.
- **Juba:** 31.2% GAM in the pastoral zone, 34.3% GAM in the agropastoral zone, and 29.6% GAM in the riverine zone. The GAM prevalence from August shows a slight decline compared to the July rates. However, these findings should be interpreted carefully given that mortality increased in the agropastoral and riverine areas and due to the persistence of extraordinarily high rates of SAM (from 12.8 to 19%)
- **Bakool:** August GAM rates were 41.1% (down from 45.9% in July) and SAM prevalence of 13.1% (compared to 16.4% in July).
- **Gedo:** Shows a deterioration from July with 32.9% GAM and 17.7% SAM (up from July rates of 23.8% GAM and 5.9% SAM).
- **Bay:** Famine was declared in the Bay region by the FSNAU on September 5th. Agropastoral survey results were similar to July with a current prevalence of 41.1% GAM and 13.1% SAM (compared to July rates of 45.9% GAM and 16.4% SAM).
- **Hiran:** GAM prevalence of 44.8% in the agropastoral livelihood zone, 33.7% in the pastoral zone and 23.2% in the riverine. Surveys reported SAM prevalence's above 10 percent in the entire region, with 11.2% in the riverine zone, 12.7% in the pastoral zone, and 17.7% in the agropastoral zone.

Kenya:

- An estimated 300,000 children and pregnant/breastfeeding women are currently affected by acute malnutrition. 72 % of SAM cases the majority in the northwestern and northeastern districts of Turkana, West Pokot, Mandera and Wajir, and in urban areas (OCHA, 13/9).
- In the Dadaab camps, weekly admissions of SAM cases are increasing from 671 to 966 in recent weeks (OCHA, 8/9).

Ethiopia

- Somali refugees are arriving in Ethiopia in critically poor state of health. In Dollo Ado's Kobe camp, the SAM rate of children is 19%. In the newest camp, Hilaweyn, the SAM is 16%, while in the older camps (Melkadida and Bokolmany), SAM rates are 10% and 7% respectively (UNCHR, 2/9).

Mortality

Somalia

- Tens of thousands of people have died in the past three months (FSNAU, 5/9)
- Mortality results for recent surveys indicated sustained emergency and famine levels (2/10,000/day), with increasing trends in Bay, Juba, Hiran and both IDP populations. Over 2/10,000/day in Bay, Bakool

agropastoral, and the two IDP populations. In other regions mortality rates were under 2 but above 1.5 (FSNAU, 13/9).

- Under-5 death rates are higher than 4/10,000/day in all areas of the south except Juba pastoral. Under-5 death rates meet or exceed 13/10,000/day (equivalent to 10% of children under five dying every 11 weeks) in riverine and agropastoral areas of Lower Shabelle and among Afgoye and Mogadishu IDP's (FSNAU, 5/9).

Ethiopia

- In the Dollo Ado camps of Ethiopia, the health situation is critical. Although a slight reduction in Crude Mortality Rate (CMR) has been seen in the beginning of September, the rates remain well above emergency threshold (OCHA, 19/9). In August WHO reported CMR and Under 5 Mortality Rate (U5MR) of 4.5/10,000/day and 14.9/10,000/day respectively (WHO, 18/8).
- In the Kobe camp in Dollo Ado (Ethiopia) in August, an average of ten children under 5 died every day, due to a combination of malnutrition and measles outbreaks (UNHCR 16/08).
- AWD, measles, meningitis and malaria remain the key emergency health concerns in parts of Ethiopia (OCHA, 15/9)

Key priorities – Health

Most affected groups:

- Women, children, pregnant/lactating women, especially vulnerable displaced persons, and residents in conflict and/or famine affected areas.
- Immediate public health risks include acute malnutrition, water and food-borne diseases, diseases associated with crowding, vaccine preventable diseases and vector-borne diseases.

Most affected areas (CAP 2011):

- Greater Mogadishu, including the Afgooye and Balcad corridors.
- Areas where short-term and local displacement is anticipated (Bakool, Hiraan, Gedo, Lower Juba, Bossaso, Gaalkacyo).
- Regions underserved but with anticipated access (North Galgaduud, Lower Shabelle and Mudug).

Recommendations for intervention for Health and Nutrition:

Guidance documents are available on [Somalia Health Cluster](#) and [WHO, 10/8](#)

- Vaccination of children starting at 6 months against measles is a high priority. Other Expanded Programmes on Immunization should be strengthened, including polio.
- Promotion of health education and hygiene against cholera and dysentery. Strengthen cholera treatment with pre-positioning of supplies.
- Maintain and expand integrated disease surveillance and reporting network for disease early warning alert and outbreak detection. At a minimum require weekly reporting of alerts and potential outbreaks. Investigate all outbreak rumours.
- Treat MAM of children and pregnant/lactating women (stabilization centres, outpatient therapeutic, supplementary feeding). Distribute nutrition supplement for children <2 and pregnant/lactating mothers to prevent acute/chronic malnutrition (FFT, FFA, wet feeding programmes).
- Maintain rapid nutrition surveys where comprehensive assessments are not possible.
- Promote trauma and emergency surgery, especially in conflict-affected areas, including reproductive health interventions of: emergency obstetric care, pre- and post-natal care, sexual transmitted infection prevention, blood safety interventions, and GBV prevention.

- Scale up primary and secondary health care, including mobile and outreach services (maternal, child and nutrition health care) and referral systems. Establish and maintain functional and staffed health facilities to secure essential medicines and medical supplies, and to pre-position supplies for emergency response.
- Reproductive health interventions: emergency obstetric and newborn care services, 24/7 referral system established for pregnancy-related emergencies, clean delivery kits, sexually transmitted infection prevention and treatment, GBV prevention and response support, and planning for comprehensive reproductive health services. Health education, hygiene promotion, and continued Expanded Programme on Immunization, especially against measles.

WASH

Current crisis

Somalia:

- The drought has caused a severe water crisis and extremely high prices of water (FSNAU 2011). In May there were 2.4 million people in need of WASH interventions due to poor rainfall, high water prices and conflict (WASH Cluster 31/5). With the evolution of the recent crisis, the WASH Cluster is now targeting 3.3 million people across Somalia with sustained access to safe water and 1.3 million people with emergency sanitation until the end of 2011 (OCHA, 15/9)
- Communities in south and central Somalia are particularly affected due to the low coverage of rural water and sanitation (ECHO 2011).
- In Mogadishu there remains a need to sustain and increase WASH activities to forestall disease outbreaks that could greatly affect the already weak population (UNICEF 04/08, OCHA 12/08).

