

HIGHLIGHTS

- Refugee returns from Kenya to Somalia continue
- Post-Gu assessment projects a gloomy food security outlook
- AWD/cholera cases decline due to robust response
- Humanitarian funding to Somalia declines but needs remain high

FIGURES

# of people in humanitarian emergency and crisis	1m
# of people in food security stress	3.7m
# of acutely malnourished children under age 5	305,000
Source: FSNAU February 2016	
# of internally displaced people	1.1m
# of Somali refugees in the Horn of Africa and Yemen	1.2m
Source: UNHCR	

Humanitarian Appeal

FUNDING

885 million

requested for 2016 (US\$)

36% (\$319 million)

\$405 million

Total humanitarian funding received for Somalia

(reflects reported funding on FTS as of 26 July 2016)

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



Over 16,000 Somali refugees have returned from Kenya since December 2014. Photo: UNHCR Somalia

Refugees continue to trickle back home

Some 11,000 Somalis return from Kenya in the first half of 2016

An estimated 11,000 Somali refugees returned from the Dadaab refugee camp in Kenya in the first half of 2016, according to the UN Refugee Agency (UNHCR). This is nearly twice the number of refugees who were assisted to return in 2015. Nearly 3,000 refugees returned in the month of June alone, the highest since the start of 2016. April and May

Cummulatively since December 2014 - July 2016



however recorded a decline due to the rainy season. In total, nearly 17,000 refugees have returned from Kenya to Somalia since December 2014. Many of the returnees travel by road through Dhobley where partners have established a transit way station to facilitate arrivals. Others travel by air, mainly to Baidoa, Kismayo and Mogadishu. The highest numbers of returnees has been recorded in Baidoa, Bardheere, Bu'aale, Luuq, Kismayo and Mogadishu. At the Baidoa, Kismayo and Luuq way stations, new arrivals receive humanitarian assistance such as food, water and medical including facilitation and reintegration.

The returns are within the parameters of the 2013 tripartite agreement framework between Kenya, Somalia and UNHCR to help Somali refugees from Dadaab to voluntarily return to Somalia. To date, there are designated areas of return identified. In May 2016, the Kenyan government, driven by what it described as security concerns, announced its intention to expedite the closure of the Dadaab refugee camp. On 25 June, the Tripartite Commission for the Voluntary Repatriation of Somali Refugees living in Kenya met in Nairobi to discuss the modalities of the repatriation process. The Commission directed the Tripartite Technical Committee to conclude concrete operational modalities and support measures which ensure the safe, dignified, voluntary return and sustainable reintegration of the returnees. In order to boost the response, UNHCR has developed an Action Plan which provides for an enhanced return assistance to address the most immediate humanitarian needs of the returnees as well as catalyze reintegration support through community-based projects in the key areas of return. This plan will be further reviewed and enriched by the Somalia Humanitarian Country Team to contribute to the medium and longer term goals to attain a durable solution for returnees and internally displaced people.

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BASELINE

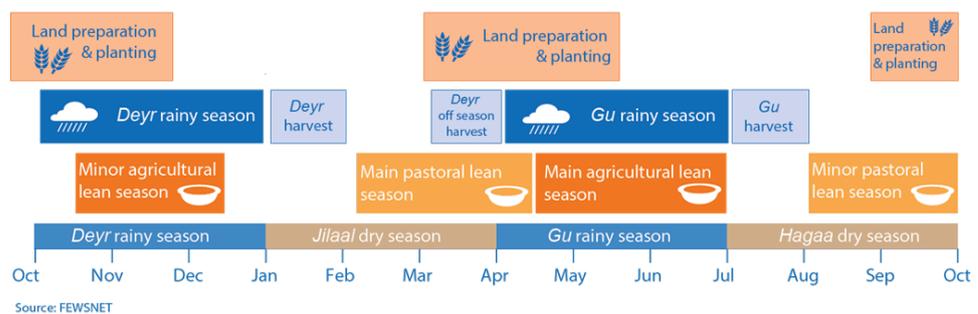
Population (UNFPA 2014)	12.3m
GDP per capita (Somalia Human Development Report 2012)	\$284
% pop living on less than US\$1 per day (UNDP/World Bank 2002)	43%
Life expectancy (UNDP-HDR 2011)	51 years
Under-five mortality (FSNAU 2016)	0.52/10,000 /day
Under-five global acute malnutrition rate (FSNAU 2016)	13%
% population using improved water sources (KAP Survey 2015)	55%

Food security outlook worrisome

Humanitarian situation could worsen

The food security situation for southern and central Somalia is increasingly worrying. The Food Security and Nutrition Analysis Unit (FSNAU) projects a deterioration of food security situation in parts of southern and central Somalia in the post-*Gu* period (July - December 2016) due to poor *Gu* and the *Hagaa* (June - July) seasonal rains. The 2016 *Gu* harvest is expected to be 30 to 50 per cent below average in southern Somalia. The shortfall is in part, due to poor rains, moisture stress, pest infestation and the damage caused by the floods in the riverine areas of Hiraan and Middle Shabelle regions. Some of the areas projected to receive below average harvests like Bay and Lower Shabelle, often account for 80 per cent of the cereal production in southern regions. The next *Deyr* rainy season (October-December) is also likely to be below average in most parts of the country in the likely event of a *La Niña*. Hiraan and Middle Shabelle regions where floods affected nearly 70,000 people and the coastal areas are expected to be the most affected, according to FSNAU.

Seasonal calendar



The gloomy outlook for southern and central regions compounds an already dire humanitarian situation across Somalia. In the northern areas of Puntland and Somaliland where an estimated 385,000 people face acute food insecurity and nearly 1.3 million people are at risk of sliding into acute food insecurity, the impact of the El Nino induced drought remains and the recovery is slow. Some parts of Somaliland and most areas in Puntland and southern regions recorded depressed rains, which will likely affect availability of water for livestock and human consumption in the coming months. The April to June 2016 *Gu* rains provided some relief and reduced the impact of the drought in parts of Puntland and Somaliland but did not translate into improved conditions as the rains were erratic and stopped earlier than expected. Overall, the humanitarian situation across the country remains precarious.

CLUSTERS

Lead and co-lead organizations

Education	UNICEF SC-Alliance
Food security	FAO WFP
Health	WHO
Logistics	WFP
Nutrition	UNICEF WVI
Protection	UNHCR DRC
Shelter/NFIs	UNHCR UNHABITAT
Water, sanitation & hygiene	UNICEF OXFAM

Humanitarians revise Call for Aid

As part of efforts to mitigate a deterioration of the situation in the drought-affected areas of Puntland and Somaliland as well as mobilize resources to boost response, the



Funding status for the Call for Aid since 31 March: OCHA

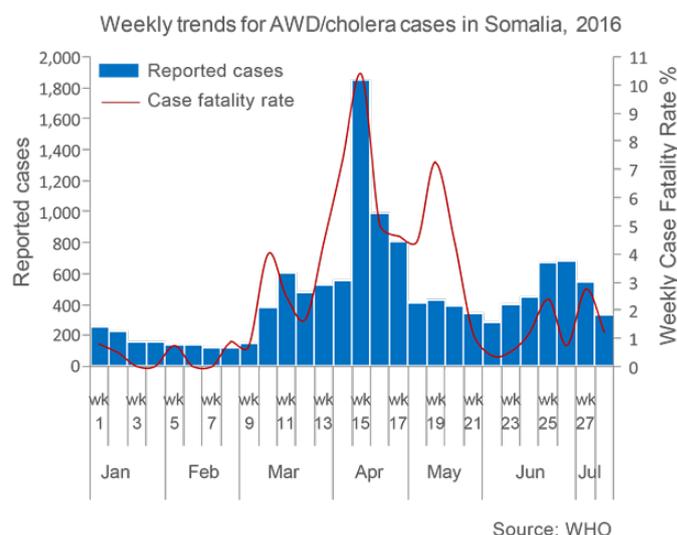
Humanitarian Country team is revising the Call for Aid launched in March 2016. The revised Call for Aid will map out a strategy for supporting recovery following four consecutive seasons of below average rainfall in Somaliland and one in Puntland that have compromised the coping capacities of many families. It covers the three-month period from July to September 2016, and builds on the initial Call for Aid, Somalia Humanitarian Response Plan (HRP) for 2016 and the Somalia Contingency Plan for El Niño developed in September 2015. It aligns with priorities outlined in the 2016 HRP related to drought in Somaliland and Puntland and emerging needs.