Ethiopia:

- Regional assessments undertaken by the Government and health partners, show total national water rationing requirements of 131 trucks. As of mid-September there were 79 trucks in operation, leaving a gap of 52 trucks (OCHA, 15/9)

Kenya:

- The WASH cluster in Kenya aims to target 2.5 million people to ensure access to safe water (OCHA, 15/9)
- In the Dadaab refugee camps the WASH sector is currently undertaking assessments to establish the requirements and gaps (OCHA, 13/9)

Key priorities

Most affected areas:

- Famine areas and areas with high malnutrition rates (WASH cluster 17/08)
- Southern regions of Somalia and refugee camps in Dadaab (Kenya), Dollo Ado (Ethiopia), and recently parts of Eritrea

Most affected groups:

- Children, especially malnourished <5 years old
- Newly arrived refugees in Kenya and Ethiopia
- IDP's and rural population within Somalia

Recommendations for intervention

(Guidance documents are available at [Somalia WASH Cluster](#)):

- Increase and ensure free access to safe water, sanitation services, and hygiene promotion for affected populations, especially in nutrition centres, to reduce the incidence of diarrhoea in malnourished children
- Monitor water quantity and quality (especially by reporting on litres of water/person/day available, until now present in very few reports)
- Rehabilitation/construction of boreholes, deepening of shallow wells in Somalia (through cash for work)
- Provision of water to refugees and IDP's, if necessary through water trucking. Voucher for water is also an option
- Maintenance, chlorination, rehabilitation, protection, and extension of existing water (network) systems in

Somalia. Support and train communities to chlorinate water sources or treat water at the household level (MYR 2011).

Protection

Somalia

- Intense fighting, poor command over TFG forces, clan based divisions, and insecurity contribute to indiscriminate attacks on civilians (HRW 2010, UNSC 28/4): 4,000 civilians casualties, including over 1,000 deaths, and numerous abuses against the civilian population (HRW August 2011).

Child Protection

- Widespread and systematic recruitment and use of children in armed conflict in southern and central Somalia is ongoing (UNSC 28/4, Amnesty 19/7) with recruitment of child soldiers under age 15 by armed Islamist groups. Somalia's TFG has been found to be a party to recruiting, using, killing and maiming children in armed conflict. Abductions and forced or arbitrary deprivation of liberty are used by armed groups to forcibly recruit children (Amnesty 19/7). Children are mostly recruited through force and deception in schools, IDP settlements or refugee camps in neighbouring countries (ECHO, June 2011).
- Cases of rape and sexual violence against children have been reported (UNSC 28/4). Somali children are denied access to education and killed or injured in indiscriminate attacks in densely populated areas (Amnesty 19/7).
- There is an increasing number of child-headed households, abandonment, child separation from family members and street children. The Protection Cluster aims to conduct assessments between September 5 and 25 to obtain more in-depth information (OCHA, 6/9).

Human Rights Violations

- Somalis fleeing from Al-Shabaab-controlled areas reported widespread human rights abuses. Al-Shabaab continues to carry out public beheadings and floggings; forcibly recruits both adults and children into its forces; imposes onerous regulations on nearly every aspect of human behavior and social life, and deprives inhabitants under its rule of badly needed humanitarian assistance, including food and water. The population in areas controlled by the TFG and its allies has also been subjected to violations of international human rights and humanitarian law, including arbitrary arrest and detention, restrictions on free speech/assembly, and indiscriminate attacks harming civilians (HRW August 2011)

either the ARRA-run Kobe Camp Health Centre or the Regional Health Bureau-run Health Center in Dollo Ado (IMC 01/08).

Kenya

- Somalis seeking safety in Kenya contend with police harassment, arbitrary arrests, and deportation back to Somalia. Somali refugees en-route to the sprawling complex of refugee camps at Dadaab, Kenya, take hazardous back roads and use smugglers to avoid the Kenyan police and the official border post, that until recently remained closed. They are then at the mercy of well-organized networks of bandits who engage in robbery and rape (HRW August 2011).
- 80% of the refugees entering the Dadaab camp each day are women and children (DEC 14/7). These groups may have differential access to services that can further marginalize them.
- The Protection Working Group Assessment in Turkana reported an increase in cases of Sexual Exploitation and Abuse (SEA). Preliminary findings indicate that insufficient food and NFI's, linked with poorly planned distribution has led to an increase in SEA (OCHA, 13/9).

Key priorities

Priority Areas

- Conflict affected areas of Somalia – Mogadishu and other urban centers in the south central zone (ECHO, June 2011).
- Drought affected areas of Somalia
- Dadaab camps and surrounding areas in northeastern Kenya
- Refugee camps in Dollo Ado region of Ethiopia

Priority Groups

- Children: child soldiers, displaced and refugee children, children who are separated or alone, and children suffering from malnutrition.
- Women and girls who live on their own in refugee camps are particularly vulnerable and more at risk of sexual abuse (Amnesty 19/7)
- Conflict affected Somali IDP's
- Somali refugees entering Kenya and Ethiopia without documentation and who remain unregistered even as they move into camps

Recommendations for intervention

(Guidance documents are available on [Somalia Protection Cluster](#))

- Protection of women and children should be prioritized by having a GBV coordinator in place to improve coordination of GBV prevention and response between health, legal, psychosocial, protection, and other sectors
- Establish site-specific referral pathways and ensure communities are informed of these services
- Ensure that essential drugs are readily available for rape victims, and that health care providers are trained in the clinical management of rape
- Implement Inter Agency Standing Committee (IASC) GBV Guidelines for minimum prevention and response interventions within each sector: WASH, Protection, HR, Nutrition, Health, Shelter and NFIs, Education and Community Services
- Identify safe spaces for displaced and refugee children in Kenyan and Ethiopian camps, as well as urban areas experiencing high levels of displacement within Mogadishu



Ethiopia

- Somali women and girls are facing an even greater risk of GBV, both during their journey out of Somalia, and upon arrival in Dollo Ado. Some refugees are experiencing violence during their journey, including rape, while crowded conditions, stress from difficult experiences, and a lack of resources may be resulting in an increase in GBV in the camps (IMC 01/08).