Of the US\$127 million required as of 31 March, \$49 million has been funded already. These resources have enabled some clusters to scale up response.

AWD/cholera cases drop, but gains reversible

Timely and robust response vital in containing the outbreak

A robust and timely response by humanitarian partners ensured an AWD/cholera outbreak in southern and central Somalia was contained in the most affected areas and averted a further spread of the outbreak. In the face of scarcity of water due to prolonged drought, heavy rains and flash floods that further limited access to water sources, the situation could have been worse. Response focused on hygiene promotion and timely supply of hygiene kits to affected communities as well as routine risk assessment and targeted interventions.



More than 12,000 cases have been reported since the start of 2016. Children under age 5 accounted for 59 per cent of reported cases.

More than 12,000 cases have been reported since the start of 2016. Children under age 5 accounted for 59 per cent of reported cases. However, new cases continue to be reported in some areas. Over 600 new cases were reported in June. New cases of suspected AWD have also been reported in Eyl district in Puntland.

AWD/cholera is endemic in Somalia due to, among other factors, low access to safe water and sanitation, weak surveillance systems and diagnostic capacity, poor access to basic social services including frequent cross border crossings between Kenya and Ethiopia. Limited access to affected areas, low health coverage and low capacity of Health and WASH partners have continued to hamper effective response to AWD/cholera in Somalia.

Efforts are ongoing to make Somalia part of the regional response to AWD/cholera outbreak under the auspices of the Intergovernmental Authority on Development (IGAD). This will ensure that Somalia benefits from regional information sharing and response.

Partners continue with response

Partners continued with response to contain the outbreak. Health and WASH partners have established three cholera treatment centres (CTC) and pre-positioned supplies in Belet Xaawo, Doloow and Luuq hospitals due to their proximity to Madera in Kenya where an outbreak has been reported. Oral Rehydration points have been established at health facilities in Gedo region and partners conducted community sensitization campaigns. Two medical personnel were deployed to Doloow Hospital to plug staff shortage.

In June, health partners visited Belet Weyne to monitor the situation and assess the impact of the recent floods on health facilities. Partners in collaboration with Qatar Charity and the Federal Ministry of Health, airlifted emergency medical supplies to Hiraan region to respond to the outbreak in the area.

Access challenges remain

The overall operating environment continues to be difficult. In the first six months of 2016, over 80 security-related incidents with direct impact on humanitarian organizations were recorded. This is more than half of incidents reported in the whole of 2015. These incidents resulted in the death of five, injury of eight, arrest of 10, abduction of three and physical assault of five humanitarian workers. The volatile security situation continues to impact on civilian lives and create a challenging environment for the delivery of humanitarian assistance. The attacks against humanitarian personnel and assets compounds an operational context beset by insecurity and access challenges. The threats include armed attacks by different actors.

An IGAD ministerial meeting took place in Nairobi on 12 – 13 July to discuss regional preparedness and response for outbreaks and epidemics, including Cholera, AWD, Chikungunya fever and others.

Humanitarian partners face severe physical access challenges in 28 districts in southern and central Somalia.

Increased cases of disruption were recorded in Awdal region and in parts of southern and central Somalia.

Non-state armed actors have continued to implement road blockades in areas in southern and central. This has impeded the movement of people including humanitarian personnel, and relief and commercial commodities.

The proliferation of illegal checkpoints and extortions has also impacted road access. Humanitarian partners face severe physical access challenges in 28 districts in southern and central Somalia. Armed actors and allied militias continue to implement blockades in Bakool, Bay, Gedo and Hiraan regions. Military operations have also continued to compound access challenges. Administrative impediments have also been on the rise and continue to result in delays and interruptions in aid programming.

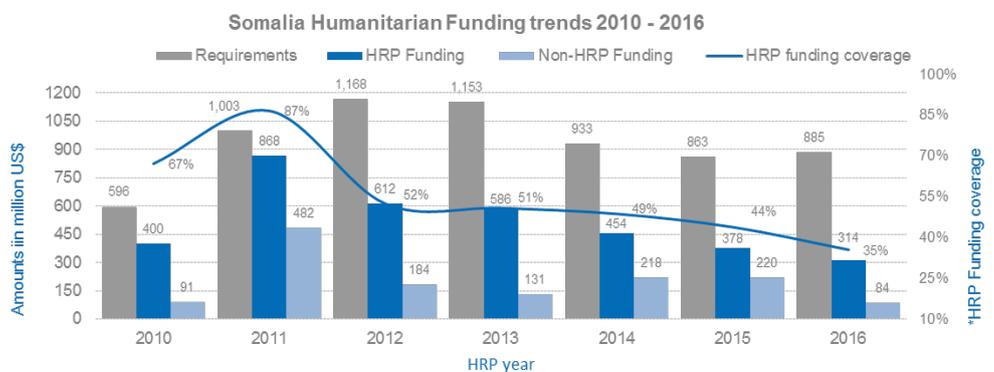
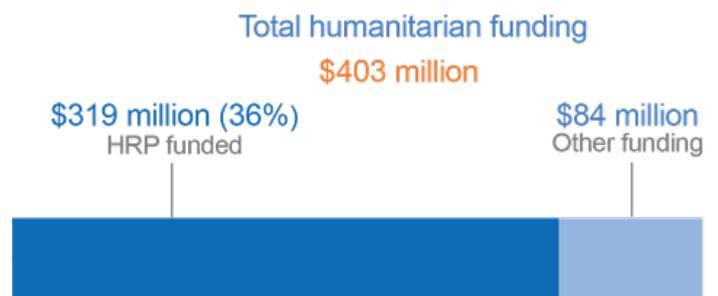
Humanitarian partners continue to engage with the authorities to streamline regulatory procedures, and expedite the process of putting in place enabling regulatory frameworks.

More funding needed to scale up response

To date, the 2016 Somalia Humanitarian Response Plan (HRP) has received US\$319 million, this is, 36 per cent of the \$885 million needed to reach 3.5 million people with assistance. While this HRP is slightly better funded than the two previous years, where 25 per cent (\$235 million) and 31 per cent (\$270 million) had been received by the same time in 2014 and 2015, respectively, it still remains significantly underfunded. More support is needed given that humanitarian needs remain high in Somalia.

Funding to clusters has also been varied. Life-saving clusters have registered a decline in funding since 2011.

Humanitarian funding to Somalia has been on the decline since 2011. Funding to the Somalia HRP has gone from 52 per cent reported in 2012 down to 44 per cent in 2015. In the meantime, donor contributions for humanitarian activities outside the HRP have markedly increased over the last two years, with contributions increasing from \$131 million in 2014 up to \$220 million in 2015. The increase is partly attributable to more donor support directed toward resilience activities outside the HRP. These figures represent what donors have reported on the Financial Tracking System. Funding to clusters has also been varied, with the life-saving clusters registering a downward funding trend since 2011. Low funding to clusters such as Health, Food Security and WASH presents a serious challenge to the ongoing efforts to sustainably address malnutrition in Somalia.



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