Risk factors at Dollo Ado camps

- According to international Medical Corps, several factors may have an impact on the GBV risks: In the current camp structures, there are no separate latrines or bathing facilities for females in Kobe camp or the Transit and Reception Centers. Women and girls have to walk to remote locations for privacy, and also to collect water, wood, and charcoal, exposing them to possible violence (IMC 01/08).
- 88% of Kobe refugees are under 18 years old, and may face increased risks of sexual abuse and forced prostitution (IMC 01/08).
- The security presence is limited. There is no lighting in the Dollo Ado camps or in the Reception and Transit Centers, and no permanent security presence in the camps. While ARRA Protection Officers and local police do patrol the Reception and Transit Centers, their identity and responsibilities are unclear among refugees and service providers alike (IMC 01/08).
- There is no supply of post-exposure prophylaxis for HIV, a lifesaving treatment for survivors of rape, in

- Earmark locations within refugee camps for especially vulnerable households (child, female and older person), which are near services and protection
- Increase HR resources at camps and border crossings to register incoming refugees
- Ensure mainstreaming of protection issues in all activities across all sectors

Shelter & NFI

Current Issues

- According to OCHA, 1,8 million people in Somalia require shelter and/or NFI's, and of these the Emergency Shelter and NFI cluster is targeting 1,287,490 people this year (OCHA, 6/9).OC0/08)

Dadaab camp, Kenya

- As of the beginning of September, the updated total refugee population in Kenya stood at 568,298 people, with the Somali refugee population estimated at 483,969 people. The total registered population in the Dadaab camps is 434,223 refugees (OCHA, 13/9).
- As of early September, 30,000 refugees have been relocated from Dadaab outskirts to the three extensions, namely Ifo II, Ifo III and Kambioos. Relocation to Ifo III extension has been suspended awaiting settlement of disputes with host community over plot ownership (OCHA, 8/9).
- According to UNHCR, the average daily arrival rate at Dadaab camps between August 1st and 27th was 1,200 refugees (UNHCR, 27/8).

Dollo Ado Camps. Ethiopia

- According to UNHCR, as of September 2nd, the four camps in Dollo Ado, namely Bokolmanyo, Melkadida, Kobe and Hilaweyn, and the Transit Center accommodate a total of 120,871 refugees (UNHCR, 2/9).
- As a result of the influx into Dollow over the past three months, a spontaneous site for IDP's has sprung up on the banks of the Juba River, in an area known as Kasale. IDP's there live in makeshift shelters and survive on donations of food from the local population. As the current influx has been ongoing for over three months now, the ability of the locals to support the IDP's is severely stretched (UNHCR 05/08).

Key priorities

Priority Areas

- Areas of new displacement in Somalia, especially Mogadishu, the Afgoye corridor and other urban centers
- Refugee camps in Dollo Ado in Ethiopia and Dadaab in Kenya

Priority Groups

- Somali IDP's, Somali refugees in Kenya, and Ethiopian refugee camps
- Especially vulnerable IDP's and refugees (female, elderly, and child headed households)

Recommendations for intervention

(Guidance documents are available on [Somalia Shelter and NFI cluster](#).)

- Emergency shelter and NFI support for existing and new Somali IDP's
- Temporary or transitional shelter for stabilized IDP settlements with a high level of community organization, consent of the landowner (or clear land titled granted to IDP residents) and support of the authorities.
- Provision of emergency shelter and basic NFIs for newcomers to camp locations in Kenya and Ethiopia (UNHCR July 2011).
- Accelerate pipeline, and warehousing, of shelter materials to improve timely provision of emergency shelter to drought and conflict affected Somalis.

Key Background Resources

- FEWSNET/FSNAU, 11/07/2011. Famine in southern Somalia www.fsnau.org
- FSNAU, 2010. Food Security and Nutrition Analysis Post Deyr 2010/11, <http://www.fsnau.org/downloads/FSNAU-Post-Deyr-2010-11-Technical-Report.pdf>
- Health And Nutrition Tracking Service, Horn of Africa Data, <http://www.thehnts.org/en/41>
- RPG, 1994. Lives lost, lives saved. <http://www.fews.net/docs/Publications/Lives%20Lost.%20Lives%20Saved.pdf>
- ODI, 2009. Improving drought response in pastoral areas of Kenya. <http://www.alnap.org/pool/files/odi-kenya.pdf>
- HPG, 2006. Saving lives through livelihoods: critical gaps in the response to the drought in the Greater Horn of Africa, <http://www.odi.org.uk/resources/download/1381.pdf>
- CAP, 2011. Mid Year Review – Somalia. <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Site=2011&Lang=en>
- CAP, 2011. Mid Year Review – Kenya. <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Site=2011&Lang=en>
- IDMC, 2011. Internal Displacement Profile – Somalia. [http://www.internal-displacement.org/8025708F004CE90B/\(httpCountries\)/02EE5A59E76049F5802570A7004B80AB?opendocument&count=10000](http://www.internal-displacement.org/8025708F004CE90B/(httpCountries)/02EE5A59E76049F5802570A7004B80AB?opendocument&count=10000)
- OCHA 2011, Humanitarian requirements of the Horn of Africa Drought. [http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/HRD_2011_Horn_of_Africa/\\$FILE/HRD_2011_Horn_of_Africa_SCREEN.pdf?openElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/HRD_2011_Horn_of_Africa/$FILE/HRD_2011_Horn_of_Africa_SCREEN.pdf?openElement)




ANNEX I Country Profile

Please note that there is a general lack of country-level data for Somalia including demographic and economic indicators.

Key indicators

	Somalia	Ethiopia	Kenya
Population	9,100,000 (WB 2009)	82,800,000 (WB 2009)	41,100,000 (CIA 2011)
Growth	2.3% (WB 2009)	2.6% (WB 2009)	2.6% (WB 2009)
Life expectancy	Male 48 years/female 52 years (CIA 2011)	Male 53 years/female 58 (CIA 2011)	Male 58/female 60 years (CIA 2011)
Deaths per 1,000 live births	180 deaths per 1,000 live births (WHO 2009)	104 deaths per 1,000 live births (WHO 2009)	84 deaths per 1,000 live births (WHO 2009)
Deaths per 1,000 live births - Rural	136 deaths per 1,000 live births	135 deaths per 1,000 live births	88 deaths per 1,000 live births
Deaths per 1,000 live births - Urban	134/1,000 (WHO 2011)	98/1,000 (WHO 2011)	75/1,000 (WHO 2011) (105/1,000 in 2000 (UNICEF))
HDI	No data	30% (WB 2008)	87% (WB 2009)
HDI - 15-49	No data	157 of 169 (HDI 2010)	128 of 169 (HDI 2010)
Population aged 15-49	0.7% (UNAIDS 2010)	1.1% (UNAIDS 2010)	6.3% (UNAIDS 2010)
Population aged 15-49 as % of total	63% (WB 2009)	83% (WB 2009)	78% (WB 2009)
Population aged 15-49 as % of total	37% (WHO 2009)	17% (WHO 2009)	22% (WHO 2009)
Vulnerability & Crisis Index	All three countries are in category 3/3 (most severe) of DG ECHO's Vulnerability and Crisis Index for 2011 (ECHO, June 2011).		

Key characteristics

	Somalia 637,657 (CIA 2011)	Ethiopia 1,104,300 (CIA 2011)	Kenya 580,367 (CIA 2011)
Size/Total in sq km			
Topography and Climate	<p>Terrain: Mostly flat to undulating plateau rising to hills in north.</p> <p>Climate: Principally arid and semi-arid with four seasons.</p>	<p>Terrain: High plateau with central mountain range divided by Great Rift Valley.</p> <p>Climate: Tropical monsoon with wide topographic variation. Temperatures in the Dollo Depression are some of the hottest on the planet. Rainfall is highly erratic, both spatially and temporally.</p>	<p>Terrain: Low plains along coast rise to central highlands bisected by Great Rift Valley; fertile plateau in west; desert-like conditions in the north.</p> <p>Climate: Arid and semi-arid in the northern and eastern parts of the country, tropical along the coast.</p>

ANNEX II Key Data and Population Profiles

Somalia

- Somalia is ranked the least peaceful country (153/153) in the 2011 Global Peace Index (GPI 2011).
- The prolonged lack of effective central government has resulted in a chronic lack of basic and sustainable social services. In most areas, there is little or no access to basic health, water, sanitation or education facilities (ECHO, June 2011).
- Despite the lack of a proper banking sector, private money transfer services (Hawala) facilitate vital remittances from Somalis living abroad. Remittances to Somali families are estimated at up to \$1 billion a year (AlertNet 2011).
- According to the Corruption Perceptions Index 2010, Somalia is the most corrupt country in the world (TI 2010).
- The population is 85% Somali and 15% Bantu-speaking African and other non-Somali (including 30,000 Arabs) (CIA 2011). The largest ethnic Somali groups include Hawiye, Darod, Issaq, Dir and Digil-Mirifle (AlertNet 2011).
- Djibouti is Somalia's main export partner (30%), followed by Kenya (8%) (CIA 2011).

Ethiopia

- Ethiopia is one of Africa's poorest countries. Over 80% of Ethiopia's population of nearly 83 million people live below the poverty line, 10 million of whom are at chronic risk of starvation. Ethiopia is the second-most populous country in Sub-Saharan Africa (WB 2011).
- The major ethnic groups are: Oromo 34.5%, Amara 26.9%, Somalie 6.2%, Tigraway 6.1%, Sidama 4%, Guragie 2.5%, Welaita 2.3%, Hadiya 1.7%, Affar 1.7%, Gamo 1.5%, Gedeo 1.3%, other 11.3% (CIA 2011).
- The majority of the population (63%) is Christian, 34% is Muslim and 3% follow traditional beliefs (CIA 2011).
- In Bale, Gode and Borena Zones, only 17% of people have access to clean water. Diarrheal diseases are common as people must use contaminated water supplies and do not have access to toilets and washing facilities (Merlin 6/6).
- 83% of Ethiopians rely on rain-fed agriculture, which is highly susceptible to seasonal variations and weather conditions (DG ECHO HIP 2011).
- Ethiopia has been a top 10 recipient of humanitarian aid in 9 of the last 10 years (Global Humanitarian Assistance 2011). On average, 77.2% of all humanitarian aid to Ethiopia between 2005 and 2009 was spent on food aid (Global Humanitarian Assistance 2011).

Kenya

- Most of the population is highly concentrated in the central and western regions, which contain the most fertile agricultural areas (GFDRR 2011).
- There are more than 70 tribes or ethnic groups, which are divided into three linguistic groups: Bantu, Nilotes, Cushites. The Kikuyu are the biggest ethnic group (22% of the population) followed by Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11%, Kisii 6%, Meru 6%, other African 15%, non-African (Asian, European, and Arab) 1% (CIA 2011).
- The majority of the population is Christian, an estimated 10% is Muslim, 10% follow indigenous beliefs (CIA 2011).
- An estimated 50% of the population lives below the national poverty line (LogsCapAssess 2011).
- The unemployment rate in 2011 is estimated to be 40% (CIA 2011).

- The Kenyan economy is market-based, with some state owned infrastructure enterprises, and is highly dependent on rain fed agriculture (22% of GNP) and tourism (11% of GNP). Agriculture employs about 75% of the country's population (GFDRR 2011) although only 15% of Kenya's total land is sufficiently fertile to be farmed.
- According to the UNEP Water Stress Index, Kenya is a water scarce country with only up to 1,000 cubic meters of fresh water available per person per year (UNEP 2008).
- Kenya's inland areas are largely arid with 2/3 of the country receiving less than 500 mm of rainfall per year, limiting agricultural potential. Arid and Semi-Arid Lands are also more prone to harsh weather conditions, mainly droughts (FEWS 2011).
- Kenya's economy is steadily recovering from the global financial crisis with a growth of 4.9% for 2010 and forecasted to reach between 5.3% and 6% annually over the next two years. Despite this, Kenya remains characterized by poor governance combined with political instability (DG ECHO HIP 2011).
- Recent external economic shocks include a surge in oil prices attributed to instability in Middle East and North Africa, and the tsunami and earthquake-struck Japan (a major development partner) have raised concerns about the Kenya's economic outlook (WB 2011). In Nairobi, diesel price went up 30% compared to last June (OCHA, 20/7).

ANNEX III Hazard Profile

Countries hazard profile

The 2010 Natural Risk Index rates **Ethiopia** as the 5th most vulnerable country in the highest risk category (*extreme risk*) (Maplecroft 2010). **Somalia** is rated as *high risk* country and **Kenya** as *medium risk*.

Shared hazard calendar Somalia/Ethiopia/Kenya

Adapted from WFP Seasonal and Hazard calendar WFP 2010

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rainy season	Somalia	Jilbaa dry season		Gu rainy season			Haga dry season			Deyr rains/short rainy season			
	Pastoralist Ethiopia dry season	Gu rains in Feb/Mar rainy season			Meher rainy season			Short rainy season			Short rainy season		
	Haryana	Long rainy season									Short rainy season		
Flood risk	All	Kenya	Kenya	All	Ethiopia	Kenya and Ethiopia	All	Kenya & Somalia					

Ethiopia

- Droughts are the greatest and most recurrent hazard in Ethiopia. Their magnitude, frequency and intensity have significantly increased since the 1970's; over the past three decades, Ethiopia has experienced seven major droughts five resulting in famines (GFDRR 2011).
- The factors exacerbating Ethiopia's high vulnerability to natural disasters are high rates of deforestation, land degradation and increasing climate variability. Poor infrastructure also plays a role with inadequately developed water resources; sparse availability of health services; inadequate road infrastructure (particularly in drought prone areas) and weak institutions to address these challenges (GFDRR 2011).

Somalia

- Somalia has a long history of droughts as the most recurrent hazard affecting all livelihood zones due to the country's geographical location, fragile environments, and climate. The worst catastrophe was the 1991-1992 human-induced famine marked by forced prevention of agricultural activities to starve opposing factions, restricted movement of people, and limited humanitarian access (FSNAU 2011).
- The continued political instability in the country, and the absence of an effective central government to prepare for and respond to the effects of drought, further exacerbates the drought conditions by diminishing the resilience levels of the afflicted communities (pastoralist, agro-pastoralists, urban and IDP's) (FSNAU 2011).
- The characteristics and impacts of drought vary significantly from one region to another depending on the severity of the drought, political and economic stability, humanitarian access, level of preparedness and resilience (assets, coping strategies) of the affected community (FSNAU 2011).
- Due to the general collapse of state infrastructures and its public services delivery, there is limited local capacity to respond to the situation. Somalia is considered a failed State and the Transitional Federal Government (TFG) has no capacity to provide services to the most vulnerable populations (ECHO, June 2011).

Kenya

- Seasonal floods affect various parts of the country, especially along the flood plains in the Lake Victoria basin and Tana River. This leads to loss of lives, destruction of crops, displacement, and destruction of homes. Households located in flood-prone areas frequently limit investment in productive activities due to increased vulnerability to flood destruction (FEWS 2011). The rainy season usually affects the western, Nyanza and north Rift Valley provinces. However, the most vulnerable areas are Murang'a district in central province, Kirinyaga, Nyeri, parts of Meru around the Mount Kenya region, Kisii and Mombasa Island (Logistics Capacity Assessment 2011).
- Insecurity, cattle raiding, administrative border hampering, traditional migrations, and livestock disease

outbreaks are key hazards affecting pastoralists, agro-pastoralists and marginal agricultural households. A succession of droughts over the past 15 years has decimated livestock and constrained household ability to rebuild herds to sustainable levels (FEWS 2011).

- Conflict, particularly in the pastoral areas, is a critical hazard. Although conflict usually declines at the onset of the rainy season, the reciprocal characteristic of pastoral conflicts means that unresolved conflict has continued even as rains have improved grazing resources significantly (FEWS 2011).
- The following factors increasing Kenya's vulnerability to natural disasters: Uncertainty of rainfall patterns, high evaporation and transpiration rate, low organic matter levels, and poor infrastructure. All these factors negatively impact the Kenyan economy (GFDRR 2011) as well as poor infrastructure, including impassable roads, poor telecommunication lines, and inaccessibility.

ANNEX IV Seasonal Calendar

Shared seasonal calendar Somalia, Ethiopia and Kenya

Adapted from WFP Seasonal and Hazard calendar WFP 2010

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Maize, sorghum, cassava, beans, rice, cowpe, wheat, millet, barley, oats, teff	Somalia				Gu Season						Dayr season		
	Ethiopia		Belg sowing				Meher sowing						
	Ethiopia			Long cycle crops planting									
	Kenya			Sowing		Wheat						Sowing	
	Somalia			Dyer harvest					Gu harvest			Karan harvest	
	Ethiopia						Belg harvest					Meher harvest	
Locust/ armyworm (caterpillar)	Somalia												
	Ethiopia												
	Kenya											2007	
Lean season	Somalia			Pastoral					Pastoral (north)				
	Somalia				Agropastoral (south)								
	Ethiopia			Belg dependent areas		Meher areas							
	Kenya												

Meteorological forecast Somalia

The Greater Horn of Africa Climate Outlook for the forthcoming season (September through December 2011) indicates a possible return to normal/above-normal rainfall conditions in famine-hit southern Somalia. However, given that September-December rainfall is a relatively small proportion of its annual total, there may not yet be much easing of the drought situation in these areas where drought conditions have prevailed for the past several months.

ANNEX V Stakeholder Analysis

Glossary

TFG: Transitional Federal Government	AS: Al-Shabaab
AMISOM: African Union Mission in Somalia	ASWJ: Ahlu Sunnah wal-Jama

Armed Opposition Groups

- Following the 2006 intervention to end the Islamic Courts Union rule, Al-Shabaab (AS) grew from a fringe movement into a full-blown insurgency against the Transitional Federal Government (TFG) and the African Union Mission in Somalia (AMISOM). As an Islamic organisation, AS controls much of southern Somalia, excluding the capital where heavy fighting with the TFG are still reported (CFR 2010). AS has ideological links with Al Qaeda and declared allegiance to Al Qaeda's new leader in June 2011 (ICG 2011). Analysts generally agree that the group holds several thousand fighters (CFR 2010).
- AS's tactics include suicide bombings, shootings and assassinations, and targeting those perceived to be aligned with the TFG, including humanitarian actors as well as civilians (CFR 2010). Thousands of civilians have been killed or injured in the fighting, which often takes place in residential areas (Amnesty International 2011). Sharia Law was imposed in areas AS controls. Continuous conflict caused by AS and other groups has displaced millions (CFR 2010).

Pro-Government Forces

- The TFG's military prospects are not good. The army is ineffectual and the government's survival is entirely dependent on AMISOM troops (ICG 2011). The UN has listed the TFG and its allied militias as persistent violators in recruiting children (CIA 2011).
- The AMISOM military has just over 6,000 troops in Somalia and is mandated to conduct peace support operations. AMISOM police have the mandate to train, mentor, monitor and advise the Somali Police Force with the aim of transforming it into a credible and effective organisation (AMISOM 22/7). However this seems unlikely without stronger leadership from the TFG (ICG 2011).
- Ahlu Sunnah wal-Jama (ASWJ) is a moderate Islamic group, based in Galgaduud region, and opposed to AS. It is largely responsible for stopping AS's expansion north, and is the only group in the south and central Somalia able to effectively oppose them. The town of Belet Weyne changed hands several times in 2009 and 2010 and is a key point of conflict between the two groups. ASWJ has been aligned with the TFG and was a formal part of the TFG government in 2010, although this power-sharing agreement has now virtually collapsed. ASWJ's leadership is deeply fragmented by clan-based rifts (ICG 2011, CAP 2011).

Other Armed actors

- The regions of Puntland and Somaliland are semi-autonomous (CIA 2011). They dispute their common border and related tensions frequently result in displacement of several thousand households at a time. Those displaced are frequently forcibly repatriated by authorities (Amnesty International 2011). New rebel movements, allegedly with links to Islamist movements in south and central Somalia, have also emerged in Puntland and Somaliland leading to concerns that an increase in violence could have a negative impact on humanitarian operations in the region (UNHCR 2011).
- It has been a record year for pirate hijackings off the coast of Somalia, with nearly 100 recorded in the first quarter of 2011, and average ransom payments of more than \$5 million (ICG 2011). Delays in cargo deliveries as a result of piracy have had an impact on humanitarian operations and contributed to the worsened nutritional status of the Somali population (UNHCR 2011).

Front zone (CAP 2011)

- The governments of Puntland and Somaliland dispute their common border, and there are often tensions in the disputed areas of Sool, Sanaag and Togdheer regions.

- The administration of Gaalkacyo town in Mudug region is divided between Puntland to the north and 'Gal Mudug' authorities to the south. Open conflict along this front is not common, but tensions do exist. Travel between the two zones is complicated. Pirates also have influence in coastal parts of Mudug region, particularly Xarardheere.
- Control of Mogadishu is contested by the TFG and AMISOM on the one hand and Al-Shabaab on the other. The ongoing conflict has created the large IDP settlements around Mogadishu, in Afgooye, Daynile and Balcad and sent displaced people further afield to Puntland, Yemen, Ethiopia and Kenya.
- AS and the Raas Kamboni Brigade compete for control of parts of the Lower Juba Region, particularly Dhobley District. Displacement here is often for short periods. Conflict between TFG aligned forces and AS in Doolow and Belet Xaawo districts of Gedo Region has caused episodes of displacement and restricted humanitarian access.

ANNEX VI Background Livelihood and Food Security

Key characteristics

Livelihoods

- Somalia's economy consists of traditional and modern production, with a gradual shift in favor of modern industrial techniques. According to the Central Bank of Somalia, 80% of Somalis are semi-nomadic pastoralists, who keep goats, sheep, camels and cattle. Nomads also gather resins and gums to supplement their income.
- Agriculture is the primary economic sector with livestock accounting for about 40% of GDP and about 65% of export earnings, but Saudi Arabia's ban on Somali livestock, due to Rift Valley Fever concerns, has severely hampered the sector (*Guide to African Markets*, 2010). Main exports are based on livestock, bananas and fish.
- The service sector has managed to survive and grow. Mogadishu's main port and airport (closed for 15 years) as well as some of the ports and airfields in southern Somalia, have re-opened.
- Livestock are the mainstay of Somalia's economy with nearly one in every three Somali practicing semi nomadic pastoralism. There are also significant numbers of agro-pastoral populations who rely on livestock. Of 33 livelihood zones in Somalia, 14 are purely pastoral and 14 are agro-pastoral with a total population of 4.3 million (60% of Somalis). A significant number of urban people engage in livestock related activities such as livestock and livestock product trade, veterinary services, water and hay selling (FSNAU 3/11).
- Most of the purely pastoral livelihoods (10 out of 14 pastoral livelihoods) are found in northern and central Somalia, while the agro-pastoral livelihood zones are predominantly located in southern Somalia; only three are in the Northwest and one is in Central. Camel, cattle, sheep and goats are the main livestock species raised in the pastoral and agro-pastoral livelihoods. Cattle are mainly reared in southern Somalia, particularly in Juba regions, as well as in the northwest. In central regions the cattle is almost extinct due to recurrent droughts over three consecutive years in 2008-2010 (FSNAU 3/11).
- The poor wealth groups in purely pastoral livelihoods normally obtain 50-80% of their income from livestock and product sales, while 25-35% of their food sources include own livestock production. In the agro-pastoral livelihoods of Bay, Shabelle, Hiran and Northwest, except for Togdheer region, households are significantly dependent on crop production while those in Central, Juba, Bakool, Gedo and Togdheer are more reliant on livestock (FSNAU 3/11).

Agricultural calendar

- Somalia has two rainy seasons: *gu* (March-July) and *deyr* (September-December). The months of highest rainfall are generally from April-June and October-November. *Deyr*, the secondary agricultural season (short rains), contributes about 30% to the total annual cereal production. Most agricultural production comes from the *gu* season (FSNAU_03/11). Two distinct dry seasons also occur: the *jilaal* (December-March) and *haggai* (July-September) (FAO 2007).

Staple foods

- Maize, sorghum, rice, and cowpea are the most important staple foods for Somalis. Maize and sorghum are the preferred staple in agriculture areas, while rice is more popular in pastoral and urban areas. Cowpea is an integral component of all households' diets (FEWSNET 11/7).

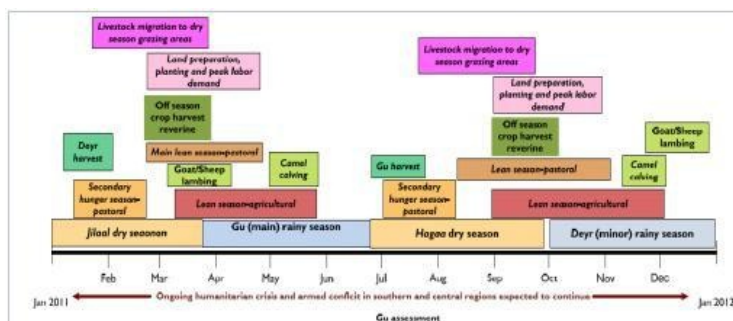
Markets and market flows

- Baidoa is a significant sorghum producing and consuming area. Qorioley is a large maize production area. Burao and Galkayo/Dhusamareb are exclusively pastoral where people depend on domestically produced sorghum and imported rice purchases. Togwajale is a sorghum producing area with links to Ethiopian markets; most cereal flows from Ethiopia pass through this market. Hargeisa is the capital of Somaliland and an important market for livestock trade with Ethiopia. Buale, located in an important maize production area in the southern region supplies most nearby markets. El Dhere and Merka are areas of cowpea production: the principal source of income (FEWSNET 11/7).

- Mogadishu is Somalia's largest market with links to markets across the country. Bossasso and Kismayo are port towns and entry points of imports. Beled Weyn connects the south and central regions of the country, and also has linkages with Ethiopia. Bula Hawa is an important cross-border market with Kenya (FEWSNET 11/7).
- Somalia is a cereal deficit country and has high levels of cereal imports (CAP 2011). Markets play a critical economic role affecting both food and livelihood security. Rural pastoralists, agro-pastoralists and agriculturalists all depend on markets to gain access to income and food. Agro-pastoralists and agriculturalists also depend on markets for sales of crops and for employment (FSNAU 2011).
- Markets and trade have proven to be dynamic and resilient since the collapse of the Somali State in the early 1990s and are a major factor in livelihoods activities. Trade is both domestic and export/import oriented and is closely integrated with neighboring countries. In a normal year, local cereal production accounts for 40% of domestic requirement with regional cross border trade and sea commercial imports supplying the rest. Rural and urban market linkages are strong and inflows of remittances from the diaspora abroad are substantial, ranging from 350 to 700 million USD annually. Somalia is the largest single exporter of live animals in the world (FSNAU 2011).

Detailed seasonal calendar and critical events - Somalia

Source FEWSNET 2011



Pre crisis situation

- In 2010, two good rainy seasons reduced the population in crisis to two million people, mainly urban poor, pastoralists yet to recover from six seasons of drought, riverine populations affected by floods, and IDP's (CAP 2011). Despite this, results of a post *deyr* 2010/11 assessment in February 2011 indicated an increase in the number of people in need of humanitarian assistance up to 2.4 million (32% of the total population). At the time, 75% of all acutely malnourished children in Somalia resided in the south where the food crisis was the most acute (FSNAU 11/07/08).
- Poorly and unevenly distributed rains during the *Deyr* resulted in a substantial decline in the cereal harvest in southern Somalia, the lowest level since 1995. In the southern region, cereal production estimates were about 80% lower compared to the *deyr* post-war average of 1995-2009, and the *deyr* 5 year average (2005-2009). In contrast, agro-pastoral areas of Awdal, Galbeed and Togdheer regions in the northwest received an extremely good cereal crop harvest (Oct–Nov '10) due to favorable performance of *gu/karan* 2010 rains (FSNAU 03/11).
- In November 2010 and following previous warning issued in August, FEWSNET confirmed in its Food Security Alert that 'The most severe food security outcomes, assuming additional assistance is not provided, would be expected in southeast Kenya and Somalia, particularly after January/February 2011, when harvests normally occur'. Since then the food security situation has continuously deteriorated, leading to a famine declaration in two regions of South Somalia the 20th of July 2011 (BBC).

Underlying causes of the food crisis

The current crisis in southern Somalia is driven by a combination of factors:

- Successive seasons of poor rains and seasonal flood affecting the main livelihoods for rural Somalis: crop and livestock production. The total failure of the Oct-Dec *deyr* rains (secondary season) and the poor performance of the Apr-Jun *gu* rains (primary season) have resulted in crop failure, reduced labor demand, poor livestock body conditions, and excess animal mortality.
- The current drought extends to the whole territory, although normally the impact is limited to a few regions and dry pockets.
- Local cereal prices across the south are far above average, more than 2 to 3 times 2010 prices in some areas, and continue to rise. As a result, both livestock to cereal and wage to cereal terms of trade have deteriorated substantially.
- Recurrent conflict and civil insecurity, which have resulted in civilian displacement and restriction of internal and cross border trade flow as well as a limited humanitarian access to affected areas.
- Chronic macro-economic shocks, such as the persistent ban of livestock export and lack of employment opportunities, affected investment in productive sectors like crop and livestock (FEWSNET 2011).

ANNEX VII Background Health

Key indicators

Somalia Health indicators - WDI 2010	2000	2005	2008	2009
Life expectancy at birth, total (years)	48,0	50,0	50,0	50,0
Fertility rate, total (births per woman)	6,5	6,5	6,4	6,4
Adolescent fertility rate (births per 1,000 women ages 15-19)	72	71	70	69
Mortality rate, under-5 (per 1,000)	180	180	180	180
Malnutrition prevalence, weight for age (% of children under 5)	23	x	x	x
Immunization, measles (% of children ages 12-23 months)	35	35	24	24
Prevalence of HIV, total (% of population ages 15-49)	0,2	0,4	0,6	0,7

Health Service Coverage:

- In the first half of 2011, 60% of the population in need did not have access to primary and basic secondary health care services (OCHA 15/7). 20 years of civil war in Somalia has resulted in limited health service coverage, particularly in Middle Juba, Bay, Bakool, the Shabelles and Hiraan regions. Insecurity and lack of humanitarian access have reduced the ability of health organizations to provide services. Continued conflict, particularly in greater Mogadishu, has debilitated health and social services through damage to health facilities, interruption of referral networks and coverage, and displacement of health staff (CAP 2011). Somalis may seek traditional doctors to treat illnesses and injuries. Most Somalis, especially those from urban areas, have been exposed to Western medicine (CDC 2008).

Morbidity and Mortality:

- According to the WHO health profile, the most important causes of death for <5 children in Somalia are diarrhoea (23%), pneumonia (20%), Birth asphyxia (8%) and Measles (6%) (data from 2008). Most common causes of morbidity reported by the Health cluster in April and May are acute watery diarrhoea, suspected malaria, acute bloody diarrhoea, suspected measles, whooping cough and meningitis.
- Antenatal coverage and skilled birth attendance is extremely low in Somalia and a major cause of high infant and maternal mortality rates (CAP MYR 2011).
- The 2007 FSNAU KAP survey revealed the extent of poor care practices for children and mothers, identifying poor breast feeding practices, early introduction of solid food, birth spacing less than 1.5 years, inadequate care for women/mothers, poor complementary diets – in particular among riverine and agro pastoralists, poor hygiene practices, inappropriate home health practices during illness, and delay in seeking appropriate medical care as major problems.
- All of Somalia is at risk of malaria (54% at high risk, 95% of cases due to *P. Falciparum*) (WHO 2009). The measles vaccination coverage is very low (24% in 2009).

Immunization:

- Insecurity and displacement have undermined routine vaccination programmes. Measles vaccination coverage remains low across Somalia at 24% (CAPMYR 2011). 2010 WHO **estimates** for immunization available are: BCG (29%), DTP1 (55%), DTP3 (45%), Pol3 (49%), MCV (46%).

Nutrition:

- National median prevalence for GAM is 16% and for SAM is 4%, but most areas in the southern part of Somalia have elevated prevalence of malnutrition, as high as 30%. The median GAM prevalence for south central is 25% (CAP MYR 2011).
- Analysis of nutrition survey findings indicated similar levels of nutritional vulnerability between boys and girls between one and five years old, with a higher vulnerability in boys less than a year old. Further studies highlighted women of reproductive age as particularly nutritionally vulnerable, with one in five

identified as acutely malnourished, compromising a mother's own health during pregnancy and contributing to the high prevalence of low birth weight (CAP 2011).

- Due to the recent drought and delayed onset of the *gu* 2011 seasonal rains, the annual caseload for acute malnutrition in Somalia has been revised to an estimated 476,000 children (103,000 are severely malnourished and 373,000 moderately malnourished) and 86,000 acutely malnourished pregnant and lactating women, indicating a situation worse than same time last year (CAP MYR 2011).
- Cases of acute watery diarrhoea are reported in southern Somalia, with suspicion of cholera. Greater susceptibility of malnourished populations to disease is increasing the risk of a large outbreak (FSNAU 8/7).
- Hospitals in Mogadishu have been hit by a shortage of drugs following the arrival of large numbers of drought-displaced people in the past two months. Health officials report up to five patients dying daily due to disease outbreaks (IRIN 15/7).
- Communicable disease outbreaks, including cholera and measles, are anticipated to increase due to unhygienic conditions, inadequate sanitation coverage, weakened immune systems (due to poor nutrition and stress) in overcrowded temporary IDP settlements (CAP 2011).
- An MSF (11/7) rapid nutrition assessment showed that more than 43% of children in the outskirts of Dadaab aged 6-10 years were malnourished. This age group is often excluded from nutrition programmes. Refugees living in the camp for years also had deteriorating nutritional status because they are sharing food with newcomers. Outside the camp, the local community was suffering from similar malnutrition prevalence to refugees living in camp outskirts. People had stopped feeding their animals to feed themselves (OCHA 14/7).

ANNEX XI Background Protection

Somalia

- Intense fighting, poor command over TFG forces, clan based divisions, and insecurity contribute to indiscriminate attacks on civilians (HRW 2010, UNSC 28/4). **Physical assault, killing, GBV, child recruitment, illegal arrests and detentions, and evictions are widespread protection issues in Somalia** that are allegedly being perpetrated with impunity by parties to the conflict and community members (OCHA Prot 2010).

Child Protection

- Widespread and systematic recruitment and use of children in armed conflict in southern central Somalia is ongoing (UNSC 28/4, Amnesty 19/7) with recruitment of child soldiers under age 15 by armed Islamist groups. Somalia's TFG has been found to be a party to recruiting, using, killing and maiming children in armed conflict. Abductions and forced or arbitrary deprivation of liberty are used by armed groups to forcibly recruit children (Amnesty 19/7). Children are mostly recruited through force and deception in schools, IDP settlements or refugee camps in neighbouring countries (HIP 2011).
- Cases of rape and sexual violence against children have been reported (UNSC 28/4). Somali children are denied access to education and killed or injured in indiscriminate attacks in densely populated areas (Amnesty 19/7).

Landmines and Explosive Remnants of War (ERW)

- A baseline survey revealed an ERW impact of 10% in 2008, with high volumes of ERW, and anti-personnel and anti-tank mines in Afgoye and Mogadishu. Of 190 known mine/ERW casualties in Somaliland, Puntland and south central Somalia in 2010, 84% survived their accidents, straining meager health services as only a handful of hospitals can treat severe trauma (MineAction).

Human Rights Violations

- Political stalemate, insecurity, and the continuing conflict between the coalition government and armed opposition groups continue to expose IDP's to violations of their rights under international humanitarian and human rights law (NRC 2009).
- Human rights violations in Al-Shabaab controlled areas persist. Reports of summary executions and torture, mostly for alleged linkages with the TFG have been reported (UNSC 28/4).
- Refugees and asylum seekers in Somalia experience discrimination and protection violations, highlighted by arbitrary detention as well as hostility and discrimination which impedes access to available socio-economic opportunities. Refugees do not have legal rights to work, and access to protection through law enforcement and justice mechanisms are limited (UNHCR 7/11)
- Access to property restitution after many years of conflict remains problematic (IDMC 2010).

Women's Rights and GBV

- Somalia is a clan-based society with strict socio-cultural expectations of behavior. Displacement disrupts these structures, increasing risk of GBV for women during transit and at their settlement areas (UN Women 2006).
- The human rights situation in Somalia is dire, particularly in areas controlled by insurgents who impose strict compliance with Sharia law to the principal disadvantage of women and girls (CAP 2011).
- Female genital mutilation affects most Somali women/girls (95%) and is a significant issue due to lack of clan protection, gender inequality, discrimination, harmful traditional practices, and impunity (CAP 2011, UNICEF 2011).

ANNEX X Background Shelter & NFI

Key characteristics

- An estimated 2/3 of Somalia's IDP's are in need of emergency shelter along with a small number of extremely vulnerable host populations residing with IDP's who also need emergency shelter (CAP 2011).
- Shelter priorities for men and women in Bosaso in the northeast are: physical protection; protection from being attacked in their homes and from having their belongings taken; and protection from rain and fire (ESC 4/11).
- For new IDP's in Puntland, distributions of NFI's are the key intervention for immediate needs, and these include some plastic sheeting and basic shelter kits if they are in stock; otherwise new IDP's must sleep outside at night (NRC 1/11). However, emergency shelter is not consistently provided, and families often have to fend for themselves after arrival, some only receiving NFI kits after three to five months of displacement (NRC 1/11